

# 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.

### Physician Services

Revised 9/30/2021				
Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
<b>FINDING: LACK OF DOCUMENTATION</b>				
The provider did not submit any documentation 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 the requested records to DHS. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 106.02(9)(a)</a> <a href="#">§ DHS 106.02(9)(c)</a> <a href="#">§ DHS 106.02(9)(f)</a> <a href="#">§ DHS 106.02(9)(g)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(2)(b)4</a> <a href="#">§ 49.45(3)(f)</a>
<b>FINDING: MEDICARE EPISODE</b>				
Revised 9/30/2021				
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 DHS upon request. The provider did not submit the requested records to DHS. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 106.02(9)(c)2</a> <a href="#">§ DHS 106.02(9)(d)2</a> <a href="#">§ DHS 106.02(9)(e)1</a> <a href="#">§ DHS 106.03(6)</a> <a href="#">§ DHS 106.03(7)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a> <a href="#">§ 49.46(2)(c)</a>

**FINDING: TPL BILLING**

Revised 9/30/2021

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 DHS upon request. The provider did not submit the requested records to DHS. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 106.02(9)(c)</a> <a href="#">§ DHS 106.02(9)(d)</a> <a href="#">§ DHS 106.02(9)(e)</a> <a href="#">§ DHS 106.03(7)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a>

**FINDING: DUPLICATE BILLING**

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider was reimbursed for the service twice.	Two claims were paid for the same member on the same date of service with the same procedure code, modifiers, and quantity. Documentation submitted by the provider only supports paying one claim. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 106.04(5)(a)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a>

**FINDING: BILLING IN EXCESS OF SERVICES PROVIDED**

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider was reimbursed for more units of service than the documentation submitted by the provider supports.	A provider is required to use the applicable medical data code sets valid at the time the health care is furnished. The actual provision of service that was reimbursed cannot be verified from the provider's records. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 106.02(9)</a> <a href="#">§ DHS 106.04(5)(a)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 108.02(9)</a>	<a href="#">45 C.F.R. § 162.1000</a> <a href="#">45 C.F.R. § 162.1002</a>	<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a>

**FINDING: WRONG PROCEDURE CODE**

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The procedure code submitted for reimbursement is not supported by the documentation submitted by the provider.	A provider is required to use the applicable medical data code sets valid at the time the health care is furnished. The provider was reimbursed for code [xx]. The documentation reflects the service performed is procedure code [xx]. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 101.03(96m)(b)</a> <a href="#">§ DHS 106.03(2)(a)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 108.02(9)</a>	<a href="#">45 C.F.R. § 162.1000</a> <a href="#">45 C.F.R. § 162.1002</a>	<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a>
The Evaluation and Management level procedure code submitted for reimbursement is not supported by the documentation submitted by the provider.	A provider is required to use the applicable medical data code sets valid at the time the health care is furnished. The provider was reimbursed for a level [xx] [new/established] patient Evaluation and Management service. The documentation reflects the level of the [new/established] patient Evaluation and Management service performed is [xx]. The reimbursement is adjusted to reflect the level of service documented. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 101.03(96m)(b)</a> <a href="#">§ DHS 106.03(2)(a)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 108.02(9)</a>	<a href="#">45 C.F.R. § 162.1000</a> <a href="#">45 C.F.R. § 162.1002</a>	<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a>
The Evaluation and Management services submitted for reimbursement were billed individually and should have been bundled into one comprehensive code.	A provider is required to use the applicable medical data code sets valid at the time the health care is furnished. The services [xxx] and [xxx] should have been bundled as [xx]. The reimbursement is adjusted to reflect the service documented. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 101.03(96m)(b)8</a> <a href="#">§ DHS 106.03(2)(a)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 108.02(9)</a>	<a href="#">45 C.F.R. § 162.1000</a> <a href="#">45 C.F.R. § 162.1002</a>	<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a>

**FINDING: NON-COVERED SERVICES**

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider performing the service does not have a valid license.	A provider must maintain MA certification requirements. The provider license is not valid. The service is 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.	<a href="#">§ DHS 101.03(95)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a> <a href="#">§ 448.12</a>
The performing provider is not an MA certified provider.	Non-Emergency Services by a provider who is not MA certified are not reimbursable. The provider who performed the service is not MA certified. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 101.03(95)</a> <a href="#">§ DHS 105.03</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a>
The requirements for services reimbursed to a supervising physician and provided by a student, intern, or resident were not met.	Wisconsin Medicaid reimburses supervising physicians in a teaching setting for the services documented by interns and residents if those services are supervised, documented as part of the training program, and reimbursed under the National Provider Identifier (NPI) of the supervising physician. The supervising physician is required to provide personal and identifiable direction to interns or residents who are participating in the care of the member. The documentation for this service does not meet the program requirements. The services 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.	<a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.01(2)</a> <a href="#">§ DHS 107.06(4)(f)</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a>

**FINDING: NOT MEDICALLY NECESSARY**

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The diagnostic service provided is not medically necessary for the treatment of the member.	Providers are required to submit claims for medically necessary services. The documentation does not support the necessity of this test for diagnosis, monitoring, and/or treatment of a condition(s). These services are not medically necessary. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 101.03(96m)(b)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.03(5)</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a>
The frequency of the diagnostic service provided is not medically necessary for the treatment of the member.	Providers are required to submit claims for medically necessary services. The documentation does not support the frequency of this test for diagnosis, monitoring, and/or treatment of a condition(s). These services are not medically necessary. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 101.03(96m)(b)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.03(5)</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a>

**FINDING: INCORRECT MODIFIER**

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The modifier used with this procedure code is incorrect.	A provider is required to use the applicable medical data code sets valid at the time the health care is furnished. The documentation does not support the use of the modifier with the procedure code. The modifier [xx] is used incorrectly. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 106.03(2)(a)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 108.02(9)</a>	<a href="#">45 C.F.R. § 162.1000</a> <a href="#">45 C.F.R. § 162.1002</a>	<a href="#">§ 49.45(3)(f)</a> <a href="#">§ 49.45(2)(a)10</a>

**FINDING: PROVIDER IS NOT THE PERFORMING PROVIDER**

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The individual provider performing the services was not identified.	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 appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 106.03(5)(b)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 108.02(9)</a>	45 C.F.R. § 455.440	<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a>
The provider performing the services was not identified as the rendering provider.	The physician performing the service is required to be identified as the rendering provider on claims submitted for reimbursement. The documentation reflects the requirements are not met. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 106.03(5)(b)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 108.02(9)</a>	45 C.F.R. § 455.440	<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a>

**FINDING: INCOMPLETE DOCUMENTATION**

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider did not submit one or more documents required for the claim.	The provider must retain records for a period of not less than five 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 appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 106.02(9)(a)</a> <a href="#">§ DHS 106.02(9)(c)</a> <a href="#">§ DHS 106.02(9)(f)</a> <a href="#">§ DHS 106.02(9)(g)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(2)(b)4</a> <a href="#">§ 49.45(3)(f)</a>