

PROVIDER COMPLIANCE MLN MATTERS® ARTICLES

The MLN Matters® articles listed on this page were developed in an effort to help Medicare Fee-For-Service (FFS) providers avoid improper activities when dealing with the Medicare program. 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
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
SE1134	Medicare Payments for Diagnostic Radiology Services in Emergency Departments
MM7254	Additional Fields for Additional Documentation Request (ADR) Letters
SE1110	Medicare Pilot Project for Electronic Submission of Medical Documentation (esMD)
MM7436	Recovery Audit Program: Medicare Administrative Contractor (MAC)-issued Demand Letters
SE1101	Overview of Medicare Policy Regarding Chiropractic Services
SE1121	Recovery Audit Program Diagnosis Related Group (DRG) Coding Vulnerabilities for Inpatient Hospitals

SE1112	Power Mobility Device Face-to-Face Examination Checklist
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
MM7228	Auto Denial of Claims Submitted With a GZ Modifier
SE1037	Guidance on Hospital Inpatient Admission Decisions
MM6988	Face Validity Assessment of Advance Beneficiary Notice (ABN) for Complex Medical Record Review
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
MM6183	Limitation on Recoupment (935) for Provider, Physicians and Suppliers Overpayments