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

FINDING: LACK OF DOCUMENTATION

Revised: 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

Revised: 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 101.03(103) § DHS 106.02(9)(g) § DHS 107.01 § DHS 107.02 § DHS 107.22(4) § DHS 108.02(9)		§ 49.45(2)(a) § 49.45(2)(a)10. § 49.45(3)(f) § 146.83(4)
This provider was reimbursed for services in excess of 24 hours on [xx/xx/xxxx].	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)

Services were reimbursed in excess of 24 hours for all providers combined on [xx/xx/xxxx].	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)
The performing provider is not a MA-certified provider.	Non-emergency services by a provider who is not Medicaid-certified are not reimbursable. The provider who performed the service is not Medicaid-certified. 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 101.03(95) § DHS 105.03 § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10. § 49.45(3)(f)
Documentation reflects the member was incarcerated from xx/xx/xx through xx/xx/xx.	Behavioral treatment services are not covered while a member is incarcerated. 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 101.03(35) § DHS 101.03(103) § DHS 107.01 § DHS 107.03(5) § DHS 108.02(9)		§ 49.45(2)(a)10. § 49.45(3)(f)
Documentation reflects the member had an inpatient stay for xx/xx/xx through xx/xx/xx.	Behavioral treatment services are included on an inpatient claim while the member is in the hospital. The services also are not separately payable on an outpatient claim and therefore the services are non-covered. 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 101.03(35) § DHS 101.03(103) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10. § 49.45(3)(f)
Documentation reflects the member was unavailable to receive services due to being in school.	Behavioral treatment services provided outside the home are not covered unless prior authorized. 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 101.03(35) § DHS 101.03(103) § DHS 107.01 § DHS 108.02(9)	42 C.F.R. § 440.167	§ 49.45(2)(a)10. § 49.45(3)(f)
Medicaid does not cover charges for missed appointments.	A provider shall be reimbursed only for covered services. 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(2) § DHS 106.02(9)(a) § DHS 107.03(2) § DHS 108.02(9)		§ 49.45(2)(a)10. § 49.45(3)(f)

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 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 Department upon request. The provider did not submit the requested 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)(d) § DHS 106.02(9)(g) § DHS 106.03(7) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a) § 49.45(2)(a)10. § 49.45(3)(f)

FINDING: DUPLICATE BILLING

Revised: 03/07/2025

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider was reimbursed for the service more than once.	Two or more claims were paid for the same member on the same date of service with the same procedure code, modifiers, and quantity. Documentation submitted by 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.	§ DHS 106.04(5)(a) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10. § 49.45(3)(f)

FINDING: PRIOR AUTHORIZATION

Revised: 03/07/2025

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
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.	§ DHS 101.03(134) § DHS 107.01 § DHS 107.22(4) § DHS 108.02(9)		§ 49.45(2)(a)10. § 49.45(3)(f)
The provider was reimbursed in excess of services authorized by the Department.	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.	§ DHS 101.03(134) § DHS 107.01 § DHS 107.02(2) § DHS 107.02(3) § DHS 107.22(4) § DHS 108.02(9)	42 U.S.C. § 1396d	§ 49.45(2)(a)10. § 49.45(3)(f)

FINDING: WRONG PROCEDURE CODE

Revised: 03/07/2025

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The therapy service billed is not the service documented.	The therapy service billed was not the service performed per standardized coding guidelines, resulting in an overpayment. The claim has been adjusted. 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 106.03(2) § DHS 107.01 § DHS 108.02(9)	45 C.F.R. § 162.1000 45 C.F.R. § 162.1002	§ 49.45(2)(a)10. § 49.45(3)(f)

The provider was reimbursed for code [xxx]. The documentation reflects the service performed is procedure code [xxx]. The reimbursement is adjusted to reflect the service documented.	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]. 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 101.03(96m)(b) § DHS 106.03(2)(a) § DHS 107.01 § DHS 108.02(9)	45 C.F.R. § 162.1000 45 C.F.R. § 162.1002	§ 49.45(2)(a)10. § 49.45(3)(f)

FINDING: BILLING IN EXCESS

Revised: 03/07/2025

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider was reimbursed for more units of service than the documentation submitted by the provider supports. The reimbursement is adjusted to reflect the service documented.	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.	§ DHS 106.02(9)(a) § DHS 106.03(2)(c) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10. § 49.45(3)(f)