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 Wisconsin Code of Federal Wisconsin State Comment Description Administrative Code Regulations **Statutes** DHS 106.02(9)(a) The provider did not The provider must retain records 49.45(2)(a)10 49.45(2)(b)4 submit any documentation for a period of not less than five DHS 106.02(9)(e) <u>§ DHS 106.02(9)(f)</u> 49.45(3)(f) for the claim. years and must submit them to the 5 DHS 106.02(9)(g) Department of Health Services § DHS 107.01 (DHS) upon request. The provider DHS 108.02(9) 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. FINDING: LACK OF PRESCRIBING ORDER Revised 9/30/2021 Wisconsin Code of Federal Wisconsin State Comment Description Administrative Code Regulations **Statutes** There is no prescriber Physical, occupation and speech DHS 107.01 49.45(2)(a)10 49.45(3)(f) order for billed services. therapy services must be medically 5 DHS 107.16(1)(a) necessary modalities, procedures DHS 107.17(1) DHS 107.18(1)(a) and evalutaions prescribed by a 5 DHS 108.02(9) 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.

	Revised 9/30/2				
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		<u>§ 49.45(3)(f)</u>	
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)		<u>§ 49.45(2)(a)10</u> <u>§ 49.45(3)(f)</u>	
The Plan of Care was not nitialed 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.	<u>SDHS 107.01</u> <u>SDHS 107.16(3)(a)2</u> <u>SDHS 107.17(3)(a)2</u> <u>SDHS 107.18(3)(a)2</u> <u>SDHS 108.02(9)</u>		<u>§ 49.45(2)(a)10</u> <u>§ 49.45(3)(f)</u>	
FINDING: PROVIDER	IS NOT THE PERFORMING	PROVIDER		Revised 9/30/202	
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.	<u>§ DHS 106.03(5)(b)</u> <u>§ DHS 107.01</u> <u>§ DHS 108.02(9)</u>		<u>§ 49.45(2)(a)10</u> <u>§ 49.45(3)(f)</u>	

		Wisconsin	Code of Federal	Revised 9/30/202 Wisconsin State
Comment	Description	Administrative Code	Regulations	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.	<u>§ DHS 107.01</u> § DHS 107.16(2)(b) § DHS 107.17(2)(b)	Regulations	<u>§ 49.45(2)(a)10</u> <u>§ 49.45(3)(f)</u>
FINDING: NON-COVI	ERED SERVICES			Revised 9/30/202
Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
There is no documenation 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	Regulations	<u>\$ 49.45(2)(a)10</u> <u>\$ 49.45(3)(f)</u>
There is no documenation 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)		<u>§ 49.45(2)(a)10</u> <u>§ 49.45(3)(f)</u>
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.	<u>§ DHS 107.01</u> § DHS 107.16(4)(d) § DHS 108.02(9)		<u>§ 49.45(2)(a)10</u> <u>§ 49.45(3)(f)</u>
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.	<u>\$ DHS 101.03(140)</u> <u>\$ DHS 107.01</u> <u>\$ DHS 107.16(1)(a)</u> <u>\$ DHS 107.17(1)</u> <u>\$ DHS 107.18(1)(a)</u> <u>\$ DHS 108.02(9)</u>		<u>§ 49.45(2)(a)10</u> <u>§ 49.45(3)(f)</u>

completed by a certified Occupational Therapist, SDES 107,16(1)(a) \$49,45(3)(f) OT, PT, SLP. Physical Therapist, or Speech and Language Pathologist. D1IS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the china or opportate and medically and the accuracy of the china. \$10115,101,030(h), \$448,51,07] The service provided is covered. MA provides reinflux are appropriate and medically 1018,102,020, \$1018,002,00 \$49,45(2)(a)10 resperimental. Experimental services are not covered. MA provides reinflux on of the member. The definition of the member. The definition of medical necessary for the condition of the member. The definition of the dation. \$10115,102,014 The provider included activities in their and required pare reports are not covered services, the appropriateness of the services, or the accuracy of the claim. \$10115,102,014 The provider included activities in their and appropriateness of the services, or the accuracy of the claim. \$10115,107,103,40 The provider included activities in their and required pare reports are not covered as separately reimbursable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. \$10115,107,104,101 FINDING: INCOMPLETE DOCUMENTATION \$10115,107,104,101 \$49,45(2),0010 Statutes \$10115,107,104,101 \$49,45(2),0010 Statutes \$10115,107,104,101 \$49,45(2),0010	The evaluation was not			
experimental.covered. MA provides reimbursement only for services (5DHS 106.0225) (5DHS 107.0324) (5DHS 107.0324) (5DHS 107.0324) (5DHS 107.0324) (5DHS 107.0324) (5DHS 107.0324) (5DHS 107.0324) (5DHS 107.0324) (5DHS 107.0324) (5DHS 107.0324)\$\$49.45(3)(f)The creating 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 107.01 (5DHS 107.164)(c) (5DHS 108.020)\$\$49.45(2)(a)10 (\$49.45(2)	1 2	Physical Therapist, or Speech and Langauage Pathologist. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the	§ <u>DHS 107.17(1)</u> § <u>DHS 107.18(1)(a)</u>	<u>§ 448.51 PT</u>
activities in their documentation that are not billable therapy services.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, or the accuracy of the claim.\$DHS 107.16(4)(c) \$DHS 107.17(4)(d) \$DHS 108.02(9)\$49.45(3)(f)FINDING: INCOMPLETE DOCUMENTATIONRevised 9/30/2021CommentDescriptionWisconsin Administrative CodeCode of Federal RegulationsWisconsin State StatutesThe Plan of Care does not have all requiredA plan of care, POC, exists but lacks component(s). A complete\$DHS 107.16(3)(a)1\$49.45(2)(a)10 \$49.45(3)(f)	÷	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	§ DHS 106.02(5) § DHS 107.03(4) § DHS 107.035	• • • • • • •
Revised 9/30/2021CommentDescriptionWisconsin Administrative CodeCode of Federal RegulationsWisconsin State StatutesThe Plan of Care does not have all requiredA plan of care, POC, exists but lacks component(s). A complete\$DHS 107.01 \$DHS 107.16(3)(a)1\$49.45(2)(a)10 \$49.45(3)(f)	activities in their documentation that are	transportation time, consultations, and required paper reports are not	<u>§ DHS 107.16(4)(c)</u>	5 (/ (/)
CommentDescriptionWisconsin Administrative CodeCode of Federal RegulationsWisconsin State StatutesThe Plan of Care does not have all requiredA plan of care, POC, exists but lacks component(s). A complete\$DHS 107.01 \$DHS 107.16(3)(a)1\$49.45(2)(a)10 \$49.45(3)(f)	services.	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 107.18(4)(c)	
have all requiredlacks component(s). A complete $\$ DHS 107.16(3)(a)1 $\$ 49.45(3)(f)	services.	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 107.18(4)(c)	Revised 9/30/2021
	services. FINDING: INCOMPLI Comment	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. ETE DOCUMENTATION Description	§ DHS 107.18(4)(c) § DHS 108.02(9) Wisconsin Administrative Code	Statutes
	services. FINDING: INCOMPLI Comment The Plan of Care does not	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. ETE DOCUMENTATION Description Itematical A plan of care, POC, exists but	© DHS 107.18(4)(c) © DHS 108.02(9) Wisconsin Administrative Code © DHS 107.01	Wisconsin State Statutes § 49.45(2)(a)10
components. therapy POC is required to have § DHS 107.17(3)(a)1	services. FINDING: INCOMPLI Comment The Plan of Care does not have all required	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. ETE DOCUMENTATION Description t A plan of care, POC, exists but lacks component(s). A complete	§ DHS 107.18(4)(c) § DHS 108.02(9) Wisconsin Administrative Code § DHS 107.01 § DHS 107.16(3)(a)1	Wisconsin State Statutes § 49.45(2)(a)10

The Plan of Care does not	A plan of care, POC, exists but	<u>§ DHS 107.01</u>	<u>§ 49.45(2)(a)10</u>
have all required	lacks component(s). A complete	§ DHS 107.16(3)(a)1	<u>§ 49.45(3)(f)</u>
components.	therapy POC is required to have	§ DHS 107.17(3)(a)1	
	diagnosis, anticipated goals of	<u>§ DHS 107.18(3)(a)1</u>	
	treatment, as well as state the type,	<u>§ DHS 108.02(9)</u>	
	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.		

Comment	Description	Wisconsin	Code of Federal	Wisconsin Sta
	-	Administrative Code	Regulations	Statutes
The provider was	Two claims were paid for the	<u>§ DHS 106.02(9)(b)</u>		§ 49.45(2)(a)10
	same member on the same date of	•		<u>§ 49.45(3)(f)</u>
wice.	service with the same procedure	<u>§ DHS 106.02(9)(f)</u>		
	code, modifiers, and quantity.	<u>§ DHS 106.02(9)(g)</u>		
	Documentation submitted by the	<u>§ DHS 106.03(3)(a)</u>		
	provider only supports paying one	<u>§ DHS 106.04(4)</u>		
	claim. DHS was unable to verify	<u>§ DHS 107.01</u>		
	the actual provision of Medicaid-	<u>§ DHS 108.02(9)</u>		
	covered services, the			
	appropriateness of the services, or			
	the accuracy of the claim.			
FINDING: WRONG CO				
AINDING: WRONG CO	JDE			Revised 9/30/2
Comment	Description	Wisconsin	Code of Federal	Wisconsin Sta
	-	Administrative Code	Regulations	Statutes
The therapy service billed	The therapy service billed was not	<u>§ DHS 106.03(2)</u>	<u>45 C.F.R. § 162.1000</u>	<u>§ 49.45(2)(a)10</u>
s not the service	the service performed per	<u>§ DHS 107.01</u>	45 C.F.R. § 162.1002	<u>§ 49.45(3)(f)</u>
locumented.	standardized coding guidelines	<u>§ DHS 108.02(9)</u>		
	resulting in an overpayment. The			
	claim has been adjusted. DHS was			
	unable to verify the actual			
	unable to verify the actual provision of Medicaid-covered			
	-			
	provision of Medicaid-covered			
	provision of Medicaid-covered services, the appropriateness of			
	provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.			
INDING: BILLING II	provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.			Revised 9/30/2
TINDING: BILLING I	provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin Sta
Comment	provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. N EXCESS Description	Administrative Code	Code of Federal Regulations	Revised 9/30/2 Wisconsin Sta Statutes § 49.45(2)(a)10
Comment The provider billed in	provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. NEXCESS Description The provider was reimbursed for	Administrative Code § DHS 106.02(9)(a)		Wisconsin Sta Statutes § 49.45(2)(a)10
Comment The provider billed in excess of services	provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. NEXCESS Description The provider was reimbursed for more units of service than the	Administrative Code § DHS 106.02(9)(a) § DHS 106.03(2)c		Wisconsin Sta Statutes
Comment The provider billed in excess of services	provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. N EXCESS Description The provider was reimbursed for more units of service than the documentation submitted by the	Administrative Code § DHS 106.02(9)(a) § DHS 106.03(2)c § DHS 107.01		Wisconsin Sta Statutes § 49.45(2)(a)10
Comment The provider billed in excess of services	provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. NEXCESS Description The provider was reimbursed for more units of service than the documentation submitted by the provider supports. The claim has	Administrative Code § DHS 106.02(9)(a) § DHS 106.03(2)c		Wisconsin Sta Statutes § 49.45(2)(a)10
Comment The provider billed in excess of services	provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. NEXCESS Description 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	Administrative Code § DHS 106.02(9)(a) § DHS 106.03(2)c § DHS 107.01		Wisconsin Sta Statutes § 49.45(2)(a)10
Comment The provider billed in excess of services	provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. NEXCESS Description 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	Administrative Code § DHS 106.02(9)(a) § DHS 106.03(2)c § DHS 107.01		Wisconsin Sta Statutes § 49.45(2)(a)10
Comment The provider billed in excess of services	provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. NEXCESS Description 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	Administrative Code § DHS 106.02(9)(a) § DHS 106.03(2)c § DHS 107.01		Wisconsin Sta Statutes § 49.45(2)(a)10
FINDING: BILLING I Comment The provider billed in excess of services documented.	provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. NEXCESS Description 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	Administrative Code § DHS 106.02(9)(a) § DHS 106.03(2)c § DHS 107.01		Wisconsin Sta Statutes § 49.45(2)(a)10

FINDING: THIRD PARTY LIABILITY Revised 9/30/20				
Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes	
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	§ 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)		§ 49.45(2)(a)10 § 49.45(3)(f)	
V C C C C C C C C C C C C C C C C C C C	Description Wisconsin Medicaid is the payer of last resort. The provider is equired to bill other insurance orior to billing Medicaid. The provider must retain records howing proof of denial and ubmit them to DHS upon equest. The provider did not ubmit the requested records to DHS. DHS was unable to verify he actual provision of Medicaid- overed services, the	DescriptionWisconsin Administrative CodeVisconsin Medicaid is the payer of last resort. The provider is equired to bill other insurance orior to billing Medicaid. The provider must retain records howing proof of denial and ubmit them to DHS upon equest. The provider did not ubmit the requested records to DHS. DHS was unable to verify he actual provision of Medicaid- propriateness of the services, orWisconsin Misconsin Administrative CodeWisconsin Medicaid. The S DHS 106.02(9)(c) S DHS 107.01 S DHS 108.02(9)	DescriptionWisconsin Administrative CodeCode of Federal RegulationsWisconsin Medicaid is the payer of last resort. The provider is equired to bill other insurance orior to billing Medicaid. The orovider must retain records howing proof of denial and ubmit them to DHS upon equest. The provider did not ubmit the requested records to DHS. DHS was unable to verify he actual provision of Medicaid- rovered services, the ppropriateness of the services, orWisconsin Wisconsin Administrative Code SDHS 106.02(9)(c) SDHS 106.02(9)(d) SDHS 106.02(9)(e) SDHS 106.02(9)	