

# 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.

### Pharmacy Services

FINDING: PAYABLE				
Revised 9/30/2021				
Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
Medicaid did not reimburse the provider for this ingredient, so there is no recoupment associated with this line item. However, this claim is considered non-covered due to not meeting program requirements.	The claim is marked Payable since the recoupment amount is \$0.	<a href="#">§ DHS 107.01</a>	<a href="#">42 U.S.C. § 1396r-8(d)(1)</a> <a href="#">42 U.S.C. § 1396r-8(g)(2)(A)</a>	<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a>
The documentation provided did not support the appropriateness of the prior authorization approval. Provider used an outdated and obsolete prior authorization form.	An incorrect and obsolete version of the prior authorization form dated [mm/dd/yy] was used. However, the clinical criteria was met. Please refer to the Technical Assistance report.	<a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.02(3)(c)</a> <a href="#">§ DHS 107.02(3)(i)</a>	<a href="#">42 U.S.C. § 1396r-8(d)(1)</a> <a href="#">42 U.S.C. § 1396r-8(g)(2)(A)</a>	<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a>
The documentation provided did not support the appropriateness of the prior authorization approval. [Drug Name] has different clinical criteria for approval than what was listed on the prior authorization form provided.	An incorrect prior authorization form was used. However, the clinical criteria was met. Please refer to the Technical Assistance report.	<a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.02(3)(c)</a> <a href="#">§ DHS 107.02(3)(i)</a>	<a href="#">42 U.S.C. § 1396r-8(d)(1)</a> <a href="#">42 U.S.C. § 1396r-8(g)(2)(A)</a>	<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a>

<p>The diagnosis code submitted does not match the code written on the prescription.</p>	<p>The diagnosis code submitted to Medicaid [XXX.XX] does not match the code that was written on the prescription by the prescriber [XXX.XX]. The claim would have been payable if the diagnosis on the prescription was submitted. Please refer to the Technical Assistance report.</p>	<p><a href="#">§ DHS 106.02(9)(a)</a>  <a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 107.02(3)</a></p>	<p><a href="#">42 U.S.C. § 1396r-8(d)(1)</a>  <a href="#">42 U.S.C. § 1396r-8(g)(2)(A)</a></p>	<p><a href="#">§ 49.45(2)(a)10</a>  <a href="#">§ 49.45(3)(f)</a></p>
<p>Prescription orders did not have the name, address and telephone number of the delegating practitioner or the name, address and signature of the person preparing the prescription order on the order.</p>	<p>Prescription orders prepared by professional nurses and ancillary health care personnel shall contain the name, address and telephone number of the delegating practitioner and the name, address and signature of the person preparing the prescription order. Please refer to the Technical Assistance report.</p>	<p><a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 107.02(2m)</a>  <a href="#">§ DHS 107.10(1)</a></p>		<p><a href="#">§ 49.45(2)(a)10</a>  <a href="#">§ 49.45(3)(f)</a>  <a href="#">§ 448.03(2)</a>  <a href="#">§ 450.11(1)</a></p>
<p>Invalid prescription.</p>	<p>An electronic prescription must identify the individual sender's name and telephone number for oral confirmation, the time and date of transmission, and the pharmacy intended to receive the transmission. An electronic prescription must also be designated "electronically transmitted prescription", or with similar words or abbreviations to that effect. Please refer to the Technical Assistance report.</p>	<p><a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 107.10(5)</a>  <a href="#">§ DHS 109.31(6)</a>  <a href="#">§ Phar 7.08</a></p>		<p><a href="#">§ 49.45(2)(a)10</a>  <a href="#">§ 49.45(3)(f)</a></p>

**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 the Wisconsin Department of Health Services (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)(c)2</a> <a href="#">§ DHS 106.02(9)(d)1</a> <a href="#">§ DHS 106.02(9)(e)</a> <a href="#">§ DHS 106.03(7)</a> <a href="#">§ DHS 107.01</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)(e)</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>

**FINDING: DUPLICATE BILLING** Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
Provider submitted and was paid for the same service to the same Medicaid member more than one time.	Two claims were paid for the same member on the same date of service. 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 101.03(96m)(b)</a> <a href="#">§ DHS 106.02(9)(a)</a> <a href="#">§ DHS 106.02(9)(b)</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 106.03(2)</a> <a href="#">§ DHS 106.04(5)(a)</a> <a href="#">§ DHS 107.01</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
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.	<a href="#">§ DHS 101.03(96m)(b)6</a> <a href="#">§ DHS 101.03(96m)(b)9</a> <a href="#">§ DHS 106.02(9)(a)</a> <a href="#">§ DHS 106.02(9)(e)</a> <a href="#">§ DHS 106.02(9)(f)</a> <a href="#">§ DHS 106.02(9)(g)</a> <a href="#">§ DHS 106.03(2)</a> <a href="#">§ DHS 106.04(5)(a)</a> <a href="#">§ DHS 107.01</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 submitted <i>[fill in name of the documentation]</i> was illegible.	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.	<a href="#">§ DHS 106.02(9)(a)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.02(2m)(a)10.</a>		<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a>
There was no prescription provided for the claim.	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.	<a href="#">§ DHS 107.01</a> <a href="#">§ DHS 106.02(9)(g)</a> <a href="#">§ DHS 107.02(2m)(a)10</a> <a href="#">§ DHS 107.02(2m)(b)</a>		<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a> <a href="#">§ 450.11(2)</a>

<p>Prescription did not include [<i>name, strength, quantity, date of issue, or directions for use</i>] for prescribed item.</p>	<p>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.</p>	<p><a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 107.02(2m)(a)10</a>  <a href="#">§ DHS 107.02(2m)(b)</a>  <a href="#">§ DHS 107.10(1)</a>  <a href="#">§ DHS 107.10(5)</a>  <a href="#">§ Phar 7.02</a></p>	<p><a href="#">42 U.S.C. § 1396r-8(g)(2)(A)</a></p>	<p><a href="#">§ 49.45(2)(a)10</a>  <a href="#">§ 49.45(3)(f)</a>  <a href="#">§ 450.11(1)</a></p>
<p>Prescription was not signed by a valid prescriber.</p>	<p>The prescription was not signed by a valid prescriber. 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 105.02(6)(c)</a>  <a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 107.02(2m)(a)10</a>  <a href="#">§ DHS 107.02(2m)(b)</a>  <a href="#">§ DHS 107.10(1)</a></p>		<p><a href="#">§ 49.45(2)(a)10</a>  <a href="#">§ 49.45(3)(f)</a>  <a href="#">§ 450.11(1)</a></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><a href="#">§ DHS 106.02(9)(a)</a>  <a href="#">§ DHS 106.02(9)(e)</a>  <a href="#">§ DHS 106.03(3)(a)</a>  <a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 107.02(2m)(a)10</a>  <a href="#">§ DHS 107.10(1)</a>  <a href="#">§ DHS 107.10(5)</a>  <a href="#">§ DHS 109.31(6)</a>  <a href="#">§ Phar 7.05</a></p>		<p><a href="#">§ 49.45(2)(a)10</a>  <a href="#">§ 49.45(3)(f)</a></p>
<p>Prescription did not include "Brand Medically Necessary" for prescribed medication.</p>	<p>Prescription orders written for brand name drugs which have a lower cost commonly available generic drug equivalent shall be filled with the lower cost drug product equivalent, unless the prescribing provider writes "brand medically necessary" on the face 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><a href="#">§ DHS 107.02(2m)(a)10</a>  <a href="#">§ DHS 107.02(3)(a)</a>  <a href="#">§ DHS 107.02(3)(b)</a>  <a href="#">§ DHS 107.02(3)(i)</a>  <a href="#">§ DHS 107.10(3)(c)</a></p>	<p><a href="#">42 U.S.C. § 1396r-8(d)(1)</a></p>	<p><a href="#">§ 49.45(2)(a)10</a>  <a href="#">§ 49.45(49)</a>  <a href="#">§ 49.45(49m)(c)4</a></p>

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)(e)</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>
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**FINDING: NON-COVERED SERVICES** Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
Prescription is invalid. Services were not provided before the prescription expired.	<p>Dispensing of non-scheduled drugs shall be limited to the original dispensing plus 11 refills, or 12 months from the date of the original prescription, whichever comes first.</p> <p>OR</p> <p>Dispensing of schedule III, IV and V drugs shall be limited to the original dispensing plus 5 refills, or 6 months from the date of the original prescription, whichever comes first.</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>	<a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.02(2m)(b)</a> <a href="#">§ DHS 107.10(3)(a)</a> <a href="#">§ DHS 107.10(3)(b)</a> <a href="#">§ DHS 107.10(5)</a> <a href="#">§ Phar 7.03</a>		<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a>
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.	<a href="#">§ DHS 106.02(9)(a)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 106.02(9)(c)</a>		<a href="#">§ 49.45(3)(f)</a> <a href="#">§ 49.45(2)(a)10</a>

<p>The product dispensed does not match the product prescribed.</p>	<p>The provider must accurately interpret an order from a prescriber and properly select the drug to be dispensed to the patient. For example: The prescription was written for test strips, but the pharmacy dispensed lancets. 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(48)</a>  <a href="#">§ DHS 106.02(9)(a)</a>  <a href="#">§ DHS 106.02(9)(e)</a>  <a href="#">§ DHS 107.01</a></p>		<p><a href="#">§ 49.45(2)(a)10</a>  <a href="#">§ 49.45(3)(f)</a>  <a href="#">§ 450.13(1s)</a></p>
<p>The form of the drug dispensed to the patient is different than what was ordered by the prescriber.</p>	<p>The provider must accurately interpret an order from a prescriber and properly select the drug to be dispensed to the patient. For example: MD ordered 'XR' version of drug, pharmacy dispensed 'IR' version. 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(48)</a>  <a href="#">§ DHS 106.02(9)(a)</a>  <a href="#">§ DHS 106.02(9)(e)</a>  <a href="#">§ DHS 107.01</a></p>		<p><a href="#">§ 49.45(2)(a)10</a>  <a href="#">§ 49.45(3)(f)</a>  <a href="#">§ 450.13(1s)</a></p>
<p>There was not a valid prescription at the time the medication was dispensed.</p>	<p>Drug was dispensed to the member prior to the date the authorized prescriber signed 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><a href="#">§ DHS 106.02(9)(a)</a>  <a href="#">§ DHS 106.03(3)(a)</a>  <a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 107.02(2m)(a)10</a>  <a href="#">§ DHS 107.10(5)</a>  <a href="#">§ Phar 7.02(1)</a></p>		<p><a href="#">§ 49.45(2)(a)10</a>  <a href="#">§ 49.45(3)(f)</a></p>
<p>Provider billed and dispensed before the appropriate date without documentation supporting medical necessity.</p>	<p>The claim was duplicative or excessive with respect to other services provided for the patient. 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(96m)(b)(3)</a>  <a href="#">§ DHS 101.03(96m)(b)(6)</a>  <a href="#">§ DHS 106.04(5)(a)</a>  <a href="#">§ DHS 107.01</a></p>	<p>42 U.S.C. § 1396r-8(g)(2)(A)</p>	<p><a href="#">§ 49.45(2)(a)10</a>  <a href="#">§ 49.45(3)(f)</a></p>
<p>The claim was billed under an incorrect Medicaid member.</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><a href="#">§ DHS 101.03(96m)</a>  <a href="#">§ DHS 106.02(9)(a)</a>  <a href="#">§ DHS 106.02(9)(e)</a></p>		<p><a href="#">§ 49.45(2)(a)10</a>  <a href="#">§ 49.45(3)(f)</a></p>

<p>The member was incarcerated at the time of service and was not eligible for Medicaid benefits.</p>	<p>Medical services for adult inmates of correctional institutions are not covered by Medicaid. The member was incarcerated at the time of service and was not eligible for Medicaid benefits. 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 107.03(13)</a></p>		<p><a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a> <a href="#">§ 302.01</a></p>
<p>At the time of service the member was enrolled in hospice. Medication should have been billed to <i>[Enter the name of the appropriate Hospice]</i>.</p>	<p>A recipient who elects to receive Hospice care waives any covered Medicaid services pertaining to his or her terminal illness and related conditions. 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(75m)</a> <a href="#">§ DHS 106.03(3)(b)4</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.31(2)(b)2</a></p>		<p><a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a></p>
<p>Unable to verify the diagnosis code on the claim <i>[XXX.XX]</i>.</p>	<p>There was no diagnosis code on the prescription or in the member's medical record, and the pharmacy did not provide documentation showing how they determined the diagnosis to enter 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><a href="#">§ DHS 106.02(9)(e)1</a> <a href="#">§ DHS 106.02(9)(a)</a> <a href="#">§ DHS 106.02(9)(b)4</a> <a href="#">§ DHS 106.03(7)(b)</a> <a href="#">§ DHS 107.01(1)</a> <a href="#">§ DHS 107.02(3)(a)</a></p>	<p><a href="#">42 U.S.C. § 1396r-8(d)(4)(C)</a></p>	<p><a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a></p>
<p>The pharmacy did not provide documentation showing a prior authorization was requested and obtained before a service requiring prior authorization was provided.</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><a href="#">§ DHS 107.02(3)(c)</a> <a href="#">§ DHS 106.02(9)(e)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.02(3)(i)</a></p>	<p><a href="#">42 U.S.C. § 1396r-8(d)(1)</a> <a href="#">42 U.S.C. § 1396r-8(g)(2)(A)</a></p>	<p><a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a></p>
<p>The pharmacy reused a PA form from a previously-approved PA request.</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><a href="#">§ DHS 106.02(9)(e)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.02(3)(c)</a> <a href="#">§ DHS 107.02(3)(i)2</a></p>	<p><a href="#">42 U.S.C. § 1396r-8(d)(1)</a> <a href="#">42 U.S.C. § 1396r-8(g)(2)(A)</a></p>	<p><a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a></p>



The documentation provided did not support the appropriateness of the prior authorization approval. [Drug Name] has different clinical criteria for approval than what was listed on the prior authorization form 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 106.02(9)(e)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.02(3)(c)</a> <a href="#">§ DHS 107.02(3)(f)</a>	<a href="#">42 U.S.C. § 1396r-8(d)(1)</a> <a href="#">42 U.S.C. § 1396r-8(g)(2)(A)</a>	<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a>
Prescriber did not submit required documentation. Unable to determine medical necessity.	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 107.01</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: QUANTITIES IN EXCESS**

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
Provider billed an excessive quantity relative to the <i>[directions for use on the prescription OR quantity indicated on the prescription OR quantity required for the days' supply on the claim]</i> .	<p>Provider billed a quantity of the drug that is greater than the directions for use indicated on the prescription.</p> <p>OR</p> <p>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.</p> <p>OR</p> <p>Provider billed for a quantity of the drug in excess of the quantity required for the days' supply on the claim.</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>	<a href="#">§ DHS 106.02(9)(a)</a> <a href="#">§ DHS 106.02(9)(e)</a> <a href="#">§ DHS 106.04(5)(a)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.02(2m)(a)10</a> <a href="#">§ DHS 107.10(5)</a> <a href="#">§ Phar 7.02(1)</a>	<a href="#">42 U.S.C. § 1396r-8(g)(2)(A)</a>	<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a> <a href="#">§ 450.11(1)</a>
Quantity billed does not match the quantity required to produce the compound listed on 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.	<a href="#">§ DHS 106.02(9)(a)</a> <a href="#">§ DHS 106.02(9)(e)</a> <a href="#">§ DHS 106.04(5)(a)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.02(2m)(a)10</a> <a href="#">§ DHS 107.10(5)</a> <a href="#">§ Phar 7.02(1)</a>	<a href="#">42 U.S.C. § 1396r-8(g)(2)(A)</a>	<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a> <a href="#">§ 450.11(1)</a>

**FINDING: OTHER**

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><a href="#">§ DHS 101.03(96m)</a>  <a href="#">§ DHS 106.02(9)(a)</a>  <a href="#">§ DHS 106.02(9)(g)</a>  <a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 107.03 (5)</a></p>		<p><a href="#">§ 49.45(2)(a)10</a>  <a href="#">§ 49.45(3)(f)</a></p>