

**INTRODUCTION**  
**Rules and Regulations for**  
**Certification of Health Care Providers**

In accordance with the provisions of 19 Del.C. §2322(D), certification is required for a health care provider to provide treatment to an employee, pursuant to Delaware's Workers' Compensation Statute, without the requirement that the health care provider first pre-authorize each health care procedure, office visit or health care service to be provided to the employee with the employer if self-insured, or the employer's insurance carrier. Pursuant to 19 Del.C. §2322B and F, for purposes of the Certification requirements of §2322D, "health care provider" specifically includes physicians, chiropractors and physical therapists providing treatment to an injured worker during his/her period of inpatient or outpatient hospitalization; all other personnel employed by a hospital providing treatment to an injured worker during his/her period of inpatient or outpatient hospitalization are excluded from the Certification requirements of this Subsection. With regard to any hospital facility providing inpatient and/or outpatient services, to be Certified in accordance with the provisions of §2322D so that pre-authorization from the employer or insurance carrier for the employer is not required for each health care procedure, office visit or health care service provided to an injured employee, the person completing and signing the Health Care Provider Application for Certification on behalf of the hospital shall have the authority to do so and must attest to and be responsible for the completion of all of the requirements set forth on such Application. Services provided by an emergency department of a hospital pursuant to §2322B(h)(3) shall not be subject to the requirement of Certification. The provisions of §2322(D) shall apply to all treatments to employees provided after the effective date of the rule/regulation provided by this subsection and regardless of the date of injury. A health care provider shall be certified only upon meeting the following minimum certification requirements:

1. Have a current license to practice, as applicable;
2. Meet other general certification requirements for the specific provider type;
3. Possess a current and valid Drug Enforcement Agency ("DEA") registration, unless not required by the provider's discipline and scope of practice;
4. Have no previous involuntary termination from participation in Medicare, Medicaid or the Delaware workers' compensation system. Any such involuntary termination shall be considered to be inconsistent with certification;
5. Have no felony convictions in any jurisdiction, under a federal-controlled substance act or for an act involving dishonesty, fraud or misrepresentation. A felony conviction in any jurisdiction under a federal-controlled substance act or for an act involving dishonesty, fraud or misrepresentation shall be considered to be inconsistent with certification;
6. Provide proof of adequate, current professional malpractice and liability insurance.

In addition to the above, the health care provider to be certified must agree to the terms and conditions set forth on the Health Care Provider Application for Certification, as follows:

1. Comply with Delaware workers' compensation laws and rules;
2. Maintain acceptable malpractice coverage;
3. Complete state-approved continuing education courses in workers' compensation every two (2) years from the date of the health care provider's initial certification. A listing of continuing education courses in workers' compensation care approved by the State of Delaware, Department of Labor, Office of Workers' Compensation, will be posted on the Office of Workers' Compensation website. To maintain certification, every two (2) years from the initial date of certification the health care provider must provide written notification to the Office of Workers' Compensation of compliance with the continuing education course requirement noted above, setting forth the name of the course(s) completed and the date of completion;
4. Practice in a best-practices environment, complying with practice guidelines and Utilization Review Accreditation Council ("URAC") utilization review determinations;
5. Agree to bill only for services and items performed or provided, and medically necessary, cost-effective and related to the claim or allowed condition;
6. Agree to inform an employee of his or her liability for payment of non-covered services prior to delivery;
7. Accept reimbursement for and not unbundle charges into separate procedure codes when a single procedure code is more appropriate;
8. Agree not to balance bill any employee or employer. Employees shall not be required to contribute a co-payment or meet any deductibles;
9. Agree to have knowledge of all statements authorized under the certified health care provider's signature and to be responsible for the content of all bills submitted pursuant to the provisions of 19 Del.C. §§2322B, C, E, F;
10. Agree to provide written notification to the Department of Labor, Office of Workers' Compensation, State of Delaware, of any relevant changes to the requirements set forth in the Certification Form within thirty (30) days of the health care provider's knowledge or receipt of notice of any and all such change(s).

Notwithstanding the provisions of §2322(D), any health care provider may provide services during one office visit, or other single instance of treatment, without first having obtained prior authorization from the employer if self-insured, or the employer's insurance carrier, and receive reimbursement for reasonable and necessary services directly related to the employee's injury or condition at the health care provider's usual and customary fee, or the maximum allowable fee pursuant to the workers' compensation health care payment system adopted pursuant to 19 Del.C. §2322(B), whichever is less. The provisions of this subsection, §2322(D), are limited to the occasion of the employee's first contact with any health care provider for treatment of the injury, and further limited to instances when the

health care provider believes in good faith, after inquiry, that the injury or occupational disease was suffered in the course of the employee's employment. The provisions of this subsection, §2322(D), shall apply to all treatments to injured employees provided after the effective date of this subsection, and regardless of the date of injury.

The health care provider's completed Certification Form is to be mailed to:

Mr. John F. Kirk, III  
State of Delaware  
Department of Labor  
Office of Workers' Compensation  
P.O. Box 9954  
Wilmington, DE 19809-9954

Instructions and provisions for completing the Certification Form online will be published on the Office of Workers' Compensation website when available.

**State of Delaware  
Department of Labor  
Office of Workers' Compensation  
P.O. Box 9954  
Wilmington, DE 19809**

[www.delawareworks.com](http://www.delawareworks.com)

**Health Care Provider Application for Certification**

(Complete all applicable fields)

Name:	Professional License Number:
Profession:	Professional License Expiration Date:
Facility Name:	Facility Type:
Federal Employer Identification Number:	Facility Contact Person:
Address:	Telephone Number:
Fax Number:	E-Mail Address:
Insurance Malpractice Carrier & Amounts of Coverage:	

**The health care provider signing this Application for Certification agrees to:**

1. Comply with Delaware workers' compensation laws and rules;
2. Maintain acceptable malpractice coverage;
3. Complete state-approved continuing education courses in workers' compensation care every two (2) years, and provide written notification to the Office of Workers' Compensation, Department of Labor, State of Delaware, every two (2) years from date of initial certification of the name of the course(s) completed and date of completion;
4. Practice in a best-practices environment, complying with practice guidelines and Utilization Review Accreditation Council ("URAC") utilization review determinations;
5. Bill only for services and items performed or provided, and medically necessary, cost-effective and related to the claim or allowed condition;
6. Inform an employee of his or her liability for payment of non-covered services prior to delivery;
7. Accept reimbursement for and not unbundle charges into separate procedure codes when a single procedure code is more appropriate;
8. Not balance bill any employee or employer. Employee shall not be required to contribute a co-payment or meet any deductibles;
9. Have knowledge of all statements authorized under the certified health care provider's signature and to be responsible for the content of all bills submitted pursuant to the provisions of 19 Del.C. §§2322B, C, E, F;
10. Provide written notification to the Department of Labor, Office of Workers' Compensation, State of Delaware, of any relevant changes in the requirements set forth in this Certification Form within thirty (30) days of the healthcare provider's knowledge of or receipt of notice of any and all such change(s).

**HEALTH CARE PROVIDER SHALL BE CERTIFIED ONLY UPON MEETING THE FOLLOWING MINIMUM CERTIFICATION REQUIREMENTS:**

1. Do you have a current license to practice, as applicable?  Yes  No
2. Do you meet the other general certification requirements for the specific provider type?  Yes  No
3. Do you possess a current and valid Drug Enforcement Agency ("DEA") registration, unless not required by the provider's discipline and scope of practice?  
 Yes  No
4. Have you ever been involuntary terminated from participation in Medicare, Medicaid or the Delaware workers' compensation system?  Yes  No
5. Have you ever pleaded guilty to or been convicted of any felony in any jurisdiction, under a federal-controlled substance act or for an act involving dishonesty, fraud or misrepresentation?  Yes  No
6. Attach a copy of the declaration page of your current professional malpractice and liability policy/policies reflecting the amount of coverage and the period of coverage.

**IF YOU ANSWER "NO" TO QUESTIONS 1, 2 AND/OR 3, OR "YES" TO QUESTIONS 4 AND/OR 5 ABOVE, ATTACH AN EXPLANATION AND A COPY OF ANY FINAL DECREE/ORDER.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Mailing Address:**

**FOR OFFICIAL USE ONLY:**

**CERTIFICATION:**

CONFERRED  DENIED

**REASON FOR DENIAL:**

**ADDITIONAL REQUIREMENTS NEEDED:**

YES  NO

**AGENCY CERTIFICATION STAMP**