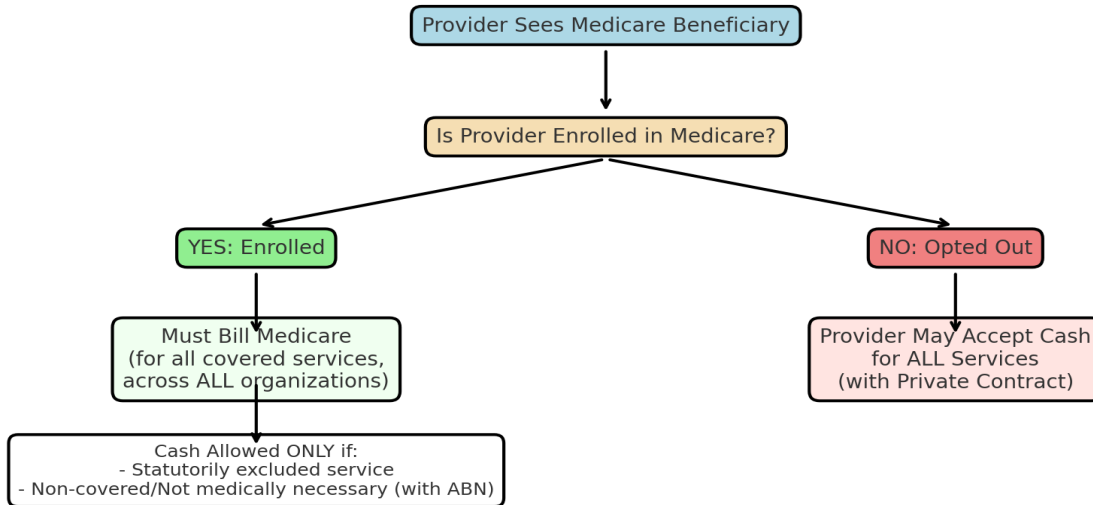


# Medicare Billing & Cash Payment Rules for Providers

## Medicare Billing & Cash Payment Decision Flow for Providers



## Key Principles

- Medicare enrollment is tied to the provider's **individual NPI**, not the organization's tax ID.
- If enrolled, providers must submit claims for all **Medicare-covered services** across all organizations.
- Cash billing is only allowed for:
  - Statutorily excluded services (e.g., routine dental, hearing aids, cosmetic surgery)
  - Non-covered or not medically necessary services, with a valid ABN
  - Providers who have **opted out** of Medicare (must use private contracts)

## Authoritative References

- Social Security Act §1848(g)(4)(A) (42 U.S.C. §1395w-4): Mandatory claim submission
- 42 CFR §424.55: Assignment of claims
- 42 CFR §405.420: Opt-out requirements
- Social Security Act §1862 (42 U.S.C. §1395y): Statutory exclusions