

## PROVIDER COMPLIANCE MLN MATTERS® ARTICLES

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

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

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

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

ARTICLE NUMBER	ARTICLE TITLE
<a href="#">MM6988</a>	Face Validity Assessment of Advance Beneficiary Notice (ABN) for Complex Medical Record Review
<a href="#">MM6183</a>	Limitation on Recoupment (935) for Provider, Physicians and Suppliers Overpayments

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