

PROVIDER COMPLIANCE MLN MATTERS® ARTICLES

These [MLN Matters® Articles](#) help health care professionals understand how to avoid improper activities.

| ARTICLE NUMBER | ARTICLE TITLE |
|-------------------------|---|
| SE17033 | Medicare Does Not Pay Acute-Care Hospitals for Outpatient Services They Provide to Beneficiaries in a Covered Part A Inpatient Stay at Other Facilities |
| SE17017 | Office of Inspector General Reports Highlight Hospital Billing Issues |
| SE1631 | Sample Hospice Election Statement |
| SE1628 | Documentation Requirements for the Hospice Physician Certification/Recertification |
| SE1624 | Office of Inspector General Report: Stem Cell Transplantation |
| SE1617 | Timely Reporting of Provider Enrollment Information Changes |
| SE1603 | Educational Resources to Assist Chiropractors with Medicare Billing |
| SE1602 | Use of the AT modifier for Chiropractic Billing (new information along with information in MM3449) |
| SE1601 | Medicare Coverage for Chiropractic Services – Medical Record Documentation Requirements for Initial and Subsequent Visits |
| SE1436 | Certifying Patients for the Medicare Home Health Benefit |
| SE1428 | Comprehensive Error Rate Testing (CERT): Skilled Nursing Facility (SNF) Certifications and Recertifications |
| SE1418 | Proper Use of Modifier 59 |
| SE1405 | Requirements for Home Health Prospective Payment System (HH PPS) |
| SE1403 | Probe & Educate Medical Review Strategy: Probe Reviews of Inpatient Hospital Claims and Corresponding Provider Outreach and Education |

| ARTICLE NUMBER | ARTICLE TITLE |
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| SE1401 | Source of Admission Code for Inpatient Psychiatric Facilities (IPFs) |
| SE1327 | Infusion Pump Denied/Accessories & Drug Codes Should Be Denied |
| SE1326 | Overutilization of Nebulizer Medications |
| SE1324 | Pre-admission Diagnostic Testing Review |
| SE1323 | Additional/Subsequent Procedures Performed During the 90 Day Global Period for Major Surgeries |
| SE1322 | Co-Surgery Not Billed with Modifier 62 |
| SE1321 | Hospice Related Services - Part B |
| SE1320 | Add-on HCPCS/CPT Codes Without Primary Codes |
| SE1319 | Cataract Removal, Part B |
| SE1318 | Guidance To Reduce Mohs Surgery Reimbursement Issues |
| SE1317 | Post-Acute Care Transfer – Underpayments |
| SE1316 | Incorrect Number of Units Billed for Rituximab (HCPCS J9310) and Bevacizumab (HCPCS C9257 and J9035) – Dose versus Units Billed |
| SE1315 | Pulmonary Procedures and Evaluation & Management (E/M) Services |
| SE1314 | Duplicate Claims—Outpatient |
| SE1313 | Place of Service Coding for Physician Services in an Outpatient Setting |
| SE1312 | Billing for Visits to Patients in Swing Bed Facilities |
| SE1238 | Claim Modifier Did Not Prevent Medicare from Paying Millions in Unallowable Claims for Selected Durable Medical Equipment |
| SE1236 | Documenting Medical Necessity for Major Joint Replacement (Hip and Knee) |
| SE1231 | Medicare Demonstration Allows for Prior Authorization for Certain Power Mobility Devices (PMDs) |
| SE1226 | Reminder of Importance of Correct Place of Service Coding on Medicare Part B Claims |
| SE1213 | Questionable Billing By Suppliers of Lower Limb Prostheses |
| SE1210 | Recovery Auditors Findings Resulting from Medical Necessity Reviews of Renal and Urinary Tract Disorders |

| ARTICLE NUMBER | ARTICLE TITLE |
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| SE1134 | Medicare Payments for Diagnostic Radiology Services in Emergency Departments |
| SE1121 | Recovery Audit Program Diagnosis Related Group (DRG) Coding Vulnerabilities for Inpatient Hospitals |
| SE1112 | Power Mobility Device Face-to-Face Examination Checklist |
| SE1110 | Medicare Pilot Project for Electronic Submission of Medical Documentation (esMD) |
| SE1104 | The Importance of Correctly Coding the Place of Service by Physicians and Their Billing Agents |
| SE1103 | Capped Rental DME: Enforcement of Payment Requirements for Beneficiary-owned Capped Rental Durable Medical Equipment (DME) |
| SE1102 | Inappropriate Medicare Payments for Transforaminal Epidural Injection Services |
| SE1101 | Overview of Medicare Policy Regarding Chiropractic Services |
| SE1037 | Guidance on Hospital Inpatient Admission Decisions |
| SE1036 | Recovery Audit Contractor (RAC) Demonstration High-Risk Vulnerabilities for Physicians |
| SE1028 | Recovery Audit Contractor (RAC) Demonstration High-Risk Diagnosis Related Group (DRG) Coding Vulnerabilities for Inpatient Hospitals |
| SE1027 | Recovery Audit Contractor (RAC) Demonstration High-Risk Medical Necessity Vulnerabilities for Inpatient Hospitals |
| SE1024 | Recovery Audit Contractor (RAC) Demonstration High-Risk Vulnerabilities - No Documentation or Insufficient Documentation Submitted |
| SE1014 | Medicare Policy Regarding Pressure Reducing Support Surfaces |
| SE1008 | Medicare Coverage of Blood Glucose Monitors and Testing Supplies |
| MM9119 | Manual Updates to Clarify Requirements for Physician Certification and Recertification of Patient Eligibility for Home Health Services |
| MM8863 | Specific Modifiers for Distinct Procedural Services |
| MM8304 | Detailed Written Orders and Face-to-Face Encounters |
| MM8056 | Payment Related to Prior Authorization for Power Mobility Devices (PMD)” |
| MM7436 | Recovery Audit Program: Medicare Administrative Contractor (MAC)-issued Demand Letters |
| MM7254 | Additional Fields for Additional Documentation Request (ADR) Letters |
| MM7228 | Auto Denial of Claims Submitted With a GZ Modifier |

| ARTICLE NUMBER | ARTICLE TITLE |
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| MM6988 | Face Validity Assessment of Advance Beneficiary Notice (ABN) for Complex Medical Record Review |
| MM6183 | Limitation on Recoupment (935) for Provider, Physicians and Suppliers Overpayments |

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