

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.

Durable Medical Equipment & Disposable Medical Supplies

Revised 9/30/2021				
Revised 9/30/2021				
Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
FINDING: LACK OF DOCUMENTATION				
No documentation provided for the MA claim(s).	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.	§ 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 PRIOR AUTHORIZATION				
Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
There was no prior authorization for the purchase of the durable medical equipment (DME) item.	This item requires prior authorization. Any service requiring prior authorization for which prior authorization was not obtained prior to the provision of the service is not 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 107.02(3)(d)5 § DHS 107.03(9) § DHS 107.24(3) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

<p>There was no prior authorization for the rental of the DME item. The rental period exceeded the number of days allowed without prior authorization for this item.</p>	<p>Rental of DME in excess of the number of days specified in the DME index requires prior authorization. Any service requiring prior authorization for which prior authorization was not obtained prior to the provision of the service is not covered. 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 107.01 § DHS 107.02(3)(d)5 § DHS 107.03(9) § DHS 107.24(3) § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>
<p>There was no prior authorization for the disposable medical supply (DMS) item. The quantity dispensed exceeded the quantity allowed without prior authorization for this item.</p>	<p>DMS in excess of the quantity specified in the DMS index requires prior authorization. Any service requiring prior authorization for which prior authorization was not obtained prior to the provision of the service is not covered. 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 107.01 § DHS 107.02(3)(d)5 § DHS 107.03(9) § DHS 107.24(3) § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>
<p>The item delivered to the member does not match the item that was prior authorized.</p>	<p>This item requires prior authorization. Any service requiring prior authorization for which prior authorization was not obtained prior to the provision of the service is not covered. This specific item was not the item specified on the prior authorization. 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 107.01 § DHS 107.02(3)(c) § DHS 107.02(3)(d) § DHS 107.03(9) § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>

FINDING: EXCEEDS PRIOR AUTHORIZATION

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider was paid for a quantity in excess of the quantity authorized on the prior authorization.	This item requires prior authorization. For items requiring prior authorization, providers can not receive reimbursement for quantities in excess of the quantity authorized on the prior authorization. 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 107.02(3)(c) § DHS 107.02(3)(d)5 § DHS 107.03(9) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The provider received payment in excess of the amount authorized on the prior authorization.	This item requires prior authorization. For items requiring prior authorization, providers can not receive reimbursement in excess of the amount authorized on the prior authorization. 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 107.02(3)(c) § DHS 107.02(3)(d)5 § DHS 107.03(9) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

FINDING: LACK OF MD ORDERS

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
There was no prescription/Certificate of Medical Necessity provided.	Medical supplies and equipment, including rental of durable equipment, are services requiring a prescriber's order or prescription. A prescriber's order or prescription must be in writing or be given orally and later be reduced to writing by the provider filing the prescription or order. The provider did not submit a prescriber's order/prescription. 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 107.01 § DHS 107.02(2m)(a) § DHS 107.02(2m)(b) § DHS 107.02(3)(d)5 § DHS 107.24(2)(a) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.46(2)(b)(6)(d) § 49.45(3)(f)

The date the item was dispensed to the member precedes the date the prescriber signed the prescription/Certificate of Medical Necessity.	The prescription must include the date of the prescription and the prescriber's signature. The provider's documentation must include the date of service. The provider dispensed the item prior to the date the prescription/certificate of medical necessity was signed. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 105.02(6)(c) § DHS 106.02(9)(a) § DHS 106.03(4)(c) § DHS 107.01 § DHS 107.02(2m)(a) § DHS 107.02(2m)(b) § DHS 107.02(3)(c) § DHS 107.02(3)(d)5 § DHS 107.24(2)(a) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.46(2)(b)(6)(d) § 49.45(3)(f)
The prescription/Certificate of Medical Necessity was not valid because it was dated more than one year prior to the date the item was dispensed to the member.	Services prescribed or ordered must be provided within one year of the date of the prescription. 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 107.02(2m)(b) § DHS 107.24(2)(a) § 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 billed and was paid for the same service to the same recipient more than one time. This service was already billed and paid on a separate claim.	A provider may not be reimbursed more than one time for the same service. 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)(b) § DHS 106.02(9)(a) § DHS 106.02(9)(e) § DHS 106.03(2) § DHS 106.04(5)(a) § DHS 107.01 § DHS 108.02(9)		§ 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 was paid for a quantity in excess of the quantity dispensed to the member.	The provider billed and was paid for a quantity greater than that which was dispensed to the member. 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)(e) § DHS 106.04(5)(a) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

The rental period that was billed to MA does not match the actual dates the item was rented.	The provider billed rental days that fall outside the actual rental period indicated in the provider's documentation. Provider's are required to submit truthful and accurate claims. 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)(e) § DHS 106.04(5)(a) § DHS 107.01 § DHS 107.24(3) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
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FINDING: WRONG PROCEDURE CODE Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider billed Medicaid using a procedure code that does not match the item dispensed.	Providers are responsible for the truthfulness, accuracy, timeliness and completeness of claims. Providers are required to submit claims using procedure codes specified by DHS that most accurately reflect the services provided. 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)(e)1. § DHS 106.03(2) § DHS 107.01 § DHS 107.02(3)(d) § 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
There was no documentation to show the item was dispensed to the member.	Providers can not submit a claim to MA until the recipient has received the service which is the subject of the claim. The provider's documentation is insufficient to show that the item(s) billed were dispensed to the recipient. 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(3)(a) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

<p>Not able to verify the member received the item because the provider's documentation does not accurately, completely, or legibly describe the item dispensed.</p>	<p>Providers can not submit a claim to MA until the recipient has received the service which is the subject of the claim. The provider's documentation is insufficient to show that the item(s) billed were dispensed to the recipient. 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)(a) § DHS 106.03(3)(a) § DHS 107.01 § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>
<p>The provider's documentation is insufficient to verify the item was dispensed to the member.</p>	<p>Providers can not submit a claim to MA until the recipient has received the service which is the subject of the claim. The provider's documentation is insufficient to show that the item(s) billed were dispensed to the recipient. 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)(a) § DHS 106.03(3)(a) § DHS 107.01 § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>
<p>The provider's documentation is insufficient to verify the item was delivered to the member by the delivery service.</p>	<p>Providers can not submit a claim to MA until the recipient has received the service which is the subject of the claim. The provider's documentation is insufficient to show that the item(s) billed were mailed to the recipient. 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)(a) § DHS 106.03(3)(a) § DHS 107.01 § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>

FINDING: NON-COVERED SERVICES

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
<p>At the time of service, the member was a resident in a skilled nursing facility. This service is included in the nursing facility rate, and not separately reimbursable by Medicaid.</p>	<p>The DME and medical supply indicies indicate which items are included in the nursing home rate and not separately reimbursable. This member was residing in a nursing facility on the date of service, for which MA paid the nursing facility rate. 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 107.01 § DHS 107.24(2)(b) § DHS 107.24(4)(c) § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>
<p>At the time of service, the recipient was an inpatient in a hospital. This service is included in the hospital rate, and not separately reimbursable by Medicaid.</p>	<p>Payment for medical supplies ordered for a patient in a medical institution is considered part of the institution's cost and may not be billed directly to the program by a provider. Durable medical equipment and medical supplies provided to a hospital inpatient to take home on the date of discharge are reimbursed as part of the inpatient hospital services. 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 107.24(4)(a) § DHS 107.01 § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>
<p>The provider billed for services for a member who was not enrolled in Medicaid on the date the service was provided.</p>	<p>The member was not enrolled in Medicaid at the time of service. Services provided to recipients who were not eligible on the date of the service are considered non-reimbursable. 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(3) § DHS 107.01 § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>

The provider submitted the claim prior to the date the item was dispensed to the member.	Providers can not submit a claim to MA until the recipient has received the service which is the subject of the claim. This claim was submitted prior to the date the recipient received this service. 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 106.03(2) § DHS 106.03(3)(a) § DHS 106.03(4) § DHS 106.03(4)(b) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
Based on the documentation provided on rebuttal submissions, the provider did not maintain truthful, accurate, complete, legible and concise documentation.	A provider shall prepare and maintain truthful, accurate, complete, legible and concise documentation and medical and financial records. 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 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The DME/DMS provider is not a MA certified provider.	Non-Emergency Services by a provider who is not MA certified are not reimbursable. The provider who dispensed the DME/DMS 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.	§ DHS 101.03(95) § DHS 105.03 § DHS 107.01 § DHS 107.24(2)(a) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

FINDING: INCORRECT MODIFIER

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider billed Medicaid using a modifier that does not match the item dispensed.	Providers are responsible for the truthfulness, accuracy, timeliness and completeness of claims. Providers are required to submit claims using modifiers specified by DHS that most accurately reflect the services provided. 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)(c) § DHS 106.03(2) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

FINDING: QUANTITIES IN EXCESS

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider was paid for a quantity in excess of the quantity listed on the prescription/Certificate of Medical Necessity.	The provider billed and was paid for a quantity greater than that which was prescribed. 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 106.04(5)(a) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

FINDING: INCORRECT REIMBURSEMENT

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider was paid the max fee purchase price for the item when they should have been paid the max fee less all rental reimbursement for the item.	Covered DME services are limited to items contained in the Wisconsin DME index, which states that all rental payments paid to the same provider are deducted from the maximum allowable reimbursement for the subsequent purchase. Prior rental payments were not deducted from the purchase. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 107.24(2)(b) § DHS 106.04 (5)(a) § DHS 107.01 § DHS 108.02(2) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The provider received reimbursement in excess of the max fee purchase price for the item. This claim for rental was submitted after a paid claim for purchase of the item was submitted, and the max fee purchase reimbursement had already been reached.	Covered DME services are limited to items contained in the Wisconsin DME index, which states that all rental payments paid to the same provider are deducted from the maximum allowable reimbursement for the subsequent purchase. This rental payment was not deducted from the subsequent purchase. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 107.24(2)(b) § DHS 106.04 (5)(a) § DHS 107.01 § DHS 108.02(2) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

The provider received reimbursement in excess of the max fee purchase price for the item.	Covered DME services are limited to items contained in the Wisconsin DME index. The provider received reimbursement in excess of the maximum allowable reimbursement for this item. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 107.24(2)(b) § DHS 106.04 (5)(a) § DHS 107.01 § DHS 108.02(2) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
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FINDING: UNBUNDLED PROCEDURE Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The service was unbundled from another, more inclusive code that was billed.	If reimbursement for a service is included in the reimbursement for the primary procedure or service, it is not separately reimbursable. 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)(e) § 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: INCOMPLETE MEDICAL ORDER Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The prescription/Certificate of Medical Necessity was not signed.	The prescription/Certificate of Medical Necessity must include a prescriber's signature. 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 107.02(2m)(b) § DHS 107.24(2)(a) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The prescription/Certificate of Medical Necessity was not valid because the member's name was not listed.	The prescription/Certificate of Medical Necessity must include the name of the recipient. 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 107.02(2m)(b) § DHS 107.24(2)(a) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

<p>The prescription/Certificate of Medical Necessity was not valid because it was not dated.</p>	<p>The prescripition must include the date of the prescription. 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 107.01 § DHS 107.02(2m)(b) § DHS 107.24(2)(a) § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>
<p>The prescription/Certificate of Medical Necessity was not valid because it was not signed by a valid prescriber.</p>	<p>The prescripition/Certificate of Medical Necessity must include the prescriber's signature. Durable medical equipment (DME) and medical supplies are covered services only when prescribed by a prescriber within the scope of their practice. 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 107.01 § DHS 107.02(2m)(b) § DHS 107.24(2)(a) § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f) § 49.46(2)(b)(6)(d) § 49.46(2)(b)(6)(dm)</p>
<p>The item required a face-to-face visit for the initial prescription/order, and there is no documentation showing that the face-to-face visit occurred with an allowed prescriber no more than six months before the dispense date of the item(s).</p>	<p>The Medicaid Home Health Final Rule requires a face-to-face visit for the initial prescription for this item. Provider documentation must indicate who completed the face-to-face visit and document the member's need for the item(s). 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 107.01 § DHS 108.02(9)</p>	<p>42 C.F.R. § 440.70(f)</p>	<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>
<p>The prescription/Certificate of Medical Necessity was incomplete because the item was not listed.</p>	<p>Medical supplies and equipment, including rental of durable equipment, are services requiring a prescriber's order or prescription. A prescriber's order or prescription must be in writing or be given orally and later be reduced to writing by the provider filing the prescription or order. The prescriber's order/prescription must specify the item(s) being prescribed. 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 107.01 § DHS 107.02(2m)(a) § DHS 107.02(2m)(b) § DHS 107.24(2)(a) § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>

<p>The prescription/Certificate of Medical Necessity was incomplete because the quantity was not listed.</p>	<p>Medical supplies and equipment, including rental of durable equipment, are services requiring a prescriber's order or prescription. A prescriber's order or prescription must be in writing or be given orally and later be reduced to writing by the provider filing the prescription or order. The prescriber's order/prescription must specify the item(s) and quantities being prescribed. 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 107.01 § DHS 107.02(2m)(a) § DHS 107.02(2m)(b) § DHS 107.24(2)(a) § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>
<p>The breast pump is not medically necessary or appropriate for the condition of the member. The provider's documentation did not show that the member met all conditions required in order for a breast pump to be covered by Wisconsin Medicaid.</p>	<p>In order for breast pumps to be covered, all clinical guidelines established by DHS must be met. 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 101.03(96m)(b) § DHS 106.02(5) § DHS 106.02(9)(a) § DHS 107.01 § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>

FINDING: LACK OF MEDICAL NECESSITY

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
<p>Documentation submitted by the provider is insufficient to verify the durable medical equipment/disposable medical supplies (DME/DMS) dispensed to the member is medically necessary.</p>	<p>DME/DMS non-covered services are items which are luxury features which do not contribute to the improvement of the member's medical condition. Each provider is solely responsible for the truthfulness, accuracy, timeliness and completeness of claims relating to the provider's Medical assistance (MA) certification or reimbursement for services submitted to MA for claims for MA members including completeness of the documentation necessary to support each claim. Claims where the provider fails to maintain records for purpose of substantiating appropriateness and necessity of services which are the subject of claims may be denied. A provider will be reimbursed only for services that are appropriate and medically necessary for the condition of the member. The member was dispensed with a DME/DMS that could have been dispensed with a more cost-effective DME/DMS. 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 101.03(103) § DHS 101.03(96m) § DHS 106.02(5) § DHS 106.02(9)(a) § DHS 106.02(9)(b) § DHS 106.02(9)(g) § DHS 106.02(9)(e) § DHS 107.01 § DHS 107.03(5) § DHS 107.113(4)(a) § DHS 107.24(5)(f) § DHS 108.02(9)</p>	<p>42 C.F.R. § 455.2</p>	<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>