

2. Coping Skills;
3. Independent Living Skills;
- (g) Preventive Skills;
 1. Energy Conservation;
 2. Joint Protection;
 3. Edema Control;
 4. Positioning;
- (h) Therapeutic Adaptions:
 1. Orthotics/Splinting;
 2. Prosthetics;
 3. Assistive/Adaptive Equipment;
 4. Environmental Adaptations;
- (i) Environmental Planning;
- (j) Evaluation/Reevaluation. Covered evaluations are those enumerated in the list below (A written report of the results of the evaluation performed shall accompany the test chart or form in the recipient's medical record.):

1. Motor Skills

Range of Motion
Gross muscle test
Manual muscle test
Coordination evaluation
Nine hole peg test
Purdue Pegboard test
Strength evaluation
Head trunk balance evaluation
Standing balance-endurance
Sitting balance-endurance
Prosthetic check out
Hemiplegic evaluation
Arthritis evaluation
Hand evaluation-strength and R.O.M.

2. Sensory Integrative Skills

Beery Test of Visual Motor Integration
Southern California Kinesthesia and Tactile Perception Test
A. Milloni-Comparetti Developmental Scale
Gesell Developmental Scale
Southern California Perceptual Motor Test Battery
Marianne Frostig Developmental Test of Visual Perception
Reflex testing
Ayres Space Test
Sensory evaluation
Denver Developmental Test
Perceptual Motor evaluation

HSS 107

Visual Field Evaluation

3. Cognitive Skills

Reality Orientation Assessment
Level of Cognition evaluation

4. Activities of Daily Living Skills

Bennet Hand Tool Evaluation
Crawford Small Parts Dexterity Test
Avocational Interest/Skill Battery
Minnesota Rate of Manipulation
ADL evaluation - men/women

5. Social Interpersonal Skills

Evaluation of response in group

6. Psychological Intrapersonal Skills

Subjective Assessment of current emotional status
Azima Diagnostic Battery
Goodenough Draw-A-Man Test

7. Therapeutic Adaptions

8. Environmental Planning

Environmental evaluation

(2) **SERVICES REQUIRING PRIOR AUTHORIZATION.** Prior authorization is required for occupational therapy services provided to nursing home recipients in excess of 60 treatment days per recipient per spell of illness. Prior authorization may be required for services to recipients who are not nursing home residents.

Note: For more information on prior authorization, see HSS 107.02 (3).

(a) "Spell of illness" means a period of time beginning with the first day of occupational therapy treatment following the occurrence of one of the following events:

1. Initial admission to a nursing home where it is documented in the plan of care that occupational therapy is necessary. This does not apply to readmission.

2. An acute onset of a new disease or injury or condition such as:

a. Neuromuscular dysfunction:

i. Stroke - hemiparesis;

ii. Multiple sclerosis;

iii. Parkinsons;

iv. Diabetic neuropathy;

b. Musculoskeletal dysfunction:

i. Fracture;

- ii. Amputation;
- iii. Strains, sprains;
- iv. Complication associated with surgical procedure;
- c. Problems and complications associated with physiologic dysfunction:
 - i. Ulcerations of skin;
 - ii. Pain;
 - iii. Vascular condition;
 - iv. Cardio - pulmonary condition;
 - d. Psychological dysfunction, including thought disorders, organic conditions, retardation, and affective disorders.
- 3. An exacerbation of a pre-existing condition including but not limited to the following, which requires occupational therapy intervention on an intensive basis:
 - a. Multiple sclerosis;
 - b. Rheumatoid arthritis;
 - c. Parkinsons;
 - d. Schizophrenia;
- 4. A regression in the recipient's condition due to lack of occupational therapy, (e.g. a decrease of functional ability, strength, mobility, motion).
 - (b) The spell of illness ends when the recipient's condition improves so that the services of a qualified occupational therapist are no longer required, or when 60 treatment days have been exhausted, whichever comes first.
 - (c) A spell of illness shall be documented in the plan of care.
 - (d) Unused treatment days from one spell of illness shall not be carried over into a new spell of illness.
 - (e) With proper documentation, the department may approve prior authorization requests for up to a year of preventive/maintenance occupational therapy.
 - (f) Treatment days covered by other third-party insurance shall be included in computing the 60-day total.
 - (g) To the extent that the legislature appropriates sufficient funds and position authority, the department will maintain qualified occupational therapist(s) to review prior authorization requests and perform other consultative activities.
 - (h) A peer review committee will serve to assist in review of claims and prior authorization, to advise the department, and to act as first level of an appeal mechanism.

HSS 107

(i) Services listed under (l) (e) and (f), provided beyond the evaluation and 15 treatment days (from the first date of service after evaluation) require prior authorization.

(3) **OTHER LIMITATIONS.** The limitations of HSS 107.16 (3) apply to occupational therapy services.

(4) **NON-COVERED SERVICES.** The following services are not covered (in addition to HSS 107.03):

(a) Services related to activities for the general good and welfare of recipients, such as general exercises to promote overall fitness and flexibility and activities to provide diversion or general motivation.

(b) Pursuant to Wis. Adm. Code, s. H 32.11 (1) (d) those services that can be performed by restorative nursing shall not be covered occupational therapy services.

(c) Crafts and other supplies used in occupational therapy services for inpatients in an institutional program are not billable by the therapist.

History: Cr. Register, December, 1979, No. 288, eff. 2-1-80; reprinted to correct error in (2) and (4) (b), Register, December, 1981, No. 312.

HSS 107.18 Speech pathology. (1) **COVERED SERVICES.** Covered speech pathology services are those medically necessary diagnostic, screening, preventive or corrective speech pathology services prescribed by a physician and provided by or under the supervision of a certified speech pathologist.

(a) **Evaluation/reevaluation procedures.** (To be performed by certified speech pathologist.) The types of tests and measurements that speech pathologists may perform include, but are not limited to, the following:

1. Expressive Language (examples of formal tests have been included):

- a. Aphasia evaluation (Eisenson, PICA, Schuell);
- b. Articulation evaluation (Arizona Articulation, Proficiency Scale, Goldman-Fristoe Test of Articulation, Templin-Darley Screening and Diagnostic Tests of Articulation);
- c. Cognitive Assessment (tests of classification, conservation, Piagetian concepts);
- d. Language Concept evaluation (tests of temporal, spatial, quantity concepts, environmental concepts, and the language of directions);
- e. Morphological evaluation (the Miller-Yoder Test, Michigan Inventory);
- f. Question evaluation (yes-no, is-are, what, where, who, why, how, and when);
- g. Stuttering evaluation;
- h. Syntax evaluation;

Register, December, 1981, No. 312
Medical Assistance

- i. Vocabulary evaluation;
- j. Voice evaluation;
- k. Zimmerman Pre-School Language Scale;
- l. Illinois Test of Psycholinguistic Abilities;
- 2. Receptive Language (examples of formal tests have been included);
 - a. ACLC (Assessment of Children's Language Comprehension);