

## PROVIDER COMPLIANCE MLN MATTERS® ARTICLES

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The MLN Matters® articles listed on this page were developed in an effort to help health care professionals avoid improper activities when dealing with CMS programs. This list will be updated as related articles are issued and revised.

All articles are available to download, view, and print in [Adobe Acrobat / Portable Document Format \(PDF\)](#).

For a complete listing of all MLN Matters® articles, go to <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles> on the Centers for Medicare & Medicaid (CMS) website.

| MM ARTICLE #           | SUBJECT   |
|------------------------|---|
| <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="#">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 |
| <a href="#">SE1401</a> | Source of Admission Code for Inpatient Psychiatric Facilities (IPFs)  |
| <a href="#">SE1312</a> | Billing for Visits to Patients in Swing Bed Facilities  |
| <a href="#">SE1313</a> | Place of Service Coding for Physician Services in an Outpatient Setting   |
| <a href="#">SE1314</a> | Duplicate Claims—Outpatient   |

| MM ARTICLE #           | SUBJECT   |
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| <a href="#">SE1315</a> | Pulmonary Procedures and Evaluation & Management (E/M) Services   |
| <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="#">SE1317</a> | Post-Acute Care Transfer - Underpayments  |
| <a href="#">SE1318</a> | Guidance To Reduce Mohs Surgery Reimbursement Issues  |
| <a href="#">SE1319</a> | Cataract Removal, Part B  |
| <a href="#">SE1320</a> | Add-on HCPCS/CPT Codes Without Primary Codes  |
| <a href="#">SE1321</a> | Hospice Related Services - Part B   |
| <a href="#">SE1322</a> | Co-Surgery Not Billed with Modifier 62  |
| <a href="#">SE1323</a> | Additional/Subsequent Procedures Performed During the 90 Day Global Period for Major Surgeries                                  |
| <a href="#">SE1324</a> | Pre-admission Diagnostic Testing Review   |
| <a href="#">SE1326</a> | Overutilization of Nebulizer Medications  |
| <a href="#">SE1327</a> | Infusion Pump Denied/Accessories & Drug Codes Should Be Denied  |
| <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                        |
| <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="#">SE1134</a> | Medicare Payments for Diagnostic Radiology Services in Emergency Departments  |

| MM ARTICLE #           | SUBJECT  |
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| <a href="#">MM7254</a> | Additional Fields for Additional Documentation Request (ADR) Letters   |
| <a href="#">SE1110</a> | Medicare Pilot Project for Electronic Submission of Medical Documentation (esMD)   |
| <a href="#">MM7436</a> | Recovery Audit Program: Medicare Administrative Contractor (MAC)-issued Demand Letters   |
| <a href="#">SE1101</a> | Overview of Medicare Policy Regarding Chiropractic Services  |
| <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="#">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="#">MM7228</a> | Auto Denial of Claims Submitted With a GZ Modifier   |
| <a href="#">SE1037</a> | Guidance on Hospital Inpatient Admission Decisions   |
| <a href="#">MM6988</a> | Face Validity Assessment of Advance Beneficiary Notice (ABN) for Complex Medical Record Review                                       |
| <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="#">MM6183</a> | Limitation on Recoupment (935) for Provider, Physicians and Suppliers Overpayments   |