

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.

Family Planning Services

Revised 9/30/2021				
Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
PHARMACY AND PROFESSIONAL FINDING: LACK OF DOCUMENTATION				
The provider did not submit the requested records to the Wisconsin Department of Health Services (DHS).	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 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)2 § DHS 106.02(9)(f) § DHS 106.02(9)(g) § DHS 107.01 § DHS 108.02(9) § DHS 109.52(7)		§ 49.45(2)(a)10 § 49.45(2)(b)4 § 49.45(3)(f)
PROFESSIONAL FINDING: LACK OF PRIOR AUTHORIZATION				
Revised 9/30/2021				
Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
There was no prior authorization obtained for a sterilization procedure.	Prior authorization is required for all sterilization procedures. 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 107.03(9) § DHS 107.21(2) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
PROFESSIONAL FINDING: LACK OF M.D. ORDER				
Revised 9/30/2021				
Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider did not obtain an order for services from a valid prescriber.	Providers will not be reimbursed for services provided without a valid prescriber's order. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 105.36(1)(b) § DHS 107.01 § DHS 107.21(1)(a) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

PROFESSIONAL FINDING: DUPLICATE BILLING				
				Revised 9/30/2021
Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider was reimbursed twice for the same services with the same date of service, procedure code, and quantity of service.	Providers will not be reimbursed for verified duplicate 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 101.03(96m) § DHS 106.02(9) § DHS 106.03(2) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
PROFESSIONAL FINDING: BILLING IN EXCESS OF SERVICES PROVIDED				
				Revised 9/30/2021
Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The member was billed a copayment or deductible.	Members of Medicaid are liable for payment of any copayment or deductible except for family planning services and related supplies. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 104.01(12)(a)1.f § DHS 106.02(9) § DHS 106.03(2) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
PHARMACY FINDING: BILLING IN EXCESS OF SERVICES PROVIDED				
				Revised 9/30/2021
Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
Provider billed and was paid in excess of the quantity that was dispensed.	The quantity reimbursed on the paid claim is greater than the quantity supported by documentation submitted by the 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(96m)(b)6 § DHS 101.03(96m)(b)9 § DHS 106.02(9)(a) § DHS 106.02(9)(e) § DHS 106.02(9)(f) § DHS 106.02(9)(g) § DHS 106.03(2) § DHS 106.04(5)(a) § DHS 107.01 § DHS 108.02(9) § DHS 109.54		§ 49.45(2)(a)10 § 49.45(3)(f)

PROFESSIONAL FINDING: WRONG PROCEDURE CODE

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
<p>The procedure code submitted for reimbursement is not supported by the documentation submitted by the provider.</p>	<p>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 [xxx]. The documentation reflects the service performed is procedure code [xxx]. 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 106.03(2)(a) § DHS 107.01 § DHS 108.02(9)</p>	<p>45 C.F.R. § 162.1000 45 C.F.R. § 162.1002</p>	<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>
<p>The Evaluation and Management level procedure code submitted for reimbursement is not supported by the documentation submitted by the provider.</p>	<p>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.</p>	<p>§ DHS 101.03(96m)(b) § DHS 106.03(2)(a) § DHS 107.01 § DHS 108.02(9)</p>	<p>45 C.F.R. § 162.1000 45 C.F.R. § 162.1002</p>	<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>

PROFESSIONAL FINDING: INCOMPLETE DOCUMENTATION

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
<p>The initial physical examination and health history did not document the necessary components for reimbursement.</p>	<p>All family planning providers shall include specific components of the member's initial health history and physical exam. 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 105.36(6) § DHS 106.02(9) § DHS 107.01 § DHS 107.21(1)(b) § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>

<p>The provider's documentation submitted did not include an overview of available methods of contraception.</p>	<p>Counseling services provided by family planning providers shall include the medical ramifications and effectiveness of available methods of contraception. Without a proper Description of all the options, indications, and contraindications for each of those options it cannot be determined if the service selected was appropriate. 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) § DHS 107.01 § DHS 107.21(1)(d)2 § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>
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PHARMACY FINDING: INCOMPLETE DOCUMENTATION Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
<p>There was no prescription provided for the claim.</p>	<p>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.</p>	<p>§ DHS 106.02(9)(e) § DHS 108.02(9) § DHS 109.54</p>		<p>§ 49.45(3)(f) § 49.46(2)(a)4.f § 450.11(2)</p>
<p>Prescription was not signed by a valid prescriber.</p>	<p>All prescription orders require a valid prescriber's 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 107.10(1) § DHS 108.02(9) § DHS 109.54</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f) § 450.11(1)</p>
<p>There was no documentation provided for this date of service showing this drug was dispensed.</p>	<p>A record of all prescriptions dispensed shall be maintained for a period of 5 years after the date of the last refill. 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 106.02(9)(b)7 § DHS 106.02(9)(b)8 § DHS 106.02(9)(e) § DHS 106.03(3)(a) § DHS 107.01 § DHS 107.10(1) § DHS 108.02(9) § DHS 109.31(6)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>

Prescription did not include [name, strength, quantity, date of issue, or directions for use] for prescribed item.	All prescription orders shall specify the date of issue, the name and address of the practitioner, the name and quantity of the drug product or device prescribed, directions for the use of the drug product or device, the symptom or purpose for which the drug is being prescribed if required, and, if the order is written by the practitioner, the signature of the practitioner. 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 107.10(1) § DHS 107.10(5)(b)(2) § DHS 108.02(9) § DHS 109.54		§ 49.45(2)(a)10 § 49.45(3)(f) § 450.11(1)
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PROFESSIONAL FINDING: NON-COVERED SERVICES Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The services rendered were not directed or supervised by the appropriate professional.	All family planning services performed in family planning clinics must be prescribed by a prescriber, and furnished, directed or supervised by a prescriber, registered nurse, nurse practitioner, licensed practical nurse, or nurse midwife. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 105.36(1)(b) § DHS 106.02(9) § DHS 106.03(2) § DHS 106.03(4) § DHS 107.01 § DHS 107.21 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The provider did not submit a prescription for the drugs and/or supplies provided to the member.	All providers shall prepare and maintain truthful, accurate, complete, legible and concise documentation. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 106.09 § DHS 107.01 § DHS 107.21 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

<p>The documentation submitted does not meet Electronic Health Record (EHR) signature requirements.</p>	<p>The electronic signature must meet criteria needed to associate the record to the intended person. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. 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>§ 49.45(2)(a)10 § 49.45(3)(f) § 137.11(8) § 137.17</p>
<p>The documentation in the member's medical record lacks required component(s) for reimbursement of an office visit.</p>	<p>All providers shall prepare and maintain truthful, accurate, complete, legible and concise documentation. The provider failed to document the required components for the CPT code claimed. 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 106.2(9)(b) § DHS 107.01 § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>
<p>The provider and clinic shall not provide abortion as a method of family planning</p>	<p>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 105.36(2)(d) § DHS 107.01 § DHS 107.21 § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>
<p>The provider did not obtain informed consent for a sterilization procedure from the member.</p>	<p>Informed consent is required. 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 107.21(2) § DHS 108.02(9)</p>	<p>C.F.R. § 50.204 C.F.R. § 441.257</p>	<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>

PHARMACY FINDING: NON-COVERED SERVICES

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
Additions, alterations, or revisions made to the supporting documentation cannot be considered without proof that the original documentation existed at the time the service was rendered.	A provider shall prepare and maintain truthful, accurate, complete, legible and concise documentation and medical and financial records. The provider submitted documentation that appears altered. 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.	§ DHS 106.02(9)(a) § DHS 106.02(9)(e) § DHS 107.01 § DHS 108.02(9) § DHS 109.54		§ 49.45(2)(a)10 § 49.45(3)(f)

PROFESSIONAL FINDING: NOT MEDICALLY NECESSARY

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The documentation provided does not support the necessity of service provided.	All providers must submit documentation showing the treatment of a condition is necessary for the diagnosis. 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 107.01 § DHS 107.03(5) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The documentation provided does not support the frequency of this test.	The documentation provided must support the medical necessity of the ordered 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 107.01 § DHS 107.03(5) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

PROFESSIONAL FINDING: INCORRECT MODIFIER

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider used the wrong modifier to the procedure code for the service performed.	All providers shall prepare and maintain truthful, accurate, complete, legible and concise documentation. 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) § DHS 106.03(2) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

PHARMACY FINDING: QUANTITIES IN EXCESS

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
<p>Provider billed an excessive quantity relative to the [directions for use on the prescription OR quantity indicated on the prescription OR quantity required for the days' supply on the claim].</p>	<p>Provider billed a quantity of the drug that is greater than the directions for use indicated on the prescription. OR There are no directions for use on the prescription but there is a quantity indicated on the prescription and the provider billed more than that quantity on the prescription. OR Provider billed for a quantity of the drug in excess of the quantity required for the days' supply on the claim. 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 106.02(9)(c) § DHS 106.04(5)(a) § DHS 107.01 § DHS 109.54 § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f) § 450.11(1)</p>

PHARMACY FINDING: OTHER (included as 'OTHER' since it's only used in FP audits)

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
<p>Duplicative billing. The service did not meet Medicaid medical necessity requirements.</p>	<p>Two different drugs used for identical purposes dispensed simultaneously (i.e. Plan B and Ella dispensed together). 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) § DHS 106.02(9)(a) § DHS 106.02(9)(c) § DHS 107.01 § DHS 107.03(5) § DHS 108.02(9) § DHS 109.54</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>