Documenting Translator or Sign Language Services

Some dentists have patients who, for any number of reasons, have communication challenges that can be addressed through the use of oral translators or visual sign language. A robust patient dental record would document when such a service is provided.

The ability to record use of such services is especially valuable for dentists who are covered entities under the Affordable Care Act (ACA) Section 1557. Dentists who are subject to this regulation are required to provide “meaningful access to individuals with limited English proficiency” as well as providing qualified interpreters and translators.

Read more – August 16, 2016 ADA News article concerning ACA Section 1557.

As of January 1, 2019 there is a specific CDT code to document and report interpreter and translator services –

**D9990 certified translation or sign-language services – per visit**

CDT code D9990, first published in CDT 2019, is intended to document these services in a clinical scenario when the patient and doctor or practice staff do not share a common language, and a translator or translation service is used to ensure meaningful communication. Language assistance, subject to applicable regulatory or contractual requirements, is provided by competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services.

**NOTE:** The above guidance supersedes the prior recommendation specific to documenting and reporting translator or sign-language services. In 2017 the ADA recommended that CDT code “D9994 dental case management – patient education to improve oral health literacy” be used to document translation services delivered to a patient, reported once per date of service. First published in CDT 2017, this code’s descriptor contained language (highlighted below) that supported the prior recommendation –

**D9994 dental case management – patient education to improve oral health literacy**

*Individual, customized communication of information* to assist the patient in making appropriate health decisions designed to improve oral health literacy, *explained in a manner acknowledging* economic circumstances and different cultural beliefs, values, attitudes, traditions and *language preferences*, and adopting information and services to these differences, which requires the expenditure of time and resources beyond that of an oral evaluation or case presentation.

With the implementation in 2016 of the Affordable Care Act, Section 1557 regarding non-discrimination, there is a requirement for covered entities to provide free language services to people whose primary language is not English. CDT code D9994 remains available for use when deemed appropriate to document services as described in the code’s descriptor.
As always, it is up to the dentist to read the full nomenclature and descriptor of a CDT code entry to determine whether the code is appropriate to report the service provided. When the dentist determines that there is no applicable CDT code, an unspecified procedure, by report code may be used to document and report the service (e.g., D9999 unspecified adjunctive procedure, by report).

Please note that: 1) the existence of a CDT Code is not a guarantee of reimbursement for the service by a third-party payer; and 2) HIPAA only requires a third-party payer to accept a CDT Code that is valid on the date of service, and does not mandate coverage.