

(116) "Personal care service" means a service enumerated in s. HSS 107.112 (1) when provided by a provider meeting the certification requirements for a personal care provider under s. HSS 105.17.

(117) "Personal care worker" means an individual employed by a personal care provider certified under s. HSS 105.17 or under contract to the personal care provider to provide personal care services under the supervision of a registered nurse.

(118) "Personal needs allowance" means that amount of monthly unearned income identified in s. 49.45 (7) (a), Stats., which may be retained for the personal needs of an institutionalized person.

(119) "Persons with related conditions" means individuals who have epilepsy, cerebral palsy or another developmental disability.

(120) "Physical therapist" means a person who meets the requirements of s. HSS 105.27 (1).

(121) "Physical therapy aide" means a person who provides services under s. HSS 107.16 (1) (e).

(122) "Physical therapist assistant" means a person who meets the requirements of s. HSS 105.27 (2).

(122m) "Physically or sensory disabled" means a condition which affects a person's physical or sensory functioning by limiting his or her mobility or ability to see or hear, is the result of injury, disease or congenital deficiency, and significantly interferes with or limits one or more major life activities and the performance of major personal or social roles.

(123) "Physician" means a person licensed under ch. 448, Stats., to practice medicine and surgery, including a graduate of an osteopathic college who holds an unlimited license to practice medicine and surgery.

(124) "Physician assistant" means a person certified by the department to participate in MA who holds the minimum qualifications specified in s. HSS 105.05 (2).

(125) "Portable x-ray service" means a service provided by a provider certified pursuant to s. HSS 105.44.

(126) "Practical nurse" means a person who is licensed as a practical nurse under ch. 441, Stats., or, if practicing in another state, is licensed as a practical nurse by that state.

(127) "Prepaid health plan" or "PHP" means a plan made available by a provider, other than a health maintenance organization, that provides medical services to enrolled recipients under contract with the department on a capitation fee basis.

(128) "Prescription" means an order for a service for a particular patient, written in accordance with s. HSS 107.06 (4) (a)2.

(129) "Presumptive disability" means a non-financial eligibility condition determined under s. HSS 103.03 (1) (e).

(129m) "Presumptive eligibility" means eligibility of a pregnant woman for MA coverage of ambulatory prenatal care and other services, as determined under s. 49.465 (2), Stats., prior to application and determi-

nation of MA eligibility under ss. 49.46 (1), and 49.47 (4), Stats., and ch. HSS 103.

(130) "Preventive or maintenance occupational therapy" means occupational therapy procedures which are provided to forestall deterioration of the patient's condition or to preserve the patient's current status. Preventive or maintenance occupational therapy makes use of the procedures and techniques of minimizing further deterioration in areas including, but not limited to, the treatment of arthritic conditions, multiple sclerosis, upper extremity contractures, chronic or recurring mental illness and mental retardation.

(131) "Preventive or maintenance physical therapy" means physical therapy modalities and procedures which are provided to forestall the patient's condition from deteriorating or to preserve the patient's current physical status. Preventive or maintenance physical therapy makes use of the procedures and techniques of minimizing further deterioration in areas including, but not limited to, daily living skills, mobility, positioning, edema control and other physiological processes.

(132) "Primary person" means the person whose name is listed first on the application form as the person applying for MA.

(133) "Primary provider" means a provider who provides health care service in the area in which the recipient resides and is designated by the recipient, with the concurrence of the designated provider, to be the recipient's primary provider.

(134) "Prior authorization" means the written authorization issued by the department to a provider prior to the provision of a service.

Note: Some services are covered only if they are authorized by the department before they are provided. Some otherwise covered services must be prior authorized after certain thresholds have been reached.

(135) "PRO" or "peer review organization" means the organization under contract to the department which makes determinations of medical necessity and reviews quality of services received by recipients of MA, medicare and maternal and child health programs when these recipients are hospitalized.

(136) "Procedure" means a treatment that requires the therapist's personal attendance on a continuous basis.

(137) "Provider" means a person who has been certified by the department to provide health care services to recipients and to be reimbursed by MA for those services.

(138) "Provider agreement" means the contract between a provider and the department which sets forth conditions of participation and reimbursement.

(139) "Provider assistant" means a provider whose services must be performed under the supervision of a certified or licensed professional provider. A provider assistant, while required to be certified, is not eligible for direct reimbursement from MA.

(140) "Provider certification" means the process of approving a provider for participation in the MA program, as specified in s. HSS 105.01.

transportation to a facility at which the recipient primarily receives medical services.

(167) "Spell of illness" means, in relationship to physical therapy, occupational therapy, and speech pathology services, a condition characterized by a demonstrated loss of functional ability to perform daily living skills, caused by a new disease, injury or medical condition or by an increase in the severity of a pre-existing medical condition. For a condition to be classified as a new spell of illness, the recipient must display the potential to re achieve the skill level that he or she had previously.

(168) "Spend-down period" means the period during which excess income may be expended or obligations to expend excess income may be incurred for the purpose of obtaining MA eligibility, as described under s. HSS 103.08 (2) (a).

(169) "SSI" means supplemental security income, the assistance program under Title XVI of the Social Security Act of 1935, as amended, and s. 49.177, Stats.

(170) "SSI-related person" means a person who meets the requirements of s. HSS 103.03 (1) (c).

(171) "Stepparent case" means an MA case consisting of a family in which a legal parent, a stepparent and a child under age 18 reside in the home.

(172) "Sterilization" means any medical procedure, treatment, or operation for the purpose of rendering an individual permanently incapable of reproducing.

(173) "Supervision," unless otherwise indicated in chs. HSS 101 to 108, means at least intermittent face-to-face contact between supervisor and assistant and a regular review of the assistant's work by the supervisor.

(174) "Tape billing service" means a provider or an entity under contract to a provider which provides magnetic tape billing for one or more providers.

(175) "Therapeutic/rehabilitative program" means a formal or structured medical or health care activity which is designed to contribute to the mental, physical or social development of its participants, and is certified or approved, or its sponsoring group is certified or approved, by a national standard-setting or certifying organization when such an organization exists.

(176) "Therapeutic visit" means a visit by a resident recipient to the home of relatives or friends for at least an overnight stay.

(177) "Three-generation case" means an MA case in which there are 3 generations living in the home and the second generation is a never-married minor parent.

(178) "Time out" means time away from positive reinforcement. It is a behavior modification technique in which, in response to undesired behavior, the resident is removed from the situation in which positive reinforcement is available.

(179) "Treatment unit" means, for purposes of reimbursement for therapy services, the time spent in direct treatment services to the individual patient. Time spent in activities not associated with the treatment of the individual patient such as preparation of the patient for treatment, preparation of the treatment area and preparation of the patient for return from the treatment area, otherwise known as "preparation time", shall also be reimbursable for up to 15 minutes per patient per treatment day. Time spent in other activities which are not associated with the treatment of the individual patient, including end of the day clean-up of the treatment area, paperwork, consultations, transportation time and training, is not reimbursable.

(180) "Unearned income" means income which is not the direct result of labor or services performed by the individual as an employe or as a self-employed person.

(181) "Usual and customary charge" means the provider's charge for providing the same service to persons not entitled to MA benefits.

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86; cr. (9m), (22m), (75m), (85m), (114m), (122m), (129m) and (149m), am. (88), Register, February, 1988, No. 386, eff. 3-1-88; am. (73), (116) and (117), r. (74), Register April, 1988, No. 388, eff. 7-1-88; emerg. cr. (30m) and (33m) eff. 8-1-88; cr. (30m) and (33m), Register, December, 1988, No. 396, eff. 1-1-89; emerg. cr. (12m), eff. 3-9-89; emerg. am. (30m), eff. 6-1-89; cr. (12m), Register, December, 1989, No. 408, eff. 1-1-90; r. (33m), renum. (30m) to be (33m) and am. Register, February, 1990, No. 410, eff. 3-1-90; cr. (17m), Register, May, 1990, No. 413, eff. 6-1-90; cr. (27m), Register, September, 1990, No. 417, eff. 10-1-90; am. (108), Register, January, 1991, No. 421, eff. 2-1-91.