

## OUTPATIENT PHYSICAL THERAPY/SPEECH THERAPY/OCCUPATIONAL THERAPY SERVICES (OPT/ST/OT)

\*THE FACILITY MUST FILL OUT THE FORM 855A AND RETURN THE ORIGINAL TO ITS FISCAL INTERMEDIARY. When the 855A is approved by the Fiscal Intermediary, a copy of the 855A will be forwarded to the Illinois Department of Public Health (IDPH). Questions regarding the 855A should be directed to the Fiscal Intermediary. The 855A can be found at the following website:

- CMS 855A form [www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf](http://www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf)

*\*PLEASE NOTE: When the 855A is approved by your Fiscal Intermediary, it will be forwarded to IDPH. Your intermediary will notify you by mail when the 855A has been sent to us.*

All other forms listed on this instruction sheet should be filled out and returned to IDPH at the following address:

Illinois Department of Public Health  
Division of Health Care Facilities and Programs  
525 W. Jefferson Street, 4<sup>th</sup> Floor  
Springfield, IL 62761  
Attention: Elise Sherman

Questions regarding Medicare Forms ONLY, should be directed to Elise Sherman at 217-782-0386, or by e-mail at [elise.sherman@illinois.gov](mailto:elise.sherman@illinois.gov)

### FORMS NEEDED FOR MEDICARE CERTIFICATION

- CMS-1856 Request for Certification in the Medicare and/or Medicaid Program to Provide Outpatient Physical Therapy and/or Speech Pathology Services  
[www.cms.hhs.gov/cmsforms/downloads/cms1856.pdf](http://www.cms.hhs.gov/cmsforms/downloads/cms1856.pdf)
- CMS1561 - Health Insurance Benefits Agreement form - 2 originals required  
[www.cms.hhs.gov/cmsforms/downloads/cms1561.pdf](http://www.cms.hhs.gov/cmsforms/downloads/cms1561.pdf)  
Make sure you sign/date/put your title in the section that says "Accepted for the Provider of Services By". DO NOT SIGN IN THE OTHER TWO SIGNATURE BLOCKS
- Medicare Intermediary Information - 1 original required ([www.idph.state.il.us](http://www.idph.state.il.us))  
(Click on Publications then Forms then refer to Medicare Intermediary Section)
- Office of Civil Rights Forms  
[http://www.hhs.gov/ocr/civilrights/resources/providers/medicare\\_providers/formstobecompleted.html](http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/formstobecompleted.html)  
You need to submit BOTH the Data Request Checklist and Assurance of Compliance forms, along with the Civil Rights Policies and Procedures.

### INFORMATIONAL READING MATERIAL

- Conditions of Participation and coverage can be found at [www.cms.hhs.gov/manuals/downloads/som107ap\\_e\\_opt.pdf](http://www.cms.hhs.gov/manuals/downloads/som107ap_e_opt.pdf)
- Questions regarding CMS form 855A  
[www.cms.hhs.gov/MedicareProviderSupEnroll/](http://www.cms.hhs.gov/MedicareProviderSupEnroll/)
- Provider –Supplier Enrollment Contacts  
[www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact\\_list.pdf](http://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf)