Office of the Inspector General
Post-Payment Review Comment Grids

The findings and related content detailed within the grids are not exhaustive, and the Office of the Inspector General may reference other findings and/or law or code provisions according to the individuality of the case and documentation provided during the post-payment review.

These grids may be referenced by service providers and the public as informational regarding the operational work of the Office of the Inspector General. Service providers are required to abide by all state and federal laws and regulations. These grids are not to be used by service providers as a checklist, legal advice, or exhaustive resource to ensure compliance with Medicaid requirements.

Dental Services

FINDING: LACK OF DOCUMENTATION

Revised 10/18/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider did not submit any documents for the claim..	The provider must retain records for a period of not less than five years and must submit them to the Wisconsin Department of Health Services (DHS) upon request. The provider did not submit a record for the procedure. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 106.02(9)(a) § DHS 106.02(9)(e) § DHS 106.02(9)(f) § DHS 106.02(9)(g) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(2)(b)4 § 49.45(3)(f)
Provider was unable to produce X-rays for the member.	The provider must retain records for a period of not less than five years and must submit them to DHS upon request. There are no x-rays to justify surgical extraction and the services reimbursed. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 106.02(9)(b)(5) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(2)(b)4 § 49.45(3)(f)

FINDING: LACK OF PRIOR AUTHORIZATION

Revised 10/18/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
There was no prior authorization obtained for [xxxx].	The following dental services require prior authorization in order to be reimbursed under Medicaid [xxxx]. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.07(2)a § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

FINDING: NON-COVERED SERVICES

Revised 10/18/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
Medicaid does not allow services that are performed for aesthetic or cosmetic purposes.	Services that are performed for aesthetic or cosmetic purposes are non-covered. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 101.03(96)m § DHS 107.01 § DHS 107.07(4)(a) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
Six months post-delivery care is included in the reimbursement for dentures.	Six months post-delivery care is included in the reimbursement for dentures. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.07(3)(b)1 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
Services performed outside the scope of practice of the dental hygenist are non-covered.	Services performed outside the scope of practice of dental hygienist are non-covered. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.07(4m)(a) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f) § 447.01(3) § 447.06(2)(b) § 447.06(2)(c) § 447.06(2)(d)
Oral hygiene instructions or training in preventive dental care as a separate procedure, including tooth brushing technique, flossing or use of special oral hygiene aids, tobacco cessation counseling, or nutritional counseling are non-covered.	Oral hygiene instruction or training in preventive dental care as a separate procedure, including tooth brushing technique, flossing or use of special oral hygiene aids, tobacco cessation counseling, or nutritional counseling are non-covered. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.07(4)(e) § DHS 107.07(4m)(b) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
General services performed by means of a telephone call between a provider and a recipent, including those in which the provider provides advice or instructions to or on behalf of the recipent, or between dentists, physicians or a dentist and physcian on behalf of the recipent are non-covered.	General services performed by means of a telephone call betweeen a provider and a recipient, including those in a which the provider provides advice or instructions to or on behalf of the recipient, or between dentists, physicians or a dentist and physician on behalf of the recipient are non-covered. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.07(4)(b) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

Equivalent services or separate components of a service performed on the same day are non-covered.	Equivalent services or separate components of a service performed on the same day are non-covered. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.07(4)(c) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
Tests and labarotory examinations, other than for diagnostic casts when required by DHS are non-covered.	Tests and laboratory examinations, other than for diagnostic casts when required by DHS are non-covered. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.07(4)(d) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The following restorative services: labial veneer, temporary crowns, cement bases as a separate item and endodontic filling materials that are not approved for use by the American Dental Association are non-covered.	The following restorative services: labial veneer, temporary crowns, cement bases as a separate item, endodontic filling materials that are not approved for use by the American Dental Association are non-covered. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.07(4)(f)1 § DHS 107.07(4)(f)2 § DHS 107.07(4)(f)3 § DHS 107.07(4)(f)4 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The following removable prosthodontic services are non-covered services; pulp cappings, overlay dentures, overlay partial dentures, duplicate dentures, and adjustments.	The following removable prosthodontic services are non-covered services: pulp cappings, overlay dentures, overlay partial dentures, duplicate dentures and adjustments. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.07(4)(g) § DHS 107.07(4)(h) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The following implant services are non-covered: tooth implants, transplantations, surgical repositioning, and transseptal fiberotomies.	The following implant services are non-covered: tooth implants, transplantations, surgical repositioning, and transseptal fiberotomies. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.07(4)(i) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

Adjunctive general services are non-covered.	The following adjunctive general services are non-covered: professional consultation, non-surgical treatment of temporomandibular joint disorder, behavior management, athletic mouth guards, local anesthesia as a separate procedure; occlusal guard, analysis and adjustment, and non-covered services that are listed in s. DHS 107.03. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.07(4)(k) § DHS 107.03 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
Professional visits, other than for the oral evaluations of a nursing home resident, or hospital calls are non-covered.	Professional visits, other than for the oral evaluation of a nursing home resident, or hospital calls are non-covered. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.07(4)(L) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
Temporomandibular joint surgery is covered only when prior authorization has been obtained.	Temporomandibular joint surgery is covered only when prior authorization has been obtained. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.07(2)(a)4.b. § DHS 107.07(3)(b)(2) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The services provided must be rendered by a Medicaid certified provider. The [xxxx] is not Medicaid certified.	The services provided must be rendered by a Medicaid certified provider. The [xxxx] is not Medicaid certified. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 101.03(137) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The dental hygienist is not Medicaid certified.	The services provided must be rendered by a Medicaid certified provider. The dental hygienist is not Medicaid certified. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.07(1m) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f) § 447.01(3)

The recipent was not eligible on the date the authorized orthodontic treatment was started as demonstrated by the placement of bands for comprehensive orthodontia.	The diagnostic work-up for orthodontic services shall be performed and submitted with the prior authorization request. If the request is approved, the recipient is required to be eligible on the date the authorized orthodontic treatment is started as demonstrated by the placement of bands for comprehensive orthodontia. Once started, the service shall be reimbursed to completion, regardless of the recipient's eligibility. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.07(3)(b)3 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The provider was reimbursed for procedure code D0140 which is a problem focused code, however, the documentation indicates a scheduled visit.	The provider was reimbursed for procedure code D0140 which is a problem focused code, not a scheduled visit code. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 106.03(2)(a) § DHS 106.03(2)(c) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
Medical review of the records found that surgical removal of tooth # was not indicated and is non-coverd. In addition, medical review of the medical records indicate that tooth [#] appears to the restorable and that extraction was not indicated.	Medical review of the records found that surgical removal of tooth [#] was not indicated and is non-covered. In addition, medical review of the medical records indicate that tooth [#] appears to be restorable and that extraction was not indicated. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 101.03(96m)(b) § DHS 106.02(9)(b)2 § DHS 106.02(9)(b)3 § DHS 106.02(9)(b)5 § DHS 107.01 § DHS 107.03(5) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The documentation does not support the need for dentures.	DHS may recoup payment for a service which ordinarily would be a covered service; if the service fails to meet program requirements. The documentation does not support the need for dentures. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim. .	§ DHS 101.03(96m)(b) § DHS 106.02(2) § DHS 107.01 § DHS 107.03(5) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

Medical review of the records found that the alveoplasty with extraction was not indicated.	DHS may recoup payment for a service which ordinarily would be a covered service, if the service fails to meet program requirements. Medical review of the records found that the alveoplasty with extraction was not indicated. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 101.03(96m)(b) § DHS 106.02(2) § DHS 107.01 § DHS 107.03(5) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The professional consultant determined that the service was either obsolete, inaccurate, ineffectual, unnecessary, imprudent or superfluous.	The professional consultant determined that the service was either obsolete, inaccurate, ineffectual, unnecessary, imprudent, or superfluous. Providers are required to prepare and maintain complete documentation of covered services. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 101.03(96m) § DHS 106.02(9)(a) § DHS 106.02(9)(b) § DHS 107.01 § DHS 107.03(5) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The records indicate that the services billed for are follow-up care, and are included in the reimbursement for the origninal procedure.	The records indicate that the services billed for are follow up care. Billing for the services separately results in unbundling of care. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 106.03(2)(a) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The provider billed for the dentures prior to the date of insertion.	Providers may use the date of the final impressions as the date of service, but may not submit claims until the prosthesis is inserted. The provider billed for the dentures prior to the date of the insertion. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 106.03(3)(a) § DHS 107.01 § DHS 107.07(3)(b)1 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The documentation included more than one record of care.	The documentation included more than one record of care. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 106.02(9)(a) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

Certain procedure codes cannot be performed and billed for on the same date of service.	Certain procedure codes cannot be performed and billed for on the same date of service. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 106.02(9)(a)5 § DHS 106.03(2) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The provider billed code D9110 which is for emergency treatment of dental pain, not a routine or follow-up visit. However, the documentation indicates a scheduled visit.	The provider billed code D9110 which is for emergency treatment of dental pain, not a routine or follow-up visit. However, the documentation indicates a scheduled visit. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 101.03(96m) § DHS 106.02(9)(a)5 § DHS 106.03(2) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The provider billed for services that are not medically necessary.	Medcial review of the documentation submitted by the provider found that the service was medically unnecessary. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 101.03(96m) § DHS 107.01 § DHS 107.03(5) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

FINDING: INCOMPLETE DOCUMENTATION

Revised 10/18/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider must inform the patient, or patient's guardian, of the benefits of the treatment, alternative procedures and the consequences of no treatment.	The consent for the procedure performed does not include benefits of treatment, alternative procedures, possible complications or consequences of no treatment. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 106.02(9)(a)3 § DHS 106.02(9)(a)4 § DHS 107.01 § DHS 108.02(9) DE 14.02		§ 49.45(2)(a)10 § 49.45(3)(f)
The provider did not submit one or more documents required for the claim.	The provider must maintain records for a period of not less than fire years and must submit them to DHS upon request. The provider did not submit the required records to DHS. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 106.02(9)(a) § DHS 106.02(9)(e) § DHS 106.02(9)(f) § DHS 106.02(9)(g) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(2)(b)4 § 49.45(3)(f)

The provider must submit records that are legible.	A provider shall prepare and maintain truthful, accurate, complete, legible and concise documentation. The documentation submitted by the provider is illegible. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 106.02(9)(a) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
Not all x-rays billed for were provided.	The provider was reimbursed for full mouth x-rays. The documentation supports [xxxx] x-rays were taken. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 106.02(9)(a) § DHS 106.02(9)(b)(5) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The documentation does not include a diagnosis for the services reimbursed.	The documentation does not include a diagnosis for the services reimbursed. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 101.03(96)m § DHS 106.02(9)(b)4 § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The provider who maintains records electronically, did not provide the required written electronic signature policy.	Providers may retain records electronically, but only if the clinic has a written policy describing the record and the authentication and security policy. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 106.02(9)(a) § DHS 106.02(9)(b) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f) § 137.17
The provider rendering the service must be identified.	The provider is not identified on the medical record. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 106.02(9)(a) § DHS 106.03(5)(b) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

FINDING: WRONG PROCEDURE CODE

Revised 10/18/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
Incorrect procedure code was used.	The provider was reimbursed for procedure code [xxxx]. The documentation supports procedure code [xxxx]. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 106.02(9)(a)5 § DHS 106.03(2)(a) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
Incorrect procedure code was used.	Medical review of the documentation found that surgical removal of tooth number x, code D7210, was not indicated and a regular extraction, code D7140, was appropriate. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatenss of the services, or the accuracy of the claim.	§ DHS 101.03(96m) § DHS 106.02(9)(a)4 § DHS 106.03(2)(a) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

FINDING: MEDICARE EPISODE

Revised 10/18/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider did not show the claim was billed to and denied by Medicare before billing Wisconsin Medicaid.	Wisconsin Medicaid is the payer of last resort. The provider is required to bill other insurance, including Medicare, prior to billing Medicaid. The provider must retain records showing proof of denial and submit them to the Department upon request. The provider did not submit the requested records to the Department. The Department was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 106.02(9)(c)2. § DHS 106.02(9)(d)2. § DHS 106.02(9)(e)1. § DHS 106.03(6) § DHS 106.03(7) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.46(2)(c) § 49.45(3)(f)

FINDING: DUPLICATE BILLING TPL

Revised 10/18/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider did not show the claim was billed to and denied by the member's other insurance before billing Wisconsin Medicaid.	Wisconsin Medicaid is the payer of last resort. The provider is required to bill other insurance prior to billing Medicaid. The provider must retain records showing proof of denial and submit them to the Department upon request. The provider did not submit the requested records to the Department. The Department was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 106.02(9)(c)2 § DHS 106.02(9)(d) § DHS 106.02(9)(e) § DHS 106.03(7)b § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

FINDING: PROVIDER IS NOT THE PERFORMING PROVIDER

Revised 10/18/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The actual performing provider of the billed service must be identified on the claim by that performing provider's individual number.	Claims submitted by an employer or facility must identify the individual provider who actually provided the service or item that is the subject of the claim. The documentation reflects the requirements are not met. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriatensss of the service, or the accuracy of the claim.	§ DHS 106.02(9)(e)1 § DHS 106.03(5)b § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)