

Part B Insider (Multispecialty) Coding Alert

BUNDLING: Call Carriers To Avoid Bundling Shortfalls

If home medical equipment providers and Part B therapists furnish supplies or care to a Medicare patient who is under a home health plan of care, the system denies dealers' claims for any items bundled into the prospective payment system. The same goes for Part B therapy services.

In the long run, the **Centers for Medicare & Medicaid Services** "plans to make available" patients' home health information through the Eligibility Benefit Inquiry/Response (270/271) Transaction System, CMS says in March 7 program memorandum B-03-021.

"Payment for the services denied by Medicare may be sought from the beneficiary, but you should advise them of their obligation for payment prior to delivering the service," CMS instructs carriers to tell providers.

Unfortunately, the system CMS plans to use to convey the information might not be up to the job, predicts consultant **Lisa Thomas-Payne** with Albuquerque, NM-based **Medical Reimbursement Systems**. It currently contains outdated and unreliable information about items such as patients' secondary payor and Medicare managed care status, Thomas-Payne contends.

And CMS allows only participating suppliers to access the system.

Right now, CMS hasn't said when that will happen anyway. The memo offers no specific deadline, and some experts suspect it is a stall tactic while the agency works on higher-priority items.