

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.

Therapeutic Services

FINDING: LACK OF DOCUMENTATION				Revised 9/30/2021
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Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
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 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.	§ DHS 106.02(9)(a) § DHS 106.02(9)(c) § 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)

FINDING: LACK OF PRESCRIBING ORDER				Revised 9/30/2021
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Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
There is no prescriber order for billed services.	Physical, occupation and speech therapy services must be medically necessary modalities, procedures and evaluations prescribed by a provider acting within the scope of the provider's practice. 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 107.16(1)(a) § DHS 107.17(1) § DHS 107.18(1)(a) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

FINDING: NO PLAN OF CARE

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The Plan of Care was not reviewed and signed by the prescriber.	Plan of Care must be reviewed and signed by the prescriber. 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 107.16(3)(a) § DHS 107.17(3)(a) § DHS 107.18(3)(a) § DHS 108.02(9)		§ 49.45(3)(f)
Therapy services were provided prior to a written plan of care.	The plan of care shall be reduced to writing before treatment is begun, either by the prescriber who makes the plan available to the provider or by the provider of therapy when the provider makes a written record of the physician's oral orders. 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 107.16(3)(a) § DHS 107.17(3)(a) § DHS 107.18(3)(a) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The Plan of Care was not initialed by the prescriber at least every 90 days.	The plan of care must be reviewed by the attending prescriber in consultation with the therapist providing services at least every 90 days. Each review of the plan shall be indicated on the plan by the initials of the attending prescriber and the date performed. 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 107.16(3)(a)2 § DHS 107.17(3)(a)2 § DHS 107.18(3)(a)2 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

FINDING: PROVIDER IS NOT THE PERFORMING PROVIDER

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The performing provider is not on the claim.	The provider performing the billed service must be identified on the claim by their individual provider number. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 106.03(5)(b) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

FINDING: LACK OF PRIOR AUTHORIZATION

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider billed for therapy services in excess of 35 treatment days per spell of illness without a prior authorization.	Prior authorization is required for any outpatient therapy service in excess of 35 treatment days per spell of illness. 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 107.16(2)(b) § DHS 107.17(2)(b) § DHS 107.18(2)(b) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

FINDING: NON-COVERED SERVICES

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
There is no documentation that the Physical Therapy Assistant was supervised by a certified Physical Therapist.	Physical Therapy Assistants are required to be supervised by a certified Physical Therapist. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 101.03(43) § DHS 101.03(173) § DHS 106.02(9)(a) § DHS 106.02(9)(b) § DHS 106.02(9)(c)4 § DHS 107.01 § DHS 107.16(1)(a) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
There is no documentation that the Occupational Therapy Assistant was supervised by a certified Occupational Therapist.	Occupational Therapy Assistants are required to be supervised by a certified Occupational Therapist. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 101.03(43) § DHS 106.02(9)(a) § DHS 106.02(9)(b) § DHS 106.02(9)(c)4 § DHS 107.01 § DHS 107.17(1) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
Group Physical Therapy services are non-covered.	Group Physical Therapy 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.	§ DHS 107.01 § DHS 107.16(4)(d) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The performing therapist is not Medicaid certified.	Non-emergency services are covered when provided by a Medicaid certified provider. Billed service completed by a non-certified Medicaid provider. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 101.03(140) § DHS 107.01 § DHS 107.16(1)(a) § DHS 107.17(1) § DHS 107.18(1)(a) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

The evaluation was not completed by a certified OT, PT, SLP.	Evaluations must be completed by a certified Occupational Therapist, Physical Therapist, or Speech and Language Pathologist. 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 107.16(1)(a) § DHS 107.17(1) § DHS 107.18(1)(a) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f) § 448.51 PT § 448.961 OT
The service provided is experimental.	Experimental services are not covered. MA provides reimbursement only for services that are appropriate and medically necessary for the condition of the member. The definition of medical necessity precludes any treatment which is not of proven medical value and is experimental in nature. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 101.03(96m) § DHS 106.02(5) § DHS 107.03(4) § DHS 107.035 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The provider included activities in their documentation that are not billable therapy services.	End of the day clean up time, transportation time, consultations, and required paper reports are not covered as separately reimbursable items. If included, reimbursement is adjusted. 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 107.16(4)(c) § DHS 107.17(4)(d) § DHS 107.18(4)(c) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

FINDING: INCOMPLETE DOCUMENTATION Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The Plan of Care does not have all required components.	A plan of care, POC, exists but lacks component(s). A complete therapy POC is required to have diagnosis, anticipated goals of treatment, as well as state the type, amount, frequency, and duration of therapy services that are to be furnished. 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 107.16(3)(a)1 § DHS 107.17(3)(a)1 § DHS 107.18(3)(a)1 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

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.	§ DHS 106.02(9)(b) § DHS 106.02(9)(c) § DHS 106.02(9)(f) § DHS 106.02(9)(g) § DHS 106.03(3)(a) § DHS 106.04(4) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

FINDING: WRONG CODE

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The therapy service billed is not the service documented.	The therapy service billed was not the service performed per standardized coding guidelines resulting in an overpayment. The claim has been adjusted. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 106.03(2) § DHS 107.01 § DHS 108.02(9)	45 C.F.R. § 162.1000 45 C.F.R. § 162.1002	§ 49.45(2)(a)10 § 49.45(3)(f)

FINDING: BILLING IN EXCESS

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider billed in excess of services documented.	The provider was reimbursed for more units of service than the documentation submitted by the provider supports. The claim has been adjusted. 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)(a) § DHS 106.03(2)c § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

FINDING: THIRD PARTY LIABILITY

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
<p>The provider did not show the claim was billed to and denied by the member's other insurance before billing Wisconsin Medicaid.</p>	<p>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.</p>	<p>§ DHS 106.02(9)(c) § DHS 106.02(9)(d) § DHS 106.02(9)(e) § DHS 106.03(7) § DHS 107.01 § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>