

# 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.

### Mental Health and Alcohol and Other Drug Abuse Services

Revised 9/30/2021				
Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
<b>FINDING: MEDICARE EPISODE</b>				
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 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)(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>
<b>FINDING: TPL - DUPLICATE BILLING</b>				
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 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: LACK OF DOCUMENTATION**

Revised 9/30/2021

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 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 107.13(2)(a)</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>

**FINDING: DUPLICATE BILLING**

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The documentation submitted by the provider supports only payment for a single service or procedure on the date of service.	Two claims were paid for the same date of services, for the same member with the same procedure code, modifiers, and quantity. Documentation reflects services duplicative with respect to other services or procedures being provided. 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)6</a> <a href="#">§ DHS 106.02(9)(c)2</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 provider was reimbursed for overlapping services or procedures.	The identified overpayment demonstrates [x] claims for services or procedures for the same member, for the same dates of service. Documentation reflects services or procedures duplicative with respect to other services being provided. 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)6</a> <a href="#">§ DHS 106.02(9)(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: WRONG PROCEDURE CODE**

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider billed and was reimbursed for the wrong code.	Provider billed for code [xxxx]. Documentation demonstrates that the service provided was actually code [yyyy]. 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)3</a> <a href="#">§ DHS 106.02(9)(a)5</a> <a href="#">§ DHS 106.03(2)(d)</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: INCOMPLETE DOCUMENTATION**

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider did not submit the member's comprehensive mental health assessment.	Outpatient psychotherapy services shall be a covered service only when a strength-based assessment, including differential diagnostic examination, is performed by a certified psychotherapy provider. 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)(b)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.13(2)(a)1</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a>

<p>The provider failed to meet one or more of the requirements for outpatient psychotherapy coverage.</p>	<p>Outpatient psychotherapy services shall be covered services when provided by a provider certified under § DHS 105.22, and when the following conditions are met:</p> <ol style="list-style-type: none"> <li>1. A strength-based assessment, including differential diagnostic examination, is performed by a certified psychotherapy provider. A physician's prescription is not necessary to perform the assessment. The assessment shall include: <ol style="list-style-type: none"> <li>a. The member's presenting problem.</li> <li>b. Diagnosis established from the current Diagnostic and Statistical Manual of Mental Disorders including all 5 axes or, for children up to age four, the current Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood.</li> <li>c. The member's symptoms which support the given diagnosis.</li> <li>d. The member's strengths, and current and past psychological, social, and physiological data; information related to school or vocational, medical, and cognitive function; past and present trauma; and substance abuse.</li> <li>e. The member's unique perspective and own words about how he or she views his or her recovery, experience, challenges, strengths, needs, recovery goals, priorities, preferences, values and lifestyle, areas of functional impairment, and family and community support.</li> <li>f. Barriers and strengths to the member's progress and independent functioning.</li> <li>g. Necessary consultation to clarify the diagnosis and treatment.</li> </ol> </li> </ol> <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><a href="#">§ DHS 106.02(9)(a)</a>  <a href="#">§ DHS 106.02(9)(b)</a>  <a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 107.13(2)(a)</a>  <a href="#">§ DHS 108.02(9)</a></p>		<p><a href="#">§ 49.45(2)(a)10</a>  <a href="#">§ 49.45(3)(f)</a></p>
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<p>The provider did not submit the member's complete medical evaluation for alcohol and other drug abuse (AODA) treatment.</p>	<p>Before being enrolled in an alcohol or drug abuse treatment program, the member shall receive a complete medical evaluation, including diagnosis, summary of present medical findings, medical history and explicit recommendations by the physician for participation in the alcohol or other drug abuse treatment program. 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><a href="#">§ DHS 106.02(9)(a)</a>  <a href="#">§ DHS 106.02(9)(b)</a>  <a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 107.13(3)(a)2</a>  <a href="#">§ DHS 108.02(9)</a></p>		<p><a href="#">§ 49.45(2)(a)10</a>  <a href="#">§ 49.45(3)(f)</a></p>
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**FINDING: NON-COVERED SERVICES** Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
<p>The rendering provider acted outside their scope of practice when diagnosing or treating the member's psychotherapy condition.</p>	<p>Psychotherapy services are covered when prescribed or ordered by a provider acting within the scope of the provider's practice under statutes, rules, or regulations that govern 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.</p>	<p><a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 108.02(9)</a></p>		<p><a href="#">§ 49.45(2)(a)10</a>  <a href="#">§ 49.45(3)(f)</a>  <a href="#">§ 49.46(2)(b)6</a></p>
<p>The rendering provider acted outside their scope of practice when diagnosing or treating the member's AODA condition.</p>	<p>AODA services are covered when prescribed or ordered by a provider acting within the scope of the provider's practice under statutes, rules, or regulations that govern 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.</p>	<p><a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 108.02(9)</a></p>		<p><a href="#">§ 49.45(2)(a)10</a>  <a href="#">§ 49.45(3)(f)</a>  <a href="#">§ 49.46(2)(b)6</a></p>

<p>The treatment plan provided for psychotherapy or AODA therapy was not complete.</p>	<p>The member's treatment plan shall include a strength based assessment, goals for treatment, and specific objectives to meet those goals. In the treatment plan, the signs of improved functioning that will be used to measure progress towards specific objectives at identified intervals, agreed upon by the provider and member shall be 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><a href="#">§ DHS 106.02(9)(a)</a>  <a href="#">§ DHS 106.02(9)(b)</a>  <a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 107.13(2m)</a>  <a href="#">§ DHS 107.13(3)(a)3</a>  <a href="#">§ DHS 108.02(9)</a></p>		<p><a href="#">§ 49.45(2)(a)10</a>  <a href="#">§ 49.45(3)(f)</a></p>
<p>The service was performed by a provider who was not Medicaid certified.</p>	<p>Psychotherapy and alcohol and other drug abuse outpatient treatment are covered services when provided by an Medicaid certified provider. 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><a href="#">§ DHS 101.03(137)</a>  <a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 107.13(2)(a)</a>  <a href="#">§ DHS 107.13(3)(a)</a>  <a href="#">§ DHS 108.02(9)</a></p>		<p><a href="#">§ 49.45(2)(a)10</a>  <a href="#">§ 49.45(3)(f)</a>  <a href="#">§ 49.45(3)(f)</a></p>
<p>The number of group members billed per psychotherapy session is greater than the number Medicaid allows.</p>	<p>"Group therapy session" means a psychotherapy session not conducted in a hospital for an inpatient member at which there are more than one but not more than 10 individuals receiving psychotherapy services together from one or 2 providers. 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><a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 107.13(2)(c)2</a>  <a href="#">§ DHS 108.02(9)</a></p>		<p><a href="#">§ 49.45(2)(a)10</a>  <a href="#">§ 49.45(3)(f)</a>  <a href="#">§ 49.45(3)(f)</a></p>
<p>The number of group members billed per AODA session is greater than the number Medicaid allows.</p>	<p>"Group therapy session" means an AODA session not conducted in a hospital for an inpatient member at which there are more than one but not more than 10 individuals receiving services together from one or 2 providers. 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><a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 107.13(3)(c)1</a>  <a href="#">§ DHS 108.02(9)</a></p>		<p><a href="#">§ 49.45(2)(a)10</a>  <a href="#">§ 49.45(3)(f)</a></p>

**FINDING: PROVIDER IS NOT PERFORMING PROVIDER**

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The actual provider of the service was not identified by name or provider number on the claim.	An employer or facility submitting claims for services provided by a provider in its employ or under contract shall apply for and receive certification from DHS to submit claims and receive payment on behalf of the provider performing the services. Any claim submitted by an employer or facility must then clearly identify the actual provider who rendered/provides each service; clearly listing the individual provider name and 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.	<a href="#">§ DHS 106.03(2)</a> <a href="#">§ DHS 106.03(5)(b)</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>