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.

Behavioral Treatment Benefit

				evised: 03/07/2025
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 the Department upon request. The provider did not submit the required records to the Department. The Department 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)2. § DHS 106.02(9)(f) § DHS 106.02(9)(g) § DHS 107.01 § DHS 108.02(9)	42 C.F.R. § 431.107(b)(1)	§ 49.45(2)(a) § 49.45(2)(a)10. § 49.45(3)(f) § 146.83(4)
FINDING: NON-	-COVERED SERVICES		R	evised: 03/07/2025
Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
Provider billed for non-covered services.	"Non-covered service" means a service, item, or supply for which Medicaid reimbursement is not available. This includes services where prior authorization has been denied, a service listed as non-covered in DHS 107, or a service considered by consultants to the department to be medically unnecessary, unreasonable, or inappropriate. The Department was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 107.22(4) § DHS 108.02(9)		§ 49.45(2)(a) § 49.45(2)(a)10. § 49.45(3)(f) § 146.83(4)
reimbursed for	It is the sole responsibility of a provider to prepare and maintain truthful, accurate, complete, legible, and concise documentation, including medical and financial records that relate to specific services rendered to a member by a certified provider. This includes but is not limited to the documentation necessary to support each claim. The Department 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)2. § DHS 106.02(9)(g) § DHS 106.03(2)(c) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10. § 49.45(3)(f)

Ci	T4 :- 411:1:11'4£:14	e DHC 107 02/0)/-)2		e 40 45(2)(-)10
Services were	It is the sole responsibility of a provider to	* * * * * * * * * * * * * * * * * * * *		§ 49.45(2)(a)10.
reimbursed in	prepare and maintain truthful, accurate,	§ DHS 106.02(9)(g)		§ 49.45(3)(f)
excess of 24	complete, legible, and concise	§ DHS 106.03(2)(c)		
hours for all	documentation, including medical and	§ DHS 107.01		
providers combined on	financial records that relate to specific	§ DHS 108.02(9)		
	services rendered to a member by a			
[xx/xx/xxxx].	certified provider. This includes but is not			
	limited to the documentation necessary to			
	support each claim. The Department was			
	unable to verify the actual provision of Medicaid-covered services, the			
	appropriateness of the services, or the			
TT1 C :	accuracy of the claim.	e Dug 101 02(05)		0.40.45(0)(.)10
The performing	Non-emergency services by a provider who is not Medicaid-certified are not	§ DHS 101.03(95)		§ 49.45(2)(a)10.
provider is not a		§ DHS 105.03		§ 49.45(3)(f)
MA-certified	reimbursable. The provider who	§ DHS 107.01		
provider.	performed the service is not	§ DHS 108.02(9)		
	Medicaid-certified. The Department was			
	unable to verify the actual provision of Medicaid-covered services, the			
	appropriateness of the services, or the			
Documentation Procured Technology	accuracy of the claim. Behavioral treatment services are not	e DHC 101 02(25)		e 40 45(2)(-)10
reflects the	covered while a member is incarcerated.	§ DHS 101.03(35)		§ 49.45(2)(a)10.
		§ DHS 101.03(103)		§ 49.45(3)(f)
member was	The Department was unable to verify the	§ DHS 107.01		
	actual provision of Medicaid-covered	§ DHS 107.03(5)		
xx/xx/xx tilrough xx/xx/xx.	services, the appropriateness of the	§ DHS 108.02(9)		
Documentation	services, or the accuracy of the claim.	e DHC 101 02(25)		e 40 45(0)()10
	Behavioral treatment services are included			§ 49.45(2)(a)10.
reflects the	on an inpatient claim while the member is	§ DHS 101.03(103)		§ 49.45(3)(f)
member had an	in the hospital. The services also are not	§ DHS 107.01		
	separately payable on an outpatient claim	§ DHS 108.02(9)		
xx/xx/xx tiirougii xx/xx/xx.	and therefore the services are non-covered.			
XX/XX/XX.	The Department was unable to verify the actual provision of Medicaid-covered			
	services, the appropriateness of the			
	services, the appropriateness of the services, or the accuracy of the claim.			
D		e DHC 101 02(25)	42 C.F.R. § 440.167	§ 49.45(2)(a)10.
Documentation reflects the	Behavioral treatment services provided outside the home are not covered unless	§ DHS 101.03(35) § DHS 101.03(103)	42 C.F.R. § 440.167	§ 49.45(2)(a)10. § 49.45(3)(f)
member was	prior authorized. The Department was			§ 49.43(3)(1)
unavailable to	unable to verify the actual provision of	§ DHS 107.01		
receive services	Medicaid-covered services, the	§ DHS 108.02(9)		
due to being in	appropriateness of the services, or the			
school.	accuracy of the claim.			
Medicaid does	A provider shall be reimbursed only for	§ DHS 106.02(2)		§ 49.45(2)(a)10.
	covered services. The Department was	§ DHS 106.02(2) § DHS 106.02(9)(a)		§ 49.45(2)(a)10. § 49.45(3)(f)
for missed	unable to verify the actual provision of	§ DHS 100.02(9)(a) § DHS 107.03(2)		<u>x 12.13(3)(1)</u>
appointments.	Medicaid-covered services, the	§ DHS 107.03(2) § DHS 108.02(9)		
аррошинсию.	appropriateness of the services, or the	<u> </u>		
	accuracy of the claim.			
	accuracy of the claim.			

FINDING: THIRD-PARTY LIABILITY (TPL) Revised: 03/07/2025				
Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider did not show the claim was billed	Wisconsin Medicaid is the payer of last resort. The provider is required to bill other insurance prior to billing Medicaid.	§ DHS 106.02(9)(d) § DHS 106.02(9)(g) § DHS 106.03(7)	regulations	§ 49.45(2)(a) § 49.45(2)(a)10. § 49.45(3)(f)
to and denied by the member's other insurance	The provider must retain records showing proof of denial and submit them to the	§ DHS 107.01 § DHS 108.02(9)		
before billing	Department upon request. The provider did not submit the requested records to the			
Wisconsin Medicaid.	Department. The Department was unable to verify the actual provision of Medicaid-			
Medicaid.	covered services, the appropriateness of the services, or the accuracy of the claim.			
FINDING: DUPI	LICATE BILLING		10	Revised: 03/07/2025
Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider was	Two or more claims were paid for the	§ DHS 106.04(5)(a)	9	§ 49.45(2)(a)10.
reimbursed for	same member on the same date of service	§ DHS 107.01		§ 49.45(3)(f)
the service more than once.	with the same procedure code, modifiers, and quantity. Documentation submitted by	§ DHS 108.02(9)		
than once.	the provider only supports paying one			
	claim. The Department was unable to			
	verify the actual provision of Medicaid-			
	covered services, the appropriateness of			
	the services, or the accuracy of the claim.	<u>.</u>		
FINDING: PRIO	R AUTHORIZATION		F	Revised: 03/07/2025
C 4	5	·		
Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider	PA is required for behavioral treatment	Administrative Code § DHS 101.03(134)		Statutes § 49.45(2)(a)10.
The provider billed for services	PA is required for behavioral treatment services. The provider did not have the	Administrative Code § DHS 101.03(134) § DHS 107.01		Statutes
The provider billed for services without the	PA is required for behavioral treatment services. The provider did not have the required PA. The Department was unable	Administrative Code § DHS 101.03(134) § DHS 107.01 § DHS 107.22(4)		Statutes § 49.45(2)(a)10.
The provider billed for services without the required prior	PA is required for behavioral treatment services. The provider did not have the required PA. The Department was unable to verify the actual provision of Medicaid-	Administrative Code § DHS 101.03(134) § DHS 107.01		Statutes § 49.45(2)(a)10.
The provider billed for services without the required prior authorization	PA is required for behavioral treatment services. The provider did not have the required PA. The Department was unable to verify the actual provision of Medicaid-covered services, the appropriateness of	Administrative Code § DHS 101.03(134) § DHS 107.01 § DHS 107.22(4)		Statutes § 49.45(2)(a)10.
The provider billed for services without the required prior authorization (PA).	PA is required for behavioral treatment services. The provider did not have the required PA. The Department was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	Administrative Code § DHS 101.03(134) § DHS 107.01 § DHS 107.22(4) § DHS 108.02(9)	Regulations	Statutes § 49.45(2)(a)10. § 49.45(3)(f)
The provider billed for services without the required prior authorization (PA). The provider was	PA is required for behavioral treatment services. The provider did not have the required PA. The Department was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. Reimbursement for behavioral treatment	Administrative Code § DHS 101.03(134) § DHS 107.01 § DHS 107.22(4) § DHS 108.02(9) § DHS 101.03(134)		\$\frac{\\$ 49.45(2)(a)10.}{\\$ 49.45(3)(f)}\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
The provider billed for services without the required prior authorization (PA). The provider was reimbursed in	PA is required for behavioral treatment services. The provider did not have the required PA. The Department was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. Reimbursement for behavioral treatment services is subject to the applicable terms	Administrative Code § DHS 101.03(134) § DHS 107.01 § DHS 107.22(4) § DHS 108.02(9) § DHS 101.03(134) § DHS 107.01	Regulations	Statutes § 49.45(2)(a)10. § 49.45(3)(f)
The provider billed for services without the required prior authorization (PA). The provider was reimbursed in excess of services	PA is required for behavioral treatment services. The provider did not have the required PA. The Department was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. Reimbursement for behavioral treatment services is subject to the applicable terms issued by the Department, consistent with	Administrative Code § DHS 101.03(134) § DHS 107.01 § DHS 107.22(4) § DHS 108.02(9) § DHS 101.03(134) § DHS 107.01 § DHS 107.02(2)	Regulations	\$\frac{\\$ 49.45(2)(a)10.}{\\$ 49.45(3)(f)}\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
The provider billed for services without the required prior authorization (PA). The provider was reimbursed in excess of services	PA is required for behavioral treatment services. The provider did not have the required PA. The Department was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. Reimbursement for behavioral treatment services is subject to the applicable terms	Administrative Code § DHS 101.03(134) § DHS 107.01 § DHS 107.22(4) § DHS 108.02(9) § DHS 101.03(134) § DHS 107.01	Regulations	\$\frac{\\$ 49.45(2)(a)10.}{\\$ 49.45(3)(f)}\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
The provider billed for services without the required prior authorization (PA). The provider was reimbursed in excess of services authorized by the	PA is required for behavioral treatment services. The provider did not have the required PA. The Department was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. Reimbursement for behavioral treatment services is subject to the applicable terms issued by the Department, consistent with a prior authorization, as approved or modified by the Department. The Department was unable to verify the actual	Administrative Code § DHS 101.03(134) § DHS 107.01 § DHS 107.22(4) § DHS 108.02(9) § DHS 101.03(134) § DHS 107.01 § DHS 107.02(2) § DHS 107.02(3) § DHS 107.22(4)	Regulations	\$\frac{\\$ 49.45(2)(a)10.}{\\$ 49.45(3)(f)}\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
The provider billed for services without the required prior authorization (PA). The provider was reimbursed in excess of services authorized by the	PA is required for behavioral treatment services. The provider did not have the required PA. The Department was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. Reimbursement for behavioral treatment services is subject to the applicable terms issued by the Department, consistent with a prior authorization, as approved or modified by the Department. The Department was unable to verify the actual provision of Medicaid-covered services,	Administrative Code § DHS 101.03(134) § DHS 107.01 § DHS 107.22(4) § DHS 108.02(9) § DHS 101.03(134) § DHS 107.01 § DHS 107.02(2) § DHS 107.02(3) § DHS 107.22(4)	Regulations	\$\frac{\\$ 49.45(2)(a)10.}{\\$ 49.45(3)(f)}\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
The provider billed for services without the required prior authorization (PA). The provider was reimbursed in excess of services authorized by the	PA is required for behavioral treatment services. The provider did not have the required PA. The Department was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. Reimbursement for behavioral treatment services is subject to the applicable terms issued by the Department, consistent with a prior authorization, as approved or modified by the Department. The Department was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the	Administrative Code § DHS 101.03(134) § DHS 107.01 § DHS 107.22(4) § DHS 108.02(9) § DHS 101.03(134) § DHS 107.01 § DHS 107.02(2) § DHS 107.02(3) § DHS 107.22(4)	Regulations	\$\frac{\\$ 49.45(2)(a)10.}{\\$ 49.45(3)(f)}\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
The provider billed for services without the required prior authorization (PA). The provider was reimbursed in excess of services authorized by the Department.	PA is required for behavioral treatment services. The provider did not have the required PA. The Department was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. Reimbursement for behavioral treatment services is subject to the applicable terms issued by the Department, consistent with a prior authorization, as approved or modified by the Department. The Department was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	Administrative Code § DHS 101.03(134) § DHS 107.01 § DHS 107.22(4) § DHS 108.02(9) § DHS 101.03(134) § DHS 107.01 § DHS 107.02(2) § DHS 107.02(3) § DHS 107.22(4)	Regulations	\$\frac{\\$ 49.45(2)(a)10.}{\\$ 49.45(3)(f)}\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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The provider billed for services without the required prior authorization (PA). The provider was reimbursed in excess of services authorized by the Department. FINDING: WRO Comment The therapy	PA is required for behavioral treatment services. The provider did not have the required PA. The Department was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. Reimbursement for behavioral treatment services is subject to the applicable terms issued by the Department, consistent with a prior authorization, as approved or modified by the Department. The Department was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. NG PROCEDURE CODE Description The therapy service billed was not the service performed per standardized coding guidelines, resulting in an overpayment.	**Misconsin Administrative Code** **DHS* 101.03(134)* **DHS* 107.01* **DHS* 107.22(4)* **DHS* 108.02(9)** **DHS* 101.03(134)* **DHS* 107.01* **DHS* 107.02(3)* **DHS* 107.02(4)* **DHS* 107.02(4)* **DHS* 108.02(9)** **Wisconsin Administrative Code** **DHS* 106.03(2)**	Regulations 42 U.S.C. § 1396d Code of Federal Regulations 45 C.F.R. § 162.1000	\$\\$49.45(2)(a)10.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
The provider billed for services without the required prior authorization (PA). The provider was reimbursed in excess of services authorized by the Department. FINDING: WRO Comment The therapy service billed is	PA is required for behavioral treatment services. The provider did not have the required PA. The Department was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. Reimbursement for behavioral treatment services is subject to the applicable terms issued by the Department, consistent with a prior authorization, as approved or modified by the Department. The Department was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim. NG PROCEDURE CODE Description The therapy service billed was not the service performed per standardized coding guidelines, resulting in an overpayment. The claim has been adjusted. The	Administrative Code § DHS 101.03(134) § DHS 107.01 § DHS 107.22(4) § DHS 108.02(9) § DHS 101.03(134) § DHS 107.01 § DHS 107.02(2) § DHS 107.02(3) § DHS 107.02(4) § DHS 108.02(9) Wisconsin Administrative Code § DHS 106.03(2) § DHS 107.01 § DHS 108.02(9)	Regulations 42 U.S.C. § 1396d Code of Federal Regulations 45 C.F.R. § 162.1000	\$\\$49.45(2)(a)10.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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The provider was	A provider is required to use the applicable		45 C.F.R. § 162.1000	§ 49.45(2)(a)10.
reimbursed for	medical data code sets valid at the time the		45 C.F.R. § 162.1002	§ 49.45(3)(f)
code [xxx]. The	health care is furnished. The provider was	§ DHS 107.01		
documentation	reimbursed for code [xxx]. The	§ DHS 108.02(9)		
reflects the	documentation reflects the service			
service performed	performed is procedure code [xxx]. The			
is procedure code	Department was unable to verify the actual			
[xxx]. The	provision of Medicaid-covered services,			
	the appropriateness of the services, or the			
adjusted to reflect	accuracy of the claim.			
the service				
documented.				
FINDING: BILL	ING IN EXCESS	•	-	-
			_	
			R	<u>evised: 03/07/2025</u>
Comment	Description	Wisconsin	Code of Federal	evised: 03/07/2025 Wisconsin State
Comment	Description	Wisconsin Administrative Code		evised: 03/07/2025 Wisconsin State Statutes
	A provider is required to use the applicable	Administrative Code § DHS 106.02(9)(a)	Code of Federal	Wisconsin State
	•	Administrative Code § DHS 106.02(9)(a)	Code of Federal	Wisconsin State Statutes
The provider was	A provider is required to use the applicable	Administrative Code § DHS 106.02(9)(a)	Code of Federal	Wisconsin State Statutes § 49.45(2)(a)10.
The provider was reimbursed for	A provider is required to use the applicable medical data code sets valid at the time the	Administrative Code § DHS 106.02(9)(a) § DHS 106.03(2)(c)	Code of Federal	Wisconsin State Statutes § 49.45(2)(a)10.
The provider was reimbursed for more units of	A provider is required to use the applicable medical data code sets valid at the time the health care is furnished. The actual	Administrative Code § DHS 106.02(9)(a) § DHS 106.03(2)(c) § DHS 107.01	Code of Federal	Wisconsin State Statutes § 49.45(2)(a)10.
The provider was reimbursed for more units of service than the	A provider is required to use the applicable medical data code sets valid at the time the health care is furnished. The actual provision of service that was reimbursed	Administrative Code § DHS 106.02(9)(a) § DHS 106.03(2)(c) § DHS 107.01	Code of Federal	Wisconsin State Statutes § 49.45(2)(a)10.
The provider was reimbursed for more units of service than the documentation submitted by the	A provider is required to use the applicable medical data code sets valid at the time the health care is furnished. The actual provision of service that was reimbursed cannot be verified from the provider's	Administrative Code § DHS 106.02(9)(a) § DHS 106.03(2)(c) § DHS 107.01	Code of Federal	Wisconsin State Statutes § 49.45(2)(a)10.
The provider was reimbursed for more units of service than the documentation submitted by the	A provider is required to use the applicable medical data code sets valid at the time the health care is furnished. The actual provision of service that was reimbursed cannot be verified from the provider's records. The Department was unable to	Administrative Code § DHS 106.02(9)(a) § DHS 106.03(2)(c) § DHS 107.01	Code of Federal	Wisconsin State Statutes § 49.45(2)(a)10.
The provider was reimbursed for more units of service than the documentation submitted by the provider supports. The	A provider is required to use the applicable medical data code sets valid at the time the health care is furnished. The actual provision of service that was reimbursed cannot be verified from the provider's records. The Department was unable to verify the actual provision of Medicaid-	Administrative Code § DHS 106.02(9)(a) § DHS 106.03(2)(c) § DHS 107.01	Code of Federal	Wisconsin State Statutes § 49.45(2)(a)10.
The provider was reimbursed for more units of service than the documentation submitted by the provider supports. The	A provider is required to use the applicable medical data code sets valid at the time the health care is furnished. The actual provision of service that was reimbursed cannot be verified from the provider's records. The Department was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	Administrative Code § DHS 106.02(9)(a) § DHS 106.03(2)(c) § DHS 107.01	Code of Federal	Wisconsin State Statutes § 49.45(2)(a)10.
The provider was reimbursed for more units of service than the documentation submitted by the provider supports. The reimbursement is	A provider is required to use the applicable medical data code sets valid at the time the health care is furnished. The actual provision of service that was reimbursed cannot be verified from the provider's records. The Department was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	Administrative Code § DHS 106.02(9)(a) § DHS 106.03(2)(c) § DHS 107.01	Code of Federal	Wisconsin State Statutes § 49.45(2)(a)10.

documented.