

Chapter HSS 105

MEDICAL ASSISTANCE: PROVIDER CERTIFICATION

HSS 105.01	Introduction (p. 59)	HSS 105.29	Certification of speech and hearing clinics (p. 75)
HSS 105.02	Requirements for maintaining certification (p. 62)	HSS 105.30	Certification of speech pathologists (p. 75)
HSS 105.03	Participation by non-certified persons (p. 61)	HSS 105.31	Certification of audiologists (p. 75)
HSS 105.04	Supervision of provider assistants (p. 61)	HSS 105.32	Certification of optometrists (p. 75)
HSS 105.05	Certification of physicians and assistants (p. 61)	HSS 105.33	Certification of opticians (p. 75)
HSS 105.06	Certification of dentists (p. 65)	HSS 105.34	Certification of rehabilitation agencies (p. 75)
HSS 105.07	Certification of general hospitals (p. 65)	HSS 105.35	Certification of rural health clinics (p. 76)
HSS 105.08	Certification of skilled nursing facilities (p. 65)	HSS 105.36	Certification of family planning clinics or agencies (p. 76)
HSS 105.09	Medicare bed requirement (p. 65)	HSS 105.37	Certification of early and periodic screening, diagnosis and treatment (EPSDT) providers (p. 80)
HSS 105.10	Certification of SNF's and ICF's with deficiencies (p. 66)	HSS 105.38	Certification of ambulance providers (p. 82)
HSS 105.11	Certification of intermediate care facilities (p. 66)	HSS 105.39	Certification of specialized medical vehicle providers (p. 82)
HSS 105.12	Certification of ICF's for mentally retarded persons or persons with related conditions (p. 66)	HSS 105.40	Certification of durable medical equipment and medical supply vendors (p. 81)
HSS 105.15	Certification of pharmacies (p. 67)	HSS 105.41	Certification of hearing aid dealers (p. 85)
HSS 105.16	Certification of home health agencies (p. 67)	HSS 105.42	Certification of physician office laboratories (p. 85)
HSS 105.17	Certification of personal care providers (p. 68)	HSS 105.43	Certification of hospital and independent clinical laboratories (p. 85)
HSS 105.19	Certification of licensed practical nurses (p. 69)	HSS 105.44	Certification of portable x-ray providers (p. 85)
HSS 105.20	Certification of registered nurses (p. 69)	HSS 105.45	Certification of dialysis facilities (p. 85)
HSS 105.21	Certification of psychiatric hospitals (p. 69)	HSS 105.46	Certification of blood banks (p. 86)
HSS 105.22	Certification of psychotherapy providers (p. 70)	HSS 105.47	Certification of health maintenance organizations and prepaid health plans (p. 86)
HSS 105.23	Certification of alcohol and other drug abuse (AODA) treatment providers (p. 72)	HSS 105.48	Certification of out-of-state providers (p. 86)
HSS 105.24	Certification of day treatment or day hospital service providers (p. 73)	HSS 105.49	Certification of ambulatory surgical centers (p. 87)
HSS 105.26	Certification of chiropractors (p. 73)	HSS 105.50	Certification of hospices (p. 87)
HSS 105.27	Certification of physical therapists and assistants (p. 71)	HSS 105.51	Certification of case management agency providers (p. 87)
HSS 105.28	Certification of occupational therapists and assistants (p. 71)		

Note: Chapter HSS 105 as it existed on February 28, 1986 was repealed and a new chapter HSS 105 was created effective March 1, 1986.

HSS 105.01 Introduction. (1) **PURPOSE.** This chapter identifies the terms and conditions under which providers of health care services are certified for participation in the medical assistance program (MA).

(2) **DEFINITIONS.** In this chapter:

(a) "Group billing provider" means an entity which provides or arranges for the provision of medical services by more than one certified provider.

(b) "Provider assistant" means a provider such as a physical therapist assistant whose services must be provided under the supervision of a certified or licensed professional provider, and who, while required to be certified, is not eligible for direct reimbursement from MA.

(3) GENERAL CONDITIONS FOR PARTICIPATION. In order to be certified by the department to provide specified services for a reasonable period of time as specified by the department, a provider shall:

(a) Affirm in writing that, with respect to each service for which certification is sought, the provider and each person employed by the provider for the purpose of providing the service holds all licenses or similar entitlements as specified in chs. HSS 101 to 108 and required by federal or state statute, regulation or rule for the provision of the service;

(b) Affirm in writing that neither the provider, nor any person in whom the provider has a controlling interest, nor any person having a controlling interest in the provider, has, since the inception of the medicare, medicaid, or title 20 services program, been convicted of a crime related to, or been terminated from, a federal-assisted or state-assisted medical program;

(c) Disclose in writing to the department all instances in which the provider, any person in whom the provider has a controlling interest, or any person having a controlling interest in the provider has been sanctioned by a federal-assisted or state-assisted medical program, since the inception of medicare, medicaid or the title 20 services program;

(d) Furnish the following information to the department, in writing:

1. The names and addresses of all vendors of drugs, medical supplies or transportation, or other providers in which it has a controlling interest or ownership;

2. The names and addresses of all persons who have a controlling interest in the provider; and

3. Whether any of the persons named in compliance with subd. 1 or 2, is related to another as spouse, parent, child or sibling; and

(e) Execute a provider agreement with the department.

(4) PROVIDERS REQUIRED TO BE CERTIFIED. The following types of providers are required to be certified by the department in order to participate in the MA program:

(a) Institutional providers;

(b) Non-institutional providers;

(c) Provider assistants; and

(d) Group billing providers.

(5) PERSONS NOT REQUIRED TO BE INDIVIDUALLY CERTIFIED. The following persons are not required to be individually certified by the department in order to participate in the MA program:

HSS 105.24 Certification of day treatment or day hospital service providers. (1) **REQUIREMENTS.** For MA certification, a day treatment or day hospital service provider shall:

(a) Be either:

1. A medical program operated by a board and certified under s. HSS 61.75; or

2. A medical program under contract to a board and certified under s. HSS 61.75; and

(b) Meet the following personnel and staffing requirements:

1. A registered nurse and a registered occupational therapist shall be on duty to participate in program planning, program implementation and daily program coordination;

2. The day treatment program shall be planned for and directed by designated members of an interdisciplinary team that includes a social worker, a psychologist, an occupational therapist and a registered nurse or a physician, physician's assistant or another appropriate health care professional;

3. A written patient evaluation involving an assessment of the patient's progress by each member of the multidisciplinary team shall be made at least every 60 days; and

4. For the purposes of daily program performance, coordination guidance and evaluation:

a. One qualified professional staff member such as an OTR, masters degree social worker, registered nurse, licensed psychologist or masters degree psychologist for each group, or one certified occupational therapy assistant and one other paraprofessional staff person for each group; and

b. Other appropriate staff, including volunteer staff.

(2) **BILLING AND REIMBURSEMENT.** (a) Reimbursement for medical day treatment or day hospital services shall be at a rate established and approved by the department.

(b) Reimbursement payable under par. (a) shall be subject to reductions for third party recoupments. For day treatment or day hospital services provided under MA, the board shall be responsible for 10 percent of the amount reimbursable under par. (a).

(c) Billing submitted for medical day treatment or day hospital services shall verify that the service has been approved by the board, except in the case of billing for services at state-operated facilities.

Note: For covered day treatment and day hospital services, see s. HSS 107.13 (4).

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86.

HSS 105.26 Certification of chiropractors. For MA certification, chiropractors shall be licensed pursuant to s. 446.02, Stats.

Note: For covered chiropractic services, see s. HSS 107.15.

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86.

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HSS 105.27 Certification of physical therapists and assistants. (1) **PHYSICAL THERAPISTS.** For MA certification, physical therapists shall be licensed pursuant to ss. 448.05 and 448.07, Stats., and ch. Med 7.

(2) **PHYSICAL THERAPIST ASSISTANTS.** For MA certification, physical therapist assistants shall have graduated from a 2-year college-level program approved by the American physical therapy association, and shall provide their services under the direct, immediate, on-premises supervision of a physical therapist certified pursuant to sub. (1). Physical therapist assistants may not bill or be reimbursed directly for their services.

Note: For covered physical therapy services, see s. HSS 107.16.

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86.

HSS 105.28 Certification of occupational therapists and assistants. (1) **OCCUPATIONAL THERAPISTS.** For MA certification, an occupational therapist shall:

(a) Be certified by the American occupational therapy association as an occupational therapist, registered; or

(b) Have graduated from a program in occupational therapy accredited by the council on medical education of the American medical association and the American occupational therapy association, have completed the required field work experience, and have made application to the American occupational therapy association for the certification examination for occupational therapist, registered. Certification under this paragraph shall be valid until 8 weeks after the examination is taken. On passing the examination, the therapist shall obtain certification by the American occupational therapy association in the calendar year in which the examination is taken. An individual certified under this paragraph for medical assistance who fails the examination may be recertified for medical assistance only under the conditions of par. (a).

(2) **OCCUPATIONAL THERAPY ASSISTANTS.** For MA certification, occupational therapy assistants shall be certified by the American occupational therapy association. Occupational therapy assistants may not bill or be reimbursed directly for their services. Occupational therapy assistants shall provide services under the direct, immediate on-premises supervision of an occupational therapist certified under sub. (1), except that they may provide services under the general supervision of an occupational therapist certified under sub. (1) under the following circumstances:

(a) The occupational therapy assistant is performing services which are for the purpose of providing activities of daily living skills;

(b) The occupational therapy assistant's supervisor visits the recipient on a bi-weekly basis or after every 5 visits by the occupational therapy assistant to the recipient, whichever is greater; and

(c) The occupational therapy assistant and his or her supervisor meet to discuss treatment of the recipient after every 5 contacts between the occupational therapy assistant and the recipient.

Note: For covered occupational therapy services, see s. HSS 107.17.

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86.

Register, February, 1986, No. 362