

Submitter :

Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I support the rule that states physical therapy services rendered in an physician's office should be provided by Physical Therapists or a Physical Therapy Assistant under the supervision of a Physical Therapist. As blunt as this sound, the vast majority of physicians are not qualified to provide Physical Therapy. Can they administer an ultrasound or other physical modalities? Sure, with some training. But the primary result of their doing so is to run up charges in essentially palliative treatment. But what about a plan for rehabilitation?

Physicians are medical professionals, not rehabilitation professionals. The heart and soul of Physical Therapy is restoring movement and function. Physical Therapists spend years obtaining masters or doctoral degrees in this specific area. In our state, Indiana, students at the Indiana School of Medicine take one course, usually considered a "pud course", on all the therapies (Physical, Occupational, and Speech). How can they be expected to have comprehensive knowledge of Physical Therapy? Physicians provide Physical Therapists with vital information such, as diagnostic studies, which they are uniquely qualified to provide. But they don't know how to translate that information into a rehabilitation plan of care.

As a 20 year Physical Therapist, I've had many discussions with many physicians about the roles of various healthcare professionals. Almost without exception, they've stated they really don't know anything about Physical Therapy or what we do. Over 90% of the referrals Physical Therapists receive are to "Evaluate and Treat". Why? Because the doctors trust us to know how to rehabilitate more than they trust themselves.

Currently physicians provide basic, rudimentary education in their offices on physical therapy issues. For example, they can provide patients with a simple booklet on back care tips for their low back pain. However, they cannot design an exercise or education program specifically tailored to the patient. I think it is appropriate for them to continue to provide basic education within the fee structure of their office visits, just as they currently do. However, to allow them to use physical medicine charges would only drive up costs without the accountability for outcomes that we Physical Therapists face.

Our tax dollar is wisely spent on people who know a particular area of healthcare, no on people who only have a rudimentary knowledge. Physicians should be paid for what physicians do, and Physical Therapists for what Physical Therapists do.

Thank you for your consideration.
John "Jack" Werle MS, PT
Richmond, IN

Submitter : Mrs. Linda Bjork Date & Time: 09/15/2004 03:09:32

Organization : Linda's Post Mastectomy Boutique

Category : Home Health Facility

Issue Areas/Comments

GENERAL

GENERAL

Mastectomy products should be excluded from the face to face prescription requirements. The effects of the mastectomy are permanent. Based on that fact, mastectomy products are necessary for the recipient for the duration of their life. Medicare already has parameters in place for the dispensation of these items. These parameters should be sufficient. The face-to-face requirement would place an undue burden on all affected Medicare recipients, physicians, suppliers, and Medicare as well. The face-to-face requirement will require the recipient the inconvenience of a visit to the physician, the physician's time for the visit, and Medicare's payment for the visit.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I fully support the idea that any services billed as physical therapy should be provided by a licensed physical therapist, or a physical therapist assistant under supervision of a licensed physical therapist.
thank you

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Mastectomy products should be excluded from the face to face prescription requirements. The effects of a mastectomy are very permanent. Based on that fact, mastectomy products are necessary throughout the life of the recipient. Medicare already has parameters in place for the dispensation of these items. These should be sufficient. The face to face prescription requirement will require the recipient the inconvenience of a visit to the physician, the physicians time for the visit, and Medicares payment for the visit.

Submitter : Miss. Asako Niida Date & Time: 09/15/2004 03:09:37

Organization : Ball State University

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September14, 2003

Department of Physical Education
Ball State University
Muncie, IN 47306

Center for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy- Incident to

Dear Sir/Madam:

As a future Certified Athletic Trainer and possible future patient, I feel compelled to write this letter in opposition of proposal CMS-1429-P. I am concerned that this proposal would limit patient access to qualified health care providers of ?gincident to?h services, such as ATCs, in physician offices and clinics; thereby, reducing the quality of health care for physically active patients. Furthermore, limiting access to qualified health care providers will cause delays in the delivery of health care, which in turn will increase health care costs and tax an already heavily burdened health care system.

Athletic Training is the health care profession that specializes in the prevention, assessment, treatment and rehabilitation of injuries to athletes and others who are engaged in everyday physical activities. Athletic trainers are multi-skilled health care professionals who can, and are, making significant contributions to health care. Athletic trainers are highly educated and fully qualified health care providers, evident in their recognition by the American Medical Association as an allied health care profession. If this proposal would pass, it would threaten the employment of many athletic trainers who are employed as physicians extenders in clinics and physicians offices. Therefore, this proposal threatens my future employment in those settings and the value of my degree in Athletic Training. With this type of limitation artificially placed on the provision of ?gincident to?h services by qualified (though accredited academic programs in athletic training, a national board examination, and state practice acts) health care providers the CMS will only add to the skyrocketing health care costs, put qualified people out of work, and reduce the overall quality of health care in the United States.

In conclusion, I believe that the CMS-1429-P proposal must be rejected in order to protect the rights (the right to choose and the right for quality care) of our patients and my right as a future health care practitioner.

Sincerely

Athletic Training Student at Ball State University, Muncie, IN
Asako Niida

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 14, 2004

Department of Human Performance
1400 Highland Center
Mankato, Minnesota 56001

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy ? Incident To

Dear Sir/Madam:

As a future Certified Athletic Trainer (ATC) and possible future patient, I feel compelled to write this letter in opposition of proposal CMS-1429-P. I am concerned that this proposal would limit patient access to qualified health care providers of ?incident to? services, such as ATCs, in physician offices and clinics; thereby, reducing the quality of health care for physically active patients. Furthermore, limiting access to qualified health care providers will cause delays in the delivery of health care, which in turn will increase health care costs and tax an already heavily burdened health care system.

Athletic training is the health care profession that specializes in the prevention, assessment, treatment and rehabilitation of injuries to athletes and others who are engaged in everyday physical activities. Athletic trainers are multi-skilled health care professionals who can, and are, making significant contributions to health care. Athletic trainers are highly educated and fully qualified health care providers, evident in their recognition by the American Medical Association as an allied health care profession. If this proposal would pass, it would threaten the employment of many athletic trainers who are employed as physician extenders in clinics and physician offices. Therefore this proposal threatens my future employment in those settings and the value of my degree in Athletic Training. With this type of limitation artificially placed on the provision of ?incident to? services by qualified (through accredited academic programs in athletic training, a national board examination, and state practice acts) health care providers the CMS will only add to the skyrocketing health care costs, put qualified people out of work, and reduce the overall quality of health care in the United States.

In conclusion, I believe that the CMS-1429-P proposal must be rejected in order to protect the rights (the right to choose and the right for quality care) of our patients and my right as a future health care practitioner.

Sincerely,

Matthew Bienz

Athletic Training Student at Ball State University, Muncie, IN

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 14, 2004

Ball State University
Athletic Rehabilitation Services
Muncie, Indiana 47306-0915

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy ? Incident To

Dear Sir/Madam:

As a future Certified Athletic Trainer (ATC) and possible future patient, I feel compelled to write this letter in opposition of proposal CMS-1429-P. I am concerned that this proposal would limit patient access to qualified health care providers of ?incident to? services, such as ATCs, in physician offices and clinics; thereby, reducing the quality of health care for physically active patients. Furthermore, limiting access to qualified health care providers will cause delays in the delivery of health care, which in turn will increase health care costs and tax an already heavily burdened health care system.

Athletic training is the health care profession that specializes in the prevention, assessment, treatment and rehabilitation of injuries to athletes and others who are engaged in everyday physical activities. Athletic trainers are multi-skilled health care professionals who can, and are, making significant contributions to health care. Athletic trainers are highly educated and fully qualified health care providers, evident in their recognition by the American Medical Association as an allied health care profession. If this proposal would pass, it would threaten the employment of many athletic trainers who are employed as physician extenders in clinics and physician offices. Therefore this proposal threatens my future employment in those settings and the value of my degree in Athletic Training. With this type of limitation artificially placed on the provision of ?incident to? services by qualified (through accredited academic programs in athletic training, a national board examination, and state practice acts) health care providers the CMS will only add to the skyrocketing health care costs, put qualified people out of work, and reduce the overall quality of health care in the United States.

In conclusion, I believe that the CMS-1429-P proposal must be rejected in order to protect the rights (the right to choose and the right for quality care) of our patients and my right as a future health care practitioner.

Sincerely,

Liza M. Schuck
Athletic Training Student at Ball State University

Submitter : Mrs. Jonna Barnett Date & Time: 09/15/2004 04:09:18

Organization : Wigs We Care

Category : Other Health Care Provider

Issue Areas/Comments

GENERAL

GENERAL

Mastectomy products should be excluded from the face-to-face prescription requirements. The effects of a mastectomy are permanent. Based on that fact, mastectomy products are necessary throughout the life of the recipient. Medicare already has parameters in place for the dispensation of these items. These parameters should be sufficient. The face-to-face prescription requirement would place an undue burden on all affected Medicare beneficiaries, physicians, suppliers and Medicare as well. The face-to-face prescription requirement will require the recipient the inconvenience of a visit to the physician, the physician's time for the visit, and Medicare's payment for the visit.

Submitter : Mrs. Melissa Littlefield Date & Time: 09/15/2004 04:09:03

Organization : Mrs. Melissa Littlefield

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

I wish to comment on the August 5 proposed rule on Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005. Please, Please , Please Help educate and protect the public. Both the public and medical community need to understand that Physical therapists are uniquely skilled and qualified to provide PT services. We charge less than physicians and we take pride in our work. Because some individuals (including MDs and DOs)improperly claim to provide (and bill for) "Physical therapy services," the public is at risk and missing out on beneficial services that save our community time and money in the long run (through improving function and enhanced quality of life). Please stop this unfair billing practice by allowing only individuals with credentials of a licensed physical therapist to bill for services. I strongly support CMS's proposed requirement that physical therapists working in physicians offices be graduates of accredited professional physical therapist programs. The value of licensure as a standard - (even though current law prevents the agency from requiring licensure) would be the most appropriate standard to achieve this objective. Unqualified personnel should NOT be providing physical therapy services.

Thank you for your attention to this matter.

Sincerely,

Melissa Littlefield

Physical therapist with 11 years of experience

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

i have few comments to make about the proposal at hand. this proposal is not in the best interests of the patients in question or the healthcare providers. these proposals take away all possible options in dealing with injuury rehabilitation. it simply make the physical therapist in this state into a monopoly which is exactly what they want. this proposition make this impossible for the most skilled individual in the world to rehabilitate an injured person if they are not a physical therapist. atheltic trainers are viewed by physicians and professional athletes as the best at getting active people to a return to activity level. if we are allowed to treat the professional athletes like gerason hearst of the NFL 49ers, who was told he would never walk again. why can we not be allowed to treat any physically active person to return to that level of activity no matter what it is. the people should not be limited to there choice by where they can recieve treatment or by which specialty. i feel that it should be up to the patient under the guidance and recommendation from a physician. if a physician writes a script for rehabilitation of an active person they should be allowed to have the choice of sites as an educated physician. also a physician will know what areas are out of the scope of practice for both PT's and ATC's. They would be able to make the best decision for the injured person athletic, active, or sedentary. thank you

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am writing to express my concern over the recent proposal that would limit providers of 'incident to' services in physician offices and clinics. A detailed account of my concerns is attached in a word document

Via Electronic Mail -- <http://www.cms.hhs.gov/regulations/ecomments>

David N McAuliffe, MA, ATC, CSCS
W305 N2593 Ravine Ct
Pewaukee, WI 53072

Attachment to #1510
September 7, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician offices and clinics. With the growing number of American citizen eligible for Medicare this proposal is not a cost effective measure. Simple economics would create a situation where the proposal would eliminate a great number of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on our already burdened health care system. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment. As of now, physicians have the right to delegate the care of his or her patients to trained, qualified individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. ***It is imperative that physicians continue to make decisions in the best interests of the patients.***

In urging CMS to adopt this policy, the APTA stated: “It has been a long-standing concern of APTA that personnel who are unlicensed and have not graduated from an accredited PT professional program furnish services in physicians’ offices and those services are billed as therapy services under the Medicare program. Under current policy it is possible for a high school student or another individual with no training in anatomy, physiology, neuromuscular

reeducation or other techniques to furnish services in a physician's office without the physician actually observing the provision of these services.”

There are at least three flaws to the APTA's statement. The first and most glaring is the APTA's complete disregard for the education of physicians. As previously stated, as of now, physicians have the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician accepts legal responsibility for the individual under his or her supervision. Due to the legal implications, no physician in America would ever put their patient at risk by placing a patient in the care of an unqualified person such as “a high school student or another individual with no training,” as the APTA suggests. Secondly, in attempting to monopolize out-patient therapy services, the APTA has failed to inform the CMA of the fact Certified athletic trainers are trained, qualified and in many states licensed to provide outpatient therapy services. Forty-three states have some form of state regulation concerning the practice of athletic trainers, including New York, Florida, Illinois, Ohio, Pennsylvania and Texas, among others. Thirdly, a division of the APTA approves physical therapy education. The lack of an unbiased, objective accreditation committee on the education of physical therapy students should raise questions of the quality of the education received, as well as, cast doubt on the APTA's ability to pass judgment on the education of other qualified allied health care professions. It should be noted, independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.

Athletic trainers are highly educated. ALL certified or licensed athletic trainers ***must have a bachelor's degree from an accredited college or university. In fact, seventy percent possess a master's degree or doctorate degree.*** This great majority of practitioners who hold advanced degrees is comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Academic programs are accredited through an independent process by an independent group called the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT). However, physical therapy education curriculums are approved and accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), which is part of the American Physical Therapy Association (APTA).

To allow *only* physical therapists, occupational therapists, and speech and language pathologists to provide “incident to” outpatient therapy services would improperly provide these groups exclusive rights to Medicare reimbursement. To mandate that only these practitioners may provide “incident to” outpatient therapy in physicians' offices would improperly remove the states' right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services. Again simple economics will drive the cost of health care even higher. Without competition, these groups would drive up the costs of the services provided

Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to **prevent, assess, treat and rehabilitate** injuries sustained during athletic competition. In addition, dozens of athletic trainers accompanied the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide the identical services to a Medicare beneficiary is outrageous, offensive and unjustified.

CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services. This attempted monopolization would reduce the quality of health care provided to both Medicare and Medicaid beneficiaries, but would inflate the cost of the services and place an unnecessary financial burden on an already strained system.

CMS does not have the statutory authority to restrict who can and cannot provide services “incident to” a physician office visit. ***In fact, this action could be construed as an unprecedented, unconstitutional and possibly illegal, attempt by CMS to provide exclusivity to a specific type of health professional as a provider of therapy services.***

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent and a detriment to the health care system.

Sincerely,

David N. McAuliffe, MA, ATC, CSCS

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

ASSIGNMENT

If physician management groups are to be allowed to receive Medicare assignments on behalf of their hired physicians, and if those physicians remain ultimately responsible for billing accuracy, then groups should be compelled to periodically provide all billing records to physicians so that they may audit what is being billed on their behalf. In doing so, physicians will be empowered to identify and correct billing errors before they become patterned and chronic, and thus incurring criminal or civil liability. If groups are not mandated to do this, hired physicians will feel intimidated to ask for such information out of fear of negative reprisals which could take many forms, and questionable billing practices will go unabated by self-policing physicians who stand to lose the most if their employers are billing fraudulently.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

PRACTICE EXPENSE

Since a woman wears a breast prosthesis for the balance of her life, it would cause great cost and time for her to visit her doctor every year to ask for a prescription for a new bra, breast prosthesis, etc. A lot of older women will wear the same bra for 5 years because they don't want to go to make an appointment with the doctor and then take the time to travel to his office to get a prescription. Women don't need to live like this...not in this country. Medicare already has parameters in line for recipients to follow. Why complicate the procedure for an item the woman has to wear the rest of her life? Thank you.

Submitter : Mrs. Susan Pettis Date & Time: 09/15/2004 08:09:45

Organization : Specialized Physical Therapy

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

A patient who needs physical therapy has every right to have the best qualified, and fully licensed professional assisting in their care.

I have worked with a patient who was asking 'who they thought was a licensed PT' for exercises following back surgery. Repeatedly, they were denied this progression of care--not because it wasn't appropriate, but because the care giver was a massage therapist masquerading as a PT. Out of frustration she switched to my office. She got her exercises. Only by persistent questioning on my part did I find out the massage therapist directly lied about her qualifications. This sham was supported by the doctor who hired her, and had her working in a room with a sign which read 'Physical Therapist'. This patient was in her 40's and was much more assertive about receiving the care she needed. A person on Medicare is more likely NOT to question the services, and believe that lack of progress, or poor results, are due to the their own 'advanced age' rather than the provider's lack of training. Physical therapists are trained, tested, licensed and continue training on a regular basis. No 'on the job trained' office staff should be allowed to perform PT!

I have been a physical therapist for 34 years and have worked in many settings--home health, rehabilitation centers, hospitals and have had my own private office for 19 years.

Please assure the elderly of the best trained care possible.

Thank you,

Susan Pettis
Anchorage, Alaska 99516-1388

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am stongly in favor of requiring the same level of care to be provided in physician owned PT practices as in a privately owned therapist owned practice. The general public lacks the knowledge to protect themselves from substandard, unsafe care.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Eileen Wallace, ATC, PTA
2 Virginia Terrace
West Long Branch, NJ 07764-1728
heawallace@comcast.net

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1429-P
PO Box 8012
Baltimore, MD 21244-8012-P
September 12, 2004

Dear Sir or Madam:

I am contacting you regarding the recent proposal limiting providers of services ?incident to? physicians care (CMS# 1429-P). Specifically, my concern is that Certified Athletic Trainers will no longer be able to provide these services. I am currently licensed in NJ as a Certified Athletic Trainer, as well as a Physical Therapy Assistant. I have seen no evidence published which calls for a change in the current regulations. To the contrary, adoption of this proposal would eliminate the ability of certain health care professions to provide care, reduce the quality of care provided, and raise the overall cost to the healthcare system. This proposal is also in opposition to other legislation currently introduced in the Senate.

The professional judgement of physicians has traditionally been relied on to determine what professional services would best serve the patient, and who, under that physicians supervision and legal responsibility, would best provide those services. To allow only certain groups (physical therapists, occupational therapists, and speech and language pathologists) to provide ?incident to? outpatient therapy services in a physicians office would restrict a physicians judgement. It would also provide exclusive rights to reimbursement to a select few, while excluding other licensed healthcare professionals., specifically Certified Athletic Trainers, from providing effective, safe, appropriate, and equal services.

If physicians are unable to delegate ?incident to? procedures to their choice of qualified licensed provider, the quality of care a patient receives could be severely compromised. The preferred therapy treatment could be delayed or totally unavailable, and the cost, not only in dollars, but in time and travel, could rise. The inconvenience and expense could lower patient compliance and , in turn, negatively effect treatment outcomes.

If physicians are unable to delegate ?incident to? services to Certified Athletic Trainers and certain other professionals, those physicians may be forced to perform more of these treatments themselves. This increase in work load would burden an already overtaxed healthcare system. Needed treatment may not be performed in a timely manner, or not at all. Considering the anticipated shortages in the allied healthcare community, limiting providers of ?incident to? services undermines the ability to improve current situation in under served populations treating a high proportion of Medicare patients. Is this not in direct opposition to the goals of the Allied Health Reinvestment Act (AHRA) introduced to the Senate by Senator Maria Cantwell(D-WA)?

As you can see, restricting reimbursement for ?incident to? services does nothing to help medicare patients. The very real possibility exists for it to lead to higher costs and poor outcomes. With a healthcare system already overburdened, who will really benefit should this proposal be accepted?

Thank you for your careful consideration of this matter.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

A face to face prescription requirement to obtain mastectomy products would plan an undue burden on all affected Medicare beneficiaries, physicians, suppliers and Medicare. The face to face prescription requirement will require the recipient the inconvenience of a visit to the physician, the physician's time for the visit and Medicare's payment for the visit. Mastectomy products are necessary throughout the life of the recipient. These requirements are not!

Submitter : Mrs. Jane Killough Date & Time: 09/15/2004 12:09:38

Organization : The College of St. Scholastica

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Services billed as physical therapy should be provided only by those licensed to do so, namely licensed Physical Therapists or Physical Therapy Assistants who are properly supervised by a Physical Therapist. The rigors of training that is required for licensing of Physical Therapists ensures that the services that they provide are safe and effective. Without that training evaluation of a patient's need for therapy and effectiveness of that therapy cannot be accomplished.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER PRACTITIONER - INCIDENT TO

I would like to indicate strong support for your proposed requirement that those providing physical therapy services in a physician office be a graduate of an accredited physical therapist program. Even though current law prevents the requirement of a licensure, establishing certain criteria as to who provides services will standardize the care provided and seek to ensure that all patients are receiving the same standard of care. Physical therapists and physical therapist assistants should only provide physical therapy services. This would be no different than saying that a physician can only provide physician care. Physical therapists have received significant training in anatomy and physiology, and have a broad understanding of the body and its functions. Physical therapists have knowledge of disease processes and have completed comprehensive patient care training. This background and training enables physical therapists to obtain positive outcomes for individuals with disabilities and disease processes. By having the underlying working knowledge of the disease process and techniques to maximize function, Medicare beneficiaries benefit. In our area many athletic trainers work in offices with physicians and bill for therapy services. Athletic trainers are excellent at knowing the healthy body and rehabbing the athlete but do not have the training in the disease processes as therapists do. Many use the excuse that physical therapists are in shortage and that by allowing physicians to utilize trainers, it will prevent access to care issues by Medicare beneficiaries. This is an untrue statement and has not been proven in our area of the country. All physical therapists in the area that I work make a commitment to see all patients in a very timely manner and are striving to have earlier access to patients so that their time of disability is lessened. Athletic trainers are not as highly paid as physical therapists so most physicians can attempt to maximize their bottom line by hiring trainers to provide the care and then bill for services. This helps them to supplement the decline in reimbursement in other areas. Section 1862(a)(20) of the Social Security Act clearly requires that in order for a physician to bill 'incident to' for physical therapy services, those services must meet the same requirements for outpatient therapy services in all settings. Thus, individuals who are graduates of accredited professional physical therapist education programs must perform the services. I would just like to close by thanking you for being proactive on this issue and guaranteeing that all Medicare beneficiaries have the same quality of care provided to them by ensuring physical therapists and physical therapist assistants are those who provide physical therapy services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS**

Please note: The attachment cited in this document is not included for one of the following reasons:

1. Improper format.
2. The submitter did not follow through when attaching the document.
3. The submitter had intended to attach more than one, but not all attachments were received.
4. The type of document provided was a password-protected file. CMS was given read-only access to the document.

We cannot provide this electronic attachment to you at this time, but you would like to view any of those that are not posted on this web site, you may call CMS and schedule an appointment at **1-800-743-3951**. Those comments along with its attachment(s), that could not be posted, will be available for your viewing at that time.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am writing to express my concerns about the recent proposal that would limit providers of "incident to" services in physician offices and clinics. This would eliminate qualified health care professionals from important areas within healthcare. It is imperative that this doesn't become law. There have never been restrictions placed upon physicians regarding who he/she can utilize to provide any incident to services. The physicians are fully aware that they would be legally responsible for all care ordered, and in every situation are making these decisions to help expedite care to shorten recovery times and lower expenses for the Medicare patients. Athletic trainers are educated through a Bachelor's degree and many go on to get there Master's degree. They take classes like Kinesiology, anatomy and physiology, acute care of injuries, exercise physiology, evaluation and assessment of athletic injuries. Being an athletic trainer I know the hard work and effort I have had to go through to become certified. Athletic Trainers are more than qualified to work with Medicare patients as well as other patients. Please allow us to continue to do the jobs we were certified to do. Thank you.
Abby

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

please read attached file

Attachment to #1521
Vince O'Brien
Athletic Trainer
Ohio State University
2491 Olentangy River Rd.
Columbus, OH 43210

September 15, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

During the decision-making process, please consider the following:

- Incident to has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician's professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician's choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY incident to service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. It is imperative that physicians continue to make decisions in the best interests of the patients.
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.
- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
- Patients who would now be referred outside of the physician's office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient's recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
- Curtailing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician's ability to provide the best possible patient care.
- To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide “incident to” services would improperly provide those groups

exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide “incident to” care in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.

- CMS, in proposing this change, offers no evidence that there is a problem that is need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
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- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.
- Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.
- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Vince O’Brien, ATC

2491 Olentangy River Rd

Columbus, OH 43210

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Attachment to #1522
Joe Mullins
201 Hammond St.
Randleman, NC 27317

September 15, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

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- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

Submitter : Mrs. Karin Whitten Date & Time: 09/15/2004 01:09:37

Organization : Mrs. Karin Whitten

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

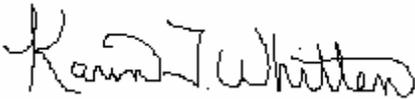
THERAPY - INCIDENT TO

Please see attached file

- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.
- Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to **prevent, assess, treat and rehabilitate** injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.
- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

A handwritten signature in black ink that reads "Karin J. Whiten". The signature is written in a cursive style with a large initial 'K' and 'W'.

Karin J Whiten ATC/L
Certified Athletic Trainer
Hanover High School
Hanover MA 02339

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am an athletic trainer and a licensed health care professional. I treat recreational, high school, college, olympic, and professional athletes, as well as high profile patients from the general public. I think it is very insulting that the federal government doesn't believe me to be qualified to treat athletes and patients in our senior poulation. Please see attached file.

John Miller ATC-L CSCS
212 Dogwood Ln.
Belmont, NC 28012

Attachment to #1524

September 15, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

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- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

John Miller ATC-L CSCS

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Sir/Madam,

I am writing to express my concern over the proposal that would limit providers of "incident to" services in physician clinics. In the event this proposal is adapted it would severely limit access for treatment by qualified health care professionals. Medicare patients would no longer be able to be seen by Certified Athletic Trainers who are more than qualified to provide the care needed. The "incident to" change would limit the physician's ability to provide comprehensive, quickly accessible health care to his or her patients. This will cause a delay in access for care and an increase in cost for the patient to seek the treatment that they require. Physicians have always had the ability to delegate the care of their patients to qualified individuals such as certified athletic trainers whom are deemed capable and knowledgeable by the physician. This right should not be revoked or restricted to those allied health care professionals Medicare deems qualified. This restriction will result in a greater need for patients to be seen "in house" leading to an increase in the workload of the physician limiting their ability to provide patient care. The "incident to" proposal would also remove the ability of a states' right to license and regulate the allied health care professionals deemed qualified, safe and appropriate to provide health care services. Almost every U.S. college/university with an athletic program, a large number of high schools, sports medicine clinics, and every professional sports team in the U.S. employ Certified Athletic Trainers to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. If an ATC is deemed qualified to treat the nations elite Olympic athletes, professional athletes, and college athletes how is it CMS can even think we are unfit and unqualified to treat the Medicare population? It is outrageous and unjust for CMS to even suggest that. In Closing I do not feel that it would be beneficial to health care, on any level, to pass the "incident to" proposal. The proposal will limit health care access for Medicare patients.

Sincerely,

Philip Madore, ATC
5 Anderson Hill Road
Enfield, NH 03748

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please See attached File



Excellence in Sports Medicine & Performance Training

Kevin Seyle, ATC
1941 Savage Rd

Suite 300-A
Charleston, SC 29407

Attachment to #1527

September 15, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

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- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.

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These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Kevin Seyle, ATC
1941 Savage Rd

Suite 300-A
Charleston, SC 29407

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Joseph M. Gatti, MS, ATC,
EMT-B
1165 Bucknell Dr.
Monroeville, PA 15146

9/15/04

Attachment to #1528

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

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Sincerely,

Joseph M. Gatti, MS, ATC, EMT-B

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Sir/Madam,

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Sincerely,

Philip Madore, ATC
5 Anderson Hill Road
Enfield, NH 03748

Submitter : Ms. Martha Rice

Date & Time: 09/15/2004 01:09:18

Organization : VDK Yurning Point

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

IMPACT

I am a breast cancer survivor and this act will eventually have an impact on my life. To require a woman to see the doctor for a face to face prescription, and have it filled within 30 days will place an undue burden on all affected beneficiaries, physicians, suppliers, and Medicare. It will be inconvenient for the woman, the physician's time, and Medicare for the payment. This will use Medicare money unwisely. The woman's body is not going to change, she is going to be without a breast/breasts for the rest of her life, unless she chooses to have reconstruction. Reconstruction will cost significantly more than prosthesis. Her physician will not have access to her chest wall and some women chose not to put their bodies through more surgeries.

Mastectomy products should be excluded from the face to face requirements, based on the fact that mastectomys are permanent, the products are necessary through the life of the recipient. Medicare has parameters in place for the dispensation of these items and they should be sufficient.

Thank you Martha Rice

THERAPY - INCIDENT TO

Breast cancer. Breast prosthesis, mastectomy bras, and others needed items women need after breast cancer.

THERAPY STANDARDS AND REQUIREMENTS

DME provide these items and insurance is filed. These items are needed to insure a more natural look, balance the womans body, and help with the trauma of losing breasts. Mastectomy is permanent, the woman is without her natural breast for the rest of her life.

THERAPY TECHNICAL REVISIONS

Prosthesis and mastectomy bras come in varing sizes to support the woman's body.

Submitter : Mrs. Janet Scheuner Date & Time: 09/15/2004 01:09:57

Organization : A Fitting Place

Category : Health Care Provider/Association

Issue Areas/Comments

GENERAL

GENERAL

Mastectomy Products should be excluded from the face-to-face RX requirements. The effects of a mastectomy are permanent. Based on the fact, mastectomy products are necessary throughout the life of the recipient. Medicare already has parameters in place for the dispensation of these items. There parameters should be sufficient. The fac-to-face RX requiremnt would place an undue burden on all affected Medicare beneficiaries, physicians, suppliers and Medicare as well. The face-to-face RX requirement will require the recipient the inconvenience of a visit to the physician, the physician's time for th evisit, and Medicare's payment for the visit. Once a lady has a mastectomy she will always need post mastectomy products for the remainder of her life.

Submitter : Mrs. Krista Clark Date & Time: 09/15/2004 01:09:51

Organization : Essential Accents

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

Is it frugal to use Medicare funds to pay a Dr. to see a patient for the sole purpose of writing a prescription for a breast prosthesis & bras when it has been well-documented that she has had a mastectomy?

OR, are we trying desperately to determine if women can re-grow a breast?

Medicare already has very specific guidelines for mastectomy items & their dispensation. I firmly believe that a majority of these women WOULD NOT make a trip to the doctor and would therefore, go without the items that are deemed necessary. Many beneficiaries have financial, logistical, and health limitations which would prohibit them from seeking these services. If mastectomies weren't PERMANENT CONDITIONS, then the face-to-face provision might apply. But, it is permanent and you would be placing an unnecessary burden on your beneficiaries, physicians, suppliers and Medicare as well. Think about the long-term implementations this will have. There are many times that mastectomy products shouldn't fall into the all inclusive DME category.

Submitter : Miss. Megan Galli Date & Time: 09/15/2004 01:09:59

Organization : Rowan University Athletic Training

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Athletic trainers' education ensure they are expert providers of outpatient therapy services. They perform these functions everyday. To say an athletic trainer cannot go from the collegiate athletic training room to a physician's office to perform the same therapy treatment to an older patient that the athletic trainer just provided to an athlete just doesn't make sense.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please reconsider the policy of a Face to Face for Mastectomy products as a Lady in need of a prosthesis of Mastectomy Bra needs to be attended to when she feels ready and not be pressured in to a physician visit with a time limit on it.
Mastectomy Patients should not be under this rule.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Mastectomy products should be excluded from the face-to-face prescription requirements. The effects of a mastectomy are permanent. Based on that fact, mastectomy products are necessary throughout the life of the recipient. Medicare already has parameters in place for the dispensation of these items. These parameters should be sufficient. The face-to-face prescription requirement would place an undue burden on all affected Medicare beneficiaries, physicians, suppliers and Medicare as well. The face-to-face prescription requirement will require the recipient the inconvenience of a visit to the physician, the physician's time for the visit, and Medicare's payment for the visit.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

I am a second year athletic training student in an accredited athletic training educational program at the moment. The proposal that you are trying to pass I feel would begin to limit the opportunities that my fellow classmates and I would have when we do get through with our schooling and receive a license to practice my profession. It is insulting to think that by the time I put all the effort into learning what I am being taught, I will not be able to help people in need because Medicare deems me as unqualified to provide services incident to the physician with whom I work.

At the university that I attend, we are put through four years of training and classes in order to even be able to take a national Board of Certification Examination...four years! Many athletic trainers go on to graduate school to get early experiences in the profession. This preparation often is six years of education in one profession, all in order to make ourselves a better health care provider for the patients that we treat. Many of the licensed athletic trainers that I know are more than capable to handle the conditions in the clinics that they work. If you take away qualified professionals such as athletic trainers and others who provide services incident to physician services, the only people who are going to suffer will be the Medicare recipients. There will still be the same number of patients to care for, but less people to do it.

There are also other parts of this proposal that do not make sense to me. I don't understand why we can be qualified enough to take care of professional athletes and Olympians, but not qualified enough to take care of other individuals with the same injuries.

This proposal takes away the services of well trained, educated, experienced professionals that are having a very beneficial effect on patient's lives today. Athletic Trainers help to keep health care costs down.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments**Issues 20-29**

THERAPY - INCIDENT TO

BACKGROUND. A year ago the National Athletic Trainers' Association contacted many physicians about a possible change to Medicare reimbursement under consideration by the Centers for Medicare and Medicaid Services (CMS).

Letters generated by NATA and other concerned organizations were effective in sidelining the change.

THE ISSUE. Unfortunately part of that proposal has reared its ugly head again. If this provision is enacted, Medicare Part B would NO LONGER reimburse you for 'Therapy-Incident to' charges, performed in your office, when that care is provided by any health care worker except a physical therapist or occupational therapist. Possibly this is the first step in eliminating all 'incident to?' billing performed under your supervision by your medical staff.

In other words, physicians would no longer be reimbursed for therapy services provided by qualified health care professionals - other than physical therapists - to Medicare patients in physicians' offices or clinics. This removes the physician's ability to decide what type of health care professional is best equipped to provide outpatient therapy services. Clearly the proposal seeks to ensure only two types of health care workers - the physical therapist or occupational therapist - are able to work in a physician's office to provide therapy to Medicare patients.

I am writing to ask your assistance in defeating this proposal. I see it as an obvious effort to inappropriately regulate athletic trainers and other qualified health care professionals employed by physicians and open up those positions to PT/OTs alone. Athletic trainers are academically and clinically qualified and capable to provide these services to Medicare patients.

WHY I BELIEVE THE PROPOSAL IS UNTENABLE. While there are a number of reasons, here are two obvious ones.

1. Physicians, not government workers, should decide what care and treatment are in the best interests of their patients, and who should provide it.
2. Athletic trainers' education and scope of practice ensure they are expert providers of outpatient therapy services. It is a function they perform many times each day. To say an athletic trainer can't walk across the street from the collegiate athletic training room to the physician's office to administer the same therapy treatment to an older patient who has sprained an ankle jogging or walking the athletic trainer just provided to a track athlete just doesn't make sense.

Submitter : Mrs. Beth Davis Date & Time: 09/15/2004 02:09:20

Organization : Just Like You

Category : Other Health Care Provider

Issue Areas/Comments

GENERAL

GENERAL

I own a small business that provides breast prosthesis and surgical bras to women who have had mastectomies. This face to face provision should exclude mastectomy products. Unlike many DME items, the need for mastectomy products exists throughout the life of the recipient. The effects of a mastectomy are permanent. Medicare already has regulations in place governing the dispensation of these items, and these parameters should be sufficient. The face to face prescription requirement would place an undue burden on all the affected Medicare beneficiaries, physicians, and the suppliers of these goods. A healthy woman who underwent a mastectomy 15 years ago who needs a new bra or breast form would have to wait until she either became ill or needed some type of testing in order to obtain a prescription just to go to the store and get a bra? That is a ridiculous burden to place on patients. Since she can't go to her physician simply to get a prescription, she has to go for some type of medical treatment; that means that she will have to wait an indefinite amount of time before obtaining supplies that are medically necessary for her condition. One can't help but feel that Medicare would undoubtedly spent many more dollars on a clause like this than it would hope to save. Patients will be forced to go to the doctor for any tiny symptom just to get their prescription, and Medicare will be forced to pay for a doctor's visit that probably wasn't necessary to begin with. One also has to wonder how some of the legislators and board members looking at this new rule would feel if they had to wait until some sort of illness struck them just so they could go buy a pair of underwear. To avoid this scenario, certain types of DME- especially mastectomy products-should be excluded from the face to face requirement.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

"Therapy-Incident To"

I am a physical therapist practicing in a rural health care setting. I have been a practicing PT for 6 years in this setting. I wish to comment on the August 5 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005".

I strongly support CMS's proposed requirement that physical therapists working in physician offices must be graduates of accredited professional therapist programs. Physical therapists must be licensed in the states where they practice and are fully accountable for their professional actions. Physical therapists are professionally educated at the college or university level receiving either a Master's or Doctorate level degree prior to practicing. Physical therapists receive extensive training in anatomy, physiology, kinesiology, and have a broad understanding of the body and its functions. Included in the educational training for physical therapists are several clinical internships to develop a comprehensive patient care experience. The delivery of so-called "physical therapy services" by unqualified personnel is harmful to the patient due to the dangers associated with providing contraindicated modalities, therapeutic exercise, or manual therapy to the patient. Physical therapists and physical therapist assistants under the supervision of a physical therapist are the only practitioners who have the education to provide effective, safe physical therapy services to assist the patient in maximizing their function. Unqualified personnel should not be providing physical therapy services.

Thank you for considering my comments

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I have been a certified athletic training for 14 years, holds 2 degrees of higher education in that field, had to passed the hardest certification exam of any allied health professional and find it offensive that my profession would be left out when treating medicare patients. I manage, treat and rehabilitate all ages of patients from the youth to the edarly and I am higher qualified to do so. Please reconsider the wording of this proposal to include all medical professional and leave the decision on who is best to care for patients to the doctors

CMS-1429-P-1540-Attach-1.wpd

CMS-1429-P-1540-Attach-2.wpd

Andrew Nicholson MS, ATC

300 South Smyser Rd

Wooster, Oh 44691

9/15/04

Attachment to #1540

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

During the decision-making process, please consider the following:

- Incident to has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician’s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY incident to service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. It is imperative that physicians continue to make decisions in the best interests of the patients.
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.

- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
- Patients who would now be referred outside of the physician’s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
- Curtailing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician’s ability to provide the best possible patient care.
- To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide “incident to” services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide “incident to” care in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.
- CMS, in proposing this change, offers no evidence that there is a problem that is need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
- CMS does not have the statutory authority to restrict who can and cannot provide services “incident to” a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.
- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.
- Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.
- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Andrew Nicholson MS, ATC

300 South Smyser Rd

Wooster, Oh 44691

9/15/04

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

During the decision-making process, please consider the following:

- Incident to has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician's professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician's choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY incident to service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. It is imperative that physicians continue to make decisions in the best interests of the patients.
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.
- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
- Patients who would now be referred outside of the physician's office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient's recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
- Curtailing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician's ability to provide the best possible patient care.
- To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide “incident to” services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide “incident to” care in physicians' offices would improperly remove the states' right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.

- CMS, in proposing this change, offers no evidence that there is a problem that is need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
- CMS does not have the statutory authority to restrict who can and cannot provide services "incident to" a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.
- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.
- Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.
- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Andrew Nicholson MS, ATC

300 South Smyser Rd

Wooster, Oh 44691

Submitter : Mrs. Lucy Shaeffer Date & Time: 09/15/2004 02:09:39

Organization : Great Plains O&P

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

Mastectomy products should be excluded from the face-to-face prescription requirements. The effects of a mastectomy are permanent. Based on that fact, mastectomy products are necessary throughout the life of the recipient. Medicare already has parameters in place for the dispensation of these items. These parameters should be sufficient. The face-to-face prescription requirement would place an undue burden on all affected Medicare beneficiaries, physicians, suppliers and Medicare as well. The face-to-face prescription requirement will require the recipient the inconvenience of a visit to the physician, the physician's time for the visit, and Medicare's payment for the visit.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

SECTION 952

masectomy products should be excluded from face to face rx requirements. the effects of a mastectomy are permanent products are necessary throughout a womens lifetime face to face rx would just add mor e cost and time to everyone involved patient doctor and medicare this product has nothing to do with a drug how does a doctor know if you are in need of a new bra? I feel this makes for another unnecessary trip to your doctor costing the women time and the system money thanks for reading

Submitter : Mrs. Barbara Cook Date & Time: 09/15/2004 02:09:38

Organization : The Brighter Side: A Boutique for Women w/Cancer

Category : Health Care Provider/Association

Issue Areas/Comments

GENERAL

GENERAL

Please EXCLUDE mastectomy products from the proposed requirement that patients have a face-to-face visit with their physicians in order to obtain a prescription for, e.g., a breast prosthesis. Women who have had a mastectomy have a permanent condition and will continue to need breast prostheses. Requiring a physician visit each time a new prosthesis or mastectomy bras are needed, puts an undue and unnecessary pressure on already limited resources -- the physician's time and Medicare's payments (for the doctor visit). If the patient has to go to her physician each time she needs a new prosthesis, she may delay the process, which could lead to other medical problems, such as back, shoulder or neck pain from a prosthesis that is too heavy/not balanced with her natural breast due to weight loss -- leading to more physician time and more Medicare payments.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

please see attached file.

CMS-1429-P-1544-Attach-1.doc

CMS-1429-P-1544-Attach-2.wpd

Attachment to #1544

John Kovacs MHA, ATC/L
540 Kingsley Avenue
Orange Park, FL 32073

September 15, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

During the decision-making process, please consider the following:

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- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional

expense to the patient.

- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
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In summary, it is not necessary or advantageous for CMS to institute the changes proposed.

This CMS recommendation is a health care access deterrent.

Sincerely,

John Kovacs MHA, ATC/L
Area Manager
Heartland Rehab Services
Orange Park, FL 32073
(904) 264-2156 ext. 249
(904) 264-8350 fax

Attachment 2 to #1544

John Kovacs MHA, ATC/L
540 Kingsley Avenue
Orange Park, FL 32073

September 15, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

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- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed.

This CMS recommendation is a health care access deterrent.

Sincerely,

John Kovacs MHA, ATC/L
Area Manager
Heartland Rehab Services
Orange Park, FL 32073
(904) 264-2156 ext. 249
(904) 264-8350 fax

Submitter : Miss. Megan Nixon Date & Time: 09/15/2004 02:09:04

Organization : Ball State Athletic Training Program

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 15, 2004

Department Of Physical Education
Ball State University
Muncie, Indiana 47303

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy ? Incident To

Dear Sir/Madam:

As a future Certified Athletic Trainer (ATC) and possible future patient, I feel compelled to write this letter in opposition of proposal CMS-1429-P. I am concerned that this proposal would limit patient access to qualified health care providers of ?incident to? services, such as ATCs, in physician offices and clinics; thereby, reducing the quality of health care for physically active patients. Furthermore, limiting access to qualified health care providers will cause delays in the delivery of health care, which in turn will increase health care costs and tax an already heavily burdened health care system.

Athletic training is the health care profession that specializes in the prevention, assessment, treatment and rehabilitation of injuries to athletes and others who are engaged in everyday physical activities. Athletic trainers are multi-skilled health care professionals who can, and are, making significant contributions to health care. Athletic trainers are highly educated and fully qualified health care providers, evident in their recognition by the American Medical Association as an allied health care profession. If this proposal would pass, it would threaten the employment of many athletic trainers who are employed as physician extenders in clinics and physician offices. Therefore this proposal threatens my future employment in those settings and the value of my degree in Athletic Training. With this type of limitation artificially placed on the provision of ?incident to? services by qualified (through accredited academic programs in athletic training, a national board examination, and state practice acts) health care providers the CMS will only add to the skyrocketing health care costs, put qualified people out of work, and reduce the overall quality of health care in the United States.

In conclusion, I believe that the CMS-1429-P proposal must be rejected in order to protect the rights (the right to choose and the right for quality care) of our patients and my right as a future health care practitioner.

Sincerely,

Megan Nixon

Athletic Training Student at Ball State University, Muncie, IN

Submitter : Mrs. Nancy Horsley Date & Time: 09/15/2004 02:09:06

Organization : Medical Aid Company

Category : Device Industry

Issue Areas/Comments

GENERAL

GENERAL

Mastectomy products should be excluded from the face to face prescription requirements. The effects of a mastectomy are permanent. Based on that fact, mastectomy products are necessary throughout the life of the recipient. Medicare already has parameters in place for the dispersion of these items. This will also prove to be a hardship for doctors. We are firmly against the Medicare Modernization Act.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Via Electronic Mail -- <http://www.cms.hhs.gov/regulations/ecomments>

Kim Rodgers, MS, ATC
2732 W. Via Bona Fortuna
Phoenix, AZ 85086

September 15, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy ? Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of ?incident to? services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

During the decision-making process, please consider the following:

In many cases, the change to ?incident to? services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.

Patients who would now be referred outside of the physician?s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient?s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.

Curtailing to whom the physician can delegate ?incident to? procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician?s ability to provide the best possible patient care.

To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide ?incident to? services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide ?incident to? care in physicians? offices would improperly remove the states? right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.

Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.

Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of

CMS-1429-P-1547

athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.

These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept. In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Kim Rodgers, MS, ATC
2732 W. Via Bona Fortuna
Phoenix, AZ 85086

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

I am writing to express my concern over the recent proposal that would limit providers of "incident to" services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

"Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.

"Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.

"These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I support the revision to the payment policy which would require individuals providing physical therapy services to have graduated from an accredited physical therapy educational program. While licensure is in fact the best standard of qualification, graduation from an accredited program insures a measure of competency. Physical therapy services should only be performed by qualified physical therapists, or by physical therapist assistants who are functioning under the direction and supervision of a PT. Medicare should only reimburse for services when they are provided by individuals so qualified.

THERAPY STANDARDS AND REQUIREMENTS

I object to the requirement that a physical therapist assistant delivering services in an outpateint setting must have "in the room" supervision by a physical therapist. PTAs are educated to provide services under the direction and supervision of a PT at a variety of supervision levels, primarily "distant supervision" which allows them to maintain external communication with the PT. Treatment under this level of supervision most appropriately and efficiently utilizes the skills of the PTA and is allowed in settings other than outpatient. The "in the room" requirement unnecessarily drives up the cost of delivering PT services without providing any additional level of consumer protection.

While "direct supervision" (interpreted to mean "in the office suite") is an improvement on the "in the room" supervision requirement, this proposed language continues to require a level of supervision which exceeds that required in other settings. It also exceeds the level of supervision at which the PTA is trained to provide services. While I feel that "distant supervision" is more appropriate, I do feel that "direct supervision" is an improvement on the current requirement and will improve access to services for Medicare recipients.

THERAPY TECHNICAL REVISIONS

Qualification requirements for PTAs in outpatient settings had apparently been inadvertently removed from the regulations at an earlier point in time. I support the inclusion of these requirements as a means of insuring that those delivering services, at any level of supervision, are appropriately educated, trained, and where state law provides, licensed.

Submitter : Mrs. Ann Ward Date & Time: 09/15/2004 03:09:24

Organization : Just Like You (2nd location)

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

9-15-2004

As an owner of a post mastectomy boutique(where we see only breast cancer survivors) the new law concerning face to face visits for a new prescription for surgical bras and/or breast prosthesis is a little difficult to understand. We realize in the past years we have been "lumped" under both DME and "prosthetics". While we do fall in the prosthetic side of this industry our role in healthcare is very different. We already adhere to the rules of both sides of our industry. To require our clients (many who have their mastectomy for years) to have a "face to face" visit with their physician (who of course would charge at the very least for an office visit) would put undue financial burden on them. Where are the lawmakers that stand up for our elderly and small business owners. The amount of paper work that is required to meet the new HIPPA laws pretty much covers everything that could possibly be medically necessary. Once a breast has been removed due to breast cancer it is gone! Our clients do visit their physicians but if they are not sick and it is required that they go for the express purpose of obtaining a new prescription for a new surgical bra the cost for them would be hard for them to pay since Medicare will not pay for a well visit. The new prescription drug plan already has them so confussed that they hardly know what is going on.

I plead with you to reconsider the aforementioned law and allow our current program to remain in place.

Ann Ward

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I have a boutique for Breast Cancer patients . the slated changes would not only affect me but the women would be unable to get appointments with the physicians solely for the purpose to replenish products. Many of the women I service travel hours to visit the physicians who's patients I service. These physicians using precious time to accomodate cancer patients would never have time on a schedule to visit patients for the sole purpose of writing prescriptions. Many cancer patients wait weeks to get on the physicians schedule for surgery. I can't imagine what would happen if they had to make room for such a visit. They wouldn't!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

POSITION: Mastectomy products should be excluded from the face-to-face prescription requirements. The effects of a mastectomy are permanent. Based on that fact, mastectomy products are necessary throughout the life of the recipient. Medicare already has parameters in place for the dispensation of these items. These parameters should be sufficient. The face-to-face prescription requirement would place an undue burden on all affected Medicare beneficiaries, physicians, suppliers and Medicare as well. The face-to-face prescription requirement will require the recipient the inconvenience of a visit to the physician, the physician's time for the visit, and Medicare's payment for the visit.

Submitter : Mrs. Stefanie Kline Date & Time: 09/15/2004 03:09:09

Organization : Great Plains O&P

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

Mastectomy products should be excluded from the face-to-face prescription requirements. The effects of a mastectomy are permanent. Based on that fact, mastectomy products are necessary throughout the life of the recipient. Medicare already has parameters in place for the dispensation of these items. These parameters should be sufficient. The face-to-face prescription requirement would place an undue burden on all affected Medicare beneficiaries, physicians, suppliers and Medicare as well. The face-to-face prescription requirement will require the recipient the inconvenience of a visit to the physician, the physician's time for the visit, and Medicare's payment for the visit.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Mastectomy products should be excluded from the face-to-face prescription requirements. The effects of a mastectomy are permanent; therefore mastectomy products are necessary throughout the life of the recipient and requiring face-to-face contact is a waste of the primary physician's time and the patient's time and money, not to mention a waste of Medicare's money for the unnecessary physician office visit.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I agree that no interventions within a physicians office that are characterized as physical therapeutic interventions should be administered by anyone but a licensced/grandfathered in physical therapist. This guarantees consistency and quality of care.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached.

September 15, 2004

Attachment to #1556

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

During the decision-making process, please consider the following:

- Incident to has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician’s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including exercise physiologists) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY incident to service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. It is imperative that physicians continue to make decisions in the best interests of the patients.
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.
- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will

suffer delays in health care, greater cost and a lack of local and immediate treatment.

- Patients who would now be referred outside of the physician's office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient's recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
- Curtailing to whom the physician can delegate "incident to" procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician's ability to provide the best possible patient care.
- To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide "incident to" services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide "incident to" care in physicians' offices would improperly remove the states' right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.
- CMS, in proposing this change, offers no evidence that there is a problem that is need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
- CMS does not have the statutory authority to restrict who can and cannot provide services "incident to" a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.
- **As the Department of Health and Human Services has recently recognized obesity as a disease, it would be limiting the care exercise physiologists provide incident to physician services for patients by enacting this rule. Exercise physiologists help to prevent and treat the epidemic of obesity which leads to diabetes, cardiovascular disease and other systemic diseases.**

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Corinne McLeod, MS

Submitter :

Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear CMS Personnel:

I am writing to express my support for your revisions for your letter Payment Policies Under the Physicians Fee Schedule for calander year 2005.

I appreciate the WISDOM you are showing in addressing this issue.

I thoroughly oppose the use of unqualified personnel to provide--and bill for physical therapy services, whether in a hospital, outpatient, OR in a physician's office.

I believe anyone providing, and thus billing for physical therapy services should be a graduate of an accredited physical therapy program. These graduates are primarily MASTERS level graduates, with more doctoral graduates graduating every year. To expect the level of care delivered by an individual who is not a physical therapy school graduate, and licensed through a state licensing board is...poor medicine.

To me, it comes down to a "standard of care" that our patients deserve, and should expect. The "standard of skill" delivered should be equal, just as the "standard fee" is equal under the Physicians Fee Schedule. No one can convince me that care delivered by an individual NOT a graduate of an accredited physical therapy program is up to the same standard as someone who has gained the professional skills provided by graduating from an accredited program.

In this age of self proclaimed 'health experts' via nutritional suppliments/diet guru's/etc, I believe it is the responsibility of CMS, partnered with those of us who have graduated from accredited physical therapy programs, to deliver the highest quality of care available to our medicare/medicaid patients.

Again, not only is this good medicine, I believe it is cost effective medicine. We @ Big Stone Therapies strive for the best outcomes for our clients. The best outcomes, we believe, are measured by the "value" our services are to our clients. A graduate from an accredited physical therapy program may cost me more to employ, as an owner of a physical therapy practice, but the "value" of a PT/PT Assistant far out weighs 'getting by' with cheaper, nonaccredited personnel in the outcomes my patients recieve.

In this same area of revision, I also encourage you in recognizing utilizing a physical therapist assistant (who is accredited graduate of a physical therapy program) under the DIRECT SUPERVISION of an accredited/licensed physical therapist.

I hope these comments are helpful to you in this decision. It is a great responsibility to provide the best possible health care in a cost effective way. I'm sure there are alot of politics involved, more than I can imagine, in fact. Yet, the bottom line is a standard of care based on value. Anything less than utilizing accredited physical therapist graduates for PT services falls short of this standard of value to both our patients, and to those who financially fund CMS.

Sincerely,

Paul Treinen, PT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

The proposed changes in 'incident to' rules are appropriate and overdue. Qualifications for providers of physical therapy services are uniformly defined and enforced in all other settings under Medicare. Those qualifications appropriately require formal education in physical therapy. It is only in the 'incident to' situations that those educational and also licensure requirements are suspended. It is simply irrational to argue that a provider of physical therapy must be educationally qualified in Acute Care Hospitals, Rehab Hospitals, SNFs, Home Health, Rehabilitation Agencies, CORFs and Physical Therapy private practice but not in 'incident to' situations. While there is plenty of financial rationale for supporting the status quo for those who profit from it there is no possible clinical rationale.

Limited resources are being squandered when unqualified aids perform and their employers are paid for professional services. Medicare patients are being led to believe that they are receiving physical therapy when in fact they are not. Reimbursement under the Medicare Physician Fee schedule was calculated using the Resource Based Relative Value System assuming the proscribed educational requirements. Medicare is paying for services as if provided by post baccalaureate educated professionals when in fact the services are provided by much lesser educated and lower paid office help. This unfortunate situation stands to be exacerbated when the financial limitations on therapy services are reinstated at the end of next year. Under a \$1500 cap type scenario Medicare patients will use up their allotted resources getting palliative care in an 'incident to' situation only to find later in the year that they require, but have no coverage for, actual physical therapy for rehabilitation from a serious injury or illness. I urge you to adopt the proposed rule regarding 'incident to' services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 15, 2004

Benjamin Fox
1405 West Main Street
Muncie, IN 47303

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy ? Incident To

Dear Sir/Madam:

As a future Certified Athletic Trainer (ATC) and possible future patient, I feel compelled to write this letter in opposition of proposal CMS-1429-P. I am concerned that this proposal would limit patient access to qualified health care providers of ?incident to? services, such as ATCs, in physician offices and clinics; thereby, reducing the quality of health care for physically active patients. Furthermore, limiting access to qualified health care providers will cause delays in the delivery of health care, which in turn will increase health care costs and tax an already heavily burdened health care system.

Athletic training is the health care profession that specializes in the prevention, assessment, treatment and rehabilitation of injuries to athletes and others who are engaged in everyday physical activities. Athletic trainers are multi-skilled health care professionals who can, and are, making significant contributions to health care. Athletic trainers are highly educated and fully qualified health care providers, evident in their recognition by the American Medical Association as an allied health care profession. If this proposal would pass, it would threaten the employment of many athletic trainers who are employed as physician extenders in clinics and physician offices. Therefore this proposal threatens my future employment in those settings and the value of my degree in Athletic Training. With this type of limitation artificially placed on the provision of ?incident to? services by qualified (through accredited academic programs in athletic training, a national board examination, and state practice acts) health care providers the CMS will only add to the skyrocketing health care costs, put qualified people out of work, and reduce the overall quality of health care in the United States.

In conclusion, I believe that the CMS-1429-P proposal must be rejected in order to protect the rights (the right to choose and the right for quality care) of our patients and my right as a future health care practitioner.

Sincerely,

Ben Fox

Athletic Training Student at Ball State University

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

POSITION: Mastectomy products should be excluded from the face-to-face prescription requirements. The effects of a mastectomy are permanent. Based on that fact, mastectomy products are necessary throughout the life of the recipient. Medicare already has parameters in place for the dispensation of these items. These parameters should be sufficient. The face-to-face prescription requirement would place an undue burden on all affected Medicare beneficiaries, physicians, suppliers and Medicare as well. The face-to-face prescription requirement will require the recipient the inconvenience of a visit to the physician, the physician's time for the visit, and Medicare's payment for the visit.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I believe this proposal is untenable. Athletic Trainers are qualified enough to administer therapy treatment to any athlete, so why aren't they qualified to administer the same care to anyone? Whether it is in their athletic training room or at a clinic, it is the same therapy treatment and the same knowledge used to do it. Did you ever think maybe athletic trainers would be helping physical therapists? With four hands instead of only two they can work together and help more patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Jeremy Crigler, ATC
1419 Flintridge Rd
Florence, Ky 41042

9/15/04

Attachment to #1562

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

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During the decision-making process, please consider the following:

- Incident to has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician’s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY incident to service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. It is imperative that physicians continue to make decisions in the best interests of the patients.
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.

- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
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- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Jeremy Crigler, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

ATC's or Athletic Trainer's are certainly qualified to see Medicare patients with orthopaedic problems.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

CMS-1429-P-1564-Attach-1.txt

Attachment #1564

Raechel Cunningham
221 w 4th st
San Dimas CA, 91773

September 15, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

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This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.

Patients who would now be referred outside of the physician's office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient's recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.

Curtailling to whom the physician can delegate "incident to" procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician's ability to provide the best possible patient care.

To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide "incident to" services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide "incident to" care in physicians' offices would improperly remove the states' right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services. CMS, in proposing this change, offers no evidence that there is a problem that is need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.

CMS does not have the statutory authority to restrict who can and cannot provide services "incident to" a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.

Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists. Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.

These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Raechel Cunningham
221 w 4th st
San Dimas CA, 91773

Submitter : Susan Barker Date & Time: 09/15/2004 03:09:48

Organization : American Physical Therapy Association

Category : Federal Government

Issue Areas/Comments

Issues 20-29

THErapy - INCIDENT TO

I have been a physical therapist for 27 years, and am currently employed as a professor in a Master of Physical Therapy program. I have practiced in a variety of inpatient, outpatient and home care settings.

I would like to comment on the August 5 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005." As a physical therapy educator, I am well aware of the great deal of training that is involved in becoming a physical therapist. I enthusiastically support the provision that physical therapy services must be provided only by graduates of accredited professional PT programs. I would further support the requirement that individuals providing PT services should be license physical therapists, as this is the standard that ensures competence.

Physical therapists receive significant training in anatomy and physiology. They have a broad understanding of the body and its functions. Because of their training, physical therapists can achieve positive outcomes when working with clients who need rehabilitation.

Physical therapists can also recognize abnormal situations. Permitting persons to provide physical therapy treatment who are not physical therapists or physical therapist assistants under the supervision of a physical therapist can be harmful to patients. I treated a man who was injured in a motor vehicle accident. He received what were called "physical therapy treatments" at a physician's office (not his primary physician) for one month after discharge from the hospital. The individual who provided treatment at the physician's office was an unlicensed individual. After one month of treatment at the physician's office, the patient came to my practice for physical therapy examination and intervention. When I conducted my initial examination, I noted an abnormality and referred the patient to his primary physician. The primary physician ordered an X-ray that revealed a previously undetected rib fracture. I believe that this painful and potentially dangerous situation would have been detected if a licensed physical therapist had examined this patient sooner.

Thank you for considering my comments.

Sincerely,

Susan P. Barker, PhD, PT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a student pursuing a career and dream of being an Athletic Trainer this issue beomes an obstacle in the process and the outlook of my future career. In four years, I will be an official Athletic Trainer and I would love to help in the rehabilitation of my patients and decide what should be implemented in the process of it.

Another issue is that Physicians, not government workers, should decide what care and treatment is best for the paients, and who should provide it. An Athletic Trainer is a highly qualified and educated health care worker who can provide outpatient care, it is what they do, and should be reimbursed for their services on and off high school or any athletic grounds.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Our medicare clients are often in rural areas and are of limited mobility. We feel strongly that mastectomy products should be excluded from the face-to-face prescription requirements. The effects of a mastectomy are permanent. Based on that fact, mastectomy products are necessary throughout the life of the recipient. Medicare already has parameters in place for the dispensation of these items. These parameters should be sufficient. The face-to-face prescription requirement would place an undueburden on all affected Medicare beneficiaries, physicians, suppliers and Medicare as well. The face-to-face prescription requirement will require the recipient the inconvenience of a visit to the physician, the physician's time for the visit, and Medicare's payment for the visit.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

PLEASE DO NOT LIMIT INCIDENT TO SERVICES. CERTIFIED ATHLETIC TRAINERS HAVE BEEN PROVIDING THESE SERVICES FOR YEARS AND ARE WELL QUALIFIED TO DO SO. PHYSICIANS CAN DECIDE WHO IS CAPABLE OF PROVIDING CARE UNDER THEIR SUPERVISION.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I think mastectomy products should be excluded from the face-to-face prescription requirement. The effects of mastectomy are permanent. Based on that fact, mastectomy products are necessary throughout the life of the recipient. Medicare already has parameters in place for dispensation of these items. These parameters should be sufficient. The face-to-face prescription requirement would place an undue burden on all affected Medicare beneficiaries, physicians, suppliers and Medicare as well. The face-to-face prescription requirement will require the recipient the inconvenience of a visit to the physician, the physician's time for the visit, and Medicare's payment for the visit.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

POSITION: Mastectomy products should be excluded from the face-to-face prescription requirements. The effects of a mastectomy are permanent. Based on that fact, mastectomy products are necessary throughout the life of the recipient. Medicare already has parameters in place for the dispensation of these items. These parameters should be sufficient. The face-to-face prescription requirement would place an undue burden on all affected Medicare beneficiaries, physicians, suppliers and Medicare as well. The face-to-face prescription requirement will require the recipient the inconvenience of a visit to the physician, the physician's time for the visit, and Medicare's payment for the visit.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See Attachment

CMS-1429-P-1571-Attach-1.wpd

Joseph Sharpe
Head Athletic Trainer
Charlotte Bobcats
2266 Deerfield Drive
Fort Mill, SC 06268

Attachment to #1571

September 15, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

During the decision-making process, please consider the following:

- Incident to has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician’s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY incident to service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. It is imperative that physicians continue to make decisions in the best interests of the patients.
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and

separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.

- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
- Patients who would now be referred outside of the physician’s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
- Curtailing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician’s ability to provide the best possible patient care.
- To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide “incident to” services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide “incident to” care in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.
- CMS, in proposing this change, offers no evidence that there is a problem that is need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
- CMS does not have the statutory authority to restrict who can and cannot provide services “incident to” a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.
- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.
- Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.

- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Joseph Sharpe
Head Athletic Trainer
Charlotte Bobcats
2266 Deerfield Drive
Fort Mill, SC 06268

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Therapy--Incident To

Attachment to #1572
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P

Re: Therapy – Incident To

Dear Sir/Madam:

Please accept this letter as a statement of support to allow appropriate healthcare personnel, namely certified athletic trainers (ATC), to provide “incident to” services to affected public. In turn I must assert that I vehemently object to any decision that would take away that individuals’ right to solicit care and the physician’s ability to prescribe that care to properly educated clinicians.

Athletic trainers are highly educated. ALL certified or licensed athletic trainers *must have a bachelor’s or master’s degree* from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Seventy (70) percent of all athletic trainers have a master’s degree or higher. This great majority of practitioners who hold advanced degrees are comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners.

As a student currently working in a Division I college in the Big XII conference I have the ability to work with 573 athletes in 19 sports, many of whom were conference champions as well as national champions in their respective sports this past year. We have sent many athletes to the professional ranks over the past years including 131 to the NFL, 15 to the NBA, and 31 to the MLB. All of these athletes have been in the care of certified athletic trainers for the years that they attended college. I have worked side by side with members of all aspects of the health field including physicians, physician’s assistants, nurses, orthopedic surgeons, and laboratory techs as a member of the sports medicine team. Without certified athletic trainers to oversee the rehab process, the logical progression from injured to ready for return to play will lack the functional and sports-specific rehab that is essential.

Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to **prevent, assess, treat and rehabilitate** injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of walking in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Jeff Paden, ATS
Oklahoma State University – Stillwater

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I express strong support for the proposed requirement that PTs working in MD offices be graduates of accredited PT programs. Physical therapy delivered by unqualified personnel effects the quality of care given, potentially endangers the public, and certainly dilutes the reputation of the profession in the eyes of the public. More than adequate means exist through licensure to insure a high standard of care is provided when physical therapy services are accessed by the public. Only physical therapist who have graduated from an accredited University have the knowledge, skill and judgement required to perform the highest quality of care. Many times treatment related to older adults is more complicated due to age related issues and multisystem concerns. Therefore, the population that most needs the high standard of care and expertise related to physical therapy is that segment of the population that is likely Medicare benefit eligible. I am fully in favor and encourage the proposal to require physical therapy delivered in MD offices, incident to care, be delivered by a physical therapist that has graduated from an accredited university program in physical therapy.

Submitter : Mrs. Libby Fisher Date & Time: 09/15/2004 04:09:23

Organization : Discreetly Yours Mastectomy Boutique

Category : Other Health Care Provider

Issue Areas/Comments

GENERAL

GENERAL

Mastectomy products should be excluded from the face to face prescription requirements. The effects of a mastectomy are permanent Based on that fact, mastectomy products are necessary throughout the life of the recipient. Medicare already has parameters in place for the dispensation of these items. These parameters should be sufficient. The face to face prescription requirement would place an undue burden on all affected Medicare beneficiaries, physicians, suppliers and Medicare as well. It will require the recipient the inconvenience of a visit to the physician, the physicians time for the visit and Medicare's payment for the visit.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Good Samaritan Hospital Physical Therapy
508 E. Business Way
Cincinnati, Ohio 45241

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012
Re: Therapy- Incident To

Dear Sir or Madam:

I am writing to express my concern over the recent proposal that would limit providers of "incident to" services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

During the decision-making process, please consider the following:

Incident to has been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician's services. A physician has the right to delegate the care of his or her patients to trained individuals (including ATC's) whom the physician deems knowledgeable and trained in the protocols to be administered.

There have never been any limitations placed upon the physician in terms of who he or she can utilize to provide ANY incident to service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service.

In many cases, the change to "incident to" services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy elsewhere, causing significant inconvenience and additional expense to the patient.

This country is experiencing an increasing shortage of allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working "incident to" the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of immediate treatment.

Curtailling to whom the physician can delegate "incident to" procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians will take away from the physician's ability to provide the best possible patient care.

To allow only PT's, PT assistants, OT's, OT assistants, and speech and language pathologists to provide "incident to" services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide "incident to" services would improperly remove the states' right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.

Independent research has demonstrated that the quality of services provided by ATC's is equal to the quality of services provided by physical therapists.

ATC's are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries. For CMS to suggest that ATC's are unqualified to provide these services is outrageous and unjustified.

These issues may lead to more physician practices severely limiting the number of Medicare patients they accept.

In summary, it is not necessary for advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access

deterrent.

Sincerely,

Melonie Duncan, ATC



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Mastectomy products should be excluded from face to face prescription requirements. The effects of a mastectomy are permanent. Based on that fact, mastectomy products are necessary throughout the life of the recipient. Medicare has parameters for the dispensation of these items. The face to face prescription requirement will require the inconvenience of the visit to the physician, the physician's time for the visit and the cost to Medicare for the visit.

Thank you for your attention to my comments.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please recognize that physical therapy today is an important health enhancing service that is the product of many years of dedicated scholarship, research and practice by physical therapy professionals, not on-the-job trained ancillary office personnel. In the interest of public health, this service should only be provided by physical therapy professionals as provided by state statutes which assure that patients receive the highest quality care possible. Allowing physicians to have untrained/uneducated office personnel provide services that are called "therapy" is hypocritical, unethical, wrong and, possibly, dangerous. Federal payment for this should stop and only be allowed for true physical therapy services delivered by qualified physical therapy providers. Rules and regulations that permit this practice in physicians' offices are archaic, outdated and have no place in today's healthcare environment. Thank you very much for this forum and the opportunity for me to submit my comments.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Mastectomy products should be excluded from the face-to-face prescription requirements. The effects of a mastectomy are permanent. Based on that fact, mastectomy products are necessary throughout the life of the recipient. Medicare already has parameters in place for the dispensation of these items. These parameters should be sufficient. The face-to-face prescription requirement would place an undue burden on all affected Medicare beneficiaries, physicians, suppliers and Medicare as well. The face-to-face prescription requirement will require the recipient the inconvenience of a visit to the physician, physician time for the visit, and Medicare payment for the visit.

This is not cost effective.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

James M.Coll, Jr.,ATC-L3315 Roundtree Court
Raleigh, NC 27607

9/14/04Centers for Medicare & Medicaid ServicesDepartment of Health and Human ServicesAttention: CMS-1429-PP.O. Box 8012Baltimore, MD 21244-8012Re: Therapy ? Incident ToDear Sir/Madam:I am writing to express my concern over the recent proposal that would limit providers of ?incident to? services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.During the decision-making process, please consider the following: ? Incident to has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician?s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician?s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient. ? There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY incident to service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. It is imperative that physicians continue to make decisions in the best interests of the patients. ? In many cases, the change to ?incident to? services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient. ? This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working ?incident to? the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment. ? Patients who would now be referred outside of the physician?s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient?s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare. ? Curtailing to whom the physician can delegate ?incident to? procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician?s ability to provide the best possible patient care. ? To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide ?incident to? services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide ?incident to? care in physicians? offices would improperly remove the states? right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services. ? CMS, in proposing this change, offers no evidence that there is a problem that is need of fixing. By all appearances,

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached document.

Robyn Gust
Coordinator
Trinity Sports Medicine
101 3rd Ave SW
Minot, ND 58701

August 23, 2004

Attachment to #1580
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention : CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy-Incident To

Dear Sir or Madam:

As an Allied Health Professional in our country of ever rising health care cost, I am writing to express my concern over the recent proposal limiting providers "incident to" services in physicians offices and clinics. If adopted, this would possibly eliminate current jobs in our organization as well as across the state of North Dakota and this country for our licensed certified athletic trainers. This would also cause a loss of the physician extender program in Trinity Health's orthopedic associates office due to the higher cost of physical therapist thus eliminating the immediate quality care provided to patients in a cost effective manner. The physician extender program in Trinity Health's Orthopedic Associate office was implemented to assist the physicians in providing physical medicine services **immediately** to patients. Some of these patients require additional rehabilitation and are referred to Out Patient Therapy and some patients perform their rehabilitation programs as shown by the athletic trainers at home, not requiring additional out patient cost. This helps reduce cost to the patient and the patients insurance companies.

I feel it is important that all aspects of this issue be explored prior to making a decision that is going to cost jobs and cause an increase in cost to hospitals thus driving up hospital charges. One of the main issues that is not discussed by the parties proposing that "incident to" physical medicine services be provided by a physical therapist, occupational therapist or speech language therapist is the level of training an athletic trainer has. It is my understanding that even a physical therapy assistant or occupational therapy assistant can also provide these physical medicine services under the proposed change. Physical therapy assistants and occupational therapy assistance have a two years associate's degree. An athletic trainer has a four year bachelors degree, national certification and, in most states, licensure. The four years of undergraduate work are in accredited programs with extensive class work in injury assessment, injury treatment, anatomy, physiology, modalities and rehabilitation to name a few.

Please allow me to share with you what is currently happening at our hospital. In order to solidify employment for athletic trainers and fulfill Medicare requirements in the outpatient setting, Trinity's administration has decided to offer the athletic trainer's the opportunity to become PTA certified at the hospital's expense. This will require the athletic trainers to take two courses over an 11-month period and sit for an exam. If the reverse were true and a PTA wanted to become an athletic trainer, he would be required to return to a four year accredited university for at least three years to complete an athletic training degree, 800 hours of internship and sit for the national exam.

Our certified athletic trainers work side by side with the physicians in orthopedic associates providing physical medicine services to patients as directed by the physician. It is quite disturbing to think that an athletic trainer is qualified to provide physical medicine services to patients that are high school athletes, collegiate athletes, professional athletes, Olympic athletes, military personnel, industrial workers and recreational athletes but are "not qualified" to provide physical medicine services to the physically active elderly. If the physician feels we are qualified and is satisfied with the care that is being received, who is the government or the APTA to say the physician is wrong? Is it not the physician's decision to decide what is in the best interest of the patient?

Certified athletic trainers make decisions every day on injury care. In the field, the care is directed by the athletic trainer according to the education they received. Athletic trainers make swift decisions in seconds on severe injuries that may save a life, prevent paralysis or save limbs. Care decisions on basic injury care and rehabilitation are an every day occurrence. These decisions are made because of the high level of education and hands on training the certified athletic trainers have. In a physician extender setting, the athletic trainer is being told by the physician what physical medicine service is to be provided to the patient and the certified athletic trainer performs the service exactly as the physician prescribed. I feel I must reiterate that physicians understand the value of a certified athletic trainer and utilize the service. The physicians feel athletic trainers are qualified to provide physical medicine services to their patients. I do not feel that the decision on patient care should be the government's or the American Physical Therapy Association's.

In conclusion, I would like to state that I do not feel it is necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Robyn Gust MS/LATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am an occupational therapist and a faculty member in the Department of Otorhinolaryngology, Baylor College of Medicine. My clinical practice is primarily adults. I specialize in rehabilitation of patients with vertigo and balance problems caused by disorders of the vestibular system, i.e., the inner ear. Many of my patients are Medicare recipients, since dizziness is one of the most common reasons for a visit to a doctor's office, especially in elderly people. I am aware that in some other places, physicians bill Medicare for therapy although no trained, licensed therapist provides the care. That kind of practice leads to inadequate care. As an occupational therapist, my evaluations and treatment plans always address patients' limitations in activities of daily including safety issues, and the patient's psychosocial status, as well as graded exercises and purposeful activities designed to alleviate vertigo and balance problems. Since my elderly patients often have significant cardiac, visual, orthopedic or neurologic problems I often draw on my background and training in those areas when evaluating and treating my patients. No untrained technician, recreation therapist or athletic trainer has those skills.

This situation should be remedied and I am pleased to see that CMS is considering a change. Our patients are often frail, invariably have multiple health conditions, and should be seen only by professionals who are trained to meet their needs. Our parents and grandparent deserve the best possible care. Trained therapists, far better than technicians, recreationalists and athletic trainers, can provide that care in the most efficient, and therefore cost-effective ways.

I strongly support the proposed Medicare Part B rule change that states that only individuals meeting the qualified training standards for therapists-licensure excluded-be allowed to provide therapy services incident to physicians.

Helen Cohen, EdD, OTR
Associate Professor
Department of Otorhinolaryngology
Baylor College of Medicine

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

I am an occupational therapist and a faculty member in the Department of Otorhinolaryngology, Baylor College of Medicine. My clinical practice is primarily adults. I specialize in rehabilitation of patients with vertigo and balance problems caused by disorders of the vestibular system, i.e., the inner ear. Many of my patients are Medicare recipients, since dizziness is one of the most common reasons for a visit to a doctor's office, especially in elderly people. I am aware that in some other places, physicians bill Medicare for therapy although no trained, licensed therapist provides the care. That kind of practice leads to inadequate care. As an occupational therapist, my evaluations and treatment plans always address patients' limitations in activities of daily including safety issues, and the patient's psychosocial status, as well as graded exercises and purposeful activities designed to alleviate vertigo and balance problems. Since my elderly patients often have significant cardiac, visual, orthopedic or neurologic problems I often draw on my background and training in those areas when evaluating and treating my patients. No untrained technician, recreation therapist or athletic trainer has those skills.

This situation should be remedied and I am pleased to see that CMS is considering a change. Our patients are often frail, invariably have multiple health conditions, and should be seen only by professionals who are trained to meet their needs. Our parents and grandparent deserve the best possible care. Trained therapists, far better than technicians, recreationalists and athletic trainers, can provide that care in the most effective and efficient, and therefore most cost-effective, ways.

I strongly support the proposed Medicare Part B rule change that states that only individuals meeting the qualified training standards for therapists-licensure excluded-be allowed to provide therapy services incident to physicians.
Helen Cohen, EdD, OTR, Associate Professor, Department of Otorhinolaryngology, Baylor College of Medicine

Submitter : Mrs. Jessica Kincannon, CMF Date & Time: 09/15/2004 05:09:21

Organization : Intimate Illusions

Category : Health Care Industry

Issue Areas/Comments

GENERAL

GENERAL

Mastectomy products should be excluded from the face to face prescription requirements. These products are necessary throughout the patients life and Medicare already has parameters in place for the dispensation of these items. The face to face prescription would place an undue burden on all affected including Medicare having to pay for unnecessary doctor visits. Most of my clientele are older widowed women who live in rural areas and it is hard for them to find someone to bring them in for all their doctor visits. It is not reasonable to think that a taxi or bus service will be so readily available to accomodate all people. There are alot of medicines and supplies that are dispensed without face to face prescriptions that are not abused. And to require face to face to some of these items is asking alot of the people you are suppose to be helping. Women with breast cancer go through enough without having to be sentenced to a life of constant doctor appointments just to order a new bra every 3 months. I urge you to rethink your decision to implement the face to face provision across the board.

Submitter : Mrs. Carol Stenquist Date & Time: 09/15/2004 05:09:53

Organization : Carols Personal Mastectomy

Category : Health Care Provider/Association

Issue Areas/Comments

GENERAL

GENERAL

Dear Sirs,

We strongly feel implementing face-to-face provision of the Medicare Modernization Act to apply to all DME including mastectomy products will place enormous pressure on beneficiaries, physicians, suppliers, and Medicare as well.

We therefore would like our response to be considered.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

CMS-1429-P-1585-Attach-1.txt

Attachment # 1585

Garry Gillis
Heartland Rehabilitation
11363 San Jose Blvd.
Suite 201
Jacksonville, Fl 32223

September 1st, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-14129-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to you today to express my concern over the recent proposal that would limit providers of “incident to” services in physician offices and clinics. If adopted, this proposal would severely limit the abilities of licensed health care professionals to provide important services to patients. In turn, it would require additional legwork by the physician and the patient to receive treatment that must now be outsourced to therapists outside the doctor’s office at an additional cost.

There have never been any limitations or restrictions placed upon physicians in terms of who he/she can utilize to provide any “incident to” service. The entire medical system is based upon the physician’s ability to determine which plan of care is best for their patients and who is or is not qualified to provide services for their patients. It is important that physicians remain the primary decision makers of not only the type of care needed for their patients, but who is the best qualified to deliver this care.

This country is experiencing an increasing shortage of credentialed health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified and licensed health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost, and a lack of local and immediate treatment.

Athletic trainers are highly educated. All athletic trainers are nationally certified, and all have attained a bachelor’s degree, with most (70%) attaining master’s degrees from an accredited college or university. The core coursework required for a degree in athletic training matches those required of physical therapists, occupational therapists, registered nurses, and speech therapists. All athletic training educational programs are accredited

through an independent process by the Commission of Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).

Athletic trainers are employed by almost every U.S. college or university with an athletic program and every professional sports team in America also trusts and relies on this group to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers accompanied the U.S. Olympic Team to Athens, Greece this summer to provide medical services for the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who goes to their physician for treatment of injuries is absurd and unjustified.

To allow only physical therapists, occupational therapists, and speech pathologists to provide “incident to” outpatient therapy services would improperly provide exclusive rights to Medicare reimbursement. To mandate only these practitioners may provide “incident to” outpatient therapy in physicians’ offices would improperly remove the states’ rights to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.

CMS in proposing this change offers no evidence that there is a problem with the current system. By all appearances, this is being done to appease the special interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.

In summary, this proposed change to “incident to” services is not necessary or advantageous for CMS to implement. This change can only hinder the physician’s ability to provide appropriate and immediate care to their patients.

Sincerely,

Garry Gillis M.Ed, ATC/L
Florida License # 0052

Submitter : Mrs. Penny Shields Date & Time: 09/15/2004 05:09:09

Organization : A Fitting Place LLC

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Mastectomy products should be excluded from a face-to face prescription requirements. The effects of a mastectomy are permanent. Based on that fact, mastectomy products are necessary throughout the life of the recipient. Medicare already has parameters in place for the desption of these items. These parameters should be sufficient. The face-to face prescription requirment would place an undue burden on all affected Medicare bebificiaries, physicians,suppliers and Medicare as well. The face-to face prescription requirment will requie the inconvenience of a visit to the physician, the physician's time for the visit, and Medicare's payment for the visit costing Medicare and it's beneficiaries uncalled for expence to the medical program coverage.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

As a certified mastectomy fitter, I see women each day who are not only new surgeries, but are long-time survivors of breast cancer coming in for prosthetics and mastectomy bras. To require each of these women to see their physician face-to-face in order to obtain a prescription for these items would drive up the cost for Medicare way beyond just providing the products. As it stands now, we know exactly what Medicare will provide to a woman throughout her lifetime after breast surgery and this system works very well. Changing the rules may work well with other DME products, but mastectomy products are unique in the DME category and should not be included.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please see attached

CMS-1429-P-1588-Attach-1.pdf

Steve Graves ATC
Claremont-Mudd-Scripps
Athletic Dept.
500 East Ninth Street
Claremont, CA 91711

Sept. 15, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

During the decision-making process, please consider the following:

- Incident to has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician’s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY incident to service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. It is imperative that physicians continue to make decisions in the best interests of the patients.
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.
- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
- Patients who would now be referred outside of the physician’s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.

- Curtailing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician’s ability to provide the best possible patient care.
- To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide “incident to” services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide “incident to” care in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.
- CMS, in proposing this change, offers no evidence that there is a problem that is need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
- CMS does not have the statutory authority to restrict who can and cannot provide services “incident to” a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.
- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.
- Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.
- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Steve Graves ATC

Head Athletic Trainer

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

It is appalling that a supposedly professional organization like the APTA would stoop so low as to use the example of a high school student providing services in a physician's office. They must not think too highly of the medical profession's judgement. This change also shows that the APTA does not trust the judgement of physicians across the country; this INCIDENT TO change does not allow the physician to choose the services to be provided to their patients. For one group to propose this handcuffing of M.D.'s is so unconscionable that even attempting such a thing only brings to light their contempt for other medical professionals and their greed to limit a patient's medical care.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Very Simply Put!!!!

Why Limit A Professional With Credentials At His/Her Place Of Work?

You Already Know That An Athletic Trainer Has Enough In Education. It Seems That Some People Would Like To Corner The Market On Governmental Money. It Has Been An On Going Battle With Physical Therapists In This Country, That They Should Have Exclusive Rights To The Therapy Industry. This Also Is True When Laws Are Divided In The Federal And State Governments. It Might Be That They Have Stronger Lobbists, But Should We Allow Laws That Limit Any Individual

To Support Their Family. So Very Simply I Am Asking That Those In Charge Not Allow This Bill To Be Passed. Let Athletic Trainers Do Their Work Where They Are Employed!!!! Also, Let Physicians Prescribe To Whom They Feel Are Qualified Without Governmental Interference.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Mastectomy products should be excluded from the face-to-face prescription requirements. The effects of a mastectomy are permanent. Based on that fact, mastectomy products are necessary throughout the life of the recipient. Medicare already has parameters in place for the dispensation of these items. These parameters should be sufficient. The face-to-face requirement would place an undue burden on all affected Medicare beneficiaries, physicians, suppliers, and Medicare as well. The face-to-face prescription requirement will require the recipient the inconvenience of a visit to the physician, the physicians time for the visit, and MEDICARE'S PAYMENT FOR THE VISIT.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 15, 2004

Re: Therapy ? Incident To

Dear Sir/Madam:

I wish to express my great concern over a recent proposal to limit providers of physician ?incident to? services. If adopted, this would eliminate the ability of many qualified health care professionals to provide important services. Additionally, it would reduce the quality of health care for Medicare patients and ultimately increase costs, placing an undue burden on the overstressed health care system.

Please consider the following:

? ALL certified or licensed athletic trainers must have a bachelor?s or master?s degree from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. A great majority (70%) of practitioners hold advanced degrees comparable to other health care professionals, including physical therapists, registered nurses, and speech therapists. ALL academic programs are accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

? Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to prevent, assess, treat and rehabilitate injuries. Dozens of athletic trainers served with the U.S. Olympic Team in Greece to provide these services to our top athletes. For CMS to even suggest that athletic trainers are unqualified is outrageous and unjustified.

? Independent research demonstrates the quality of services provided by athletic trainers is equal to physical therapists.

? ?Incident to? has, since 1965, been utilized by physicians to allow others, with physician supervision, to provide services as an adjunct to the physician?s services. A physician has the right to delegate patient care to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and qualified.

? There have never been restrictions placed upon physicians in terms of who can provide ANY ?incident to? service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the physician?s professional judgment to determine provider qualifications of a particular service. It is imperative that physicians continue to make decisions in the best interests of the patients.

? A change in ?incident to? services reimbursement would render physicians unable to provide patients with comprehensive, quickly accessible health care. Patients would be forced to seek treatments elsewhere, causing significant patient inconvenience and expense.

? To allow only physical therapists, occupational therapists, and speech and language pathologists to provide ?incident to? outpatient therapy services would improperly provide these groups exclusive rights to Medicare reimbursement. Such a mandate would improperly remove the states? right to license and regulate qualified allied health care professions.

? CMS does not have the statutory authority to restrict who can and cannot provide services ?incident to? a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of therapy services.

In summary, CMS offers no evidence of a problem. This appears as an effort to appease a single professional group who seeks to establish

themselves as the sole provider of therapy services. The proposed changes are unjustified, not necessary and will diminish health care in the US.

Respectfully,

Robert D. Kersey, PhD, ATC, CSCS
Professor - Kinesiology & Health Science
Director - Athletic Training Education Program
California State University, Fullerton
(714) 278-2676

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

please see attached file



Department of Kinesiology

C. Buz Swanik, PhD, ATC, Director
Graduate Athletic Training Program
Temple University, Pearson Hall #18
Philadelphia, Pennsylvania 19122
(215) 204-9555 Fax: (215) 204-4414
cswanik@temple.edu

Memorandum

Attachment to #1593

To: Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P

From: C. Buz Swanik, PhD, ATC

Date: January 18, 2005

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my strong dissent over the proposal that would limit providers of “incident to” services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services, stifle competition and limit the free market system on which our economy depends. In turn, it would reduce the quality of health care for our Medicare patients, increase the costs associated with this service, place an undue burden on the health care system, and create a monopoly where only physical therapists may bill for their services.

During the decision-making process, please consider the following:

- Incident to has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician’s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY incident to service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. It is imperative that physicians continue to make decisions in the best interests of the patients.

- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.
- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
- Patients who would now be referred outside of the physician’s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
- Curtailing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician’s ability to provide the best possible patient care.
- To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide “incident to” services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide “incident to” care in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.
- CMS, in proposing this change, offers no evidence that there is a problem that is need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
- CMS does not have the statutory authority to restrict who can and cannot provide services “incident to” a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.
- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.
- Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.
- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Carol Nichols
323 Loyola Drive, Aptos, CA 95003 ~ (831) 687-0173 ~ clnrkn@sbcglobal.net

(SENT VIA EMAIL)
September 15, 2004

Center for Medicare & Medicaid Services
Department of Health & Human Services
Attention CMS 1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

CMS Code 1429-P, Re: GPCI

I am writing to comment on the Proposed Rules governing the Physician Fee Schedule for Calendar Year 2005 as printed in the Federal Register of August 5, 2004.

Please reconsider your proposed rule. CMS committed in 1996 to update the physician payment localities if a significant change in practice costs occurred. Santa Cruz County remains the most disadvantaged county in California. The payment differential for physician services in a county less than 20 miles from where I live is over 25% greater than for services I receive from my doctor. I understand that this is by far the largest such differential in the country.

We are losing doctors and important specialties. Health care costs are high in our community. The economy of this county is entirely equivalent to Santa Clara County. Housing costs, wages, and benefits are equivalent. How can you support the payment differential as proposed in your rule? How can you continue to include counties such as Santa Cruz, Sacramento, and San Diego in the rural Locality 99 designation? This must be corrected, and it is your responsibility to make that correction. I believe that no other county in the U.S. is in greater need of reform than my county. I cannot understand why this is allowed to continue. I believe that Congress has delegated to CMS the responsibility to manage the payment to physicians. Continued postponement of this long-needed reform is ill-advised and inappropriate.

Sincerely,
Carol Nichols

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Subject: Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005

To whom it may concern,

The purpose of this letter is to express my opinion concerning the August 5th proposed rule on 'Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005.' As a Doctor of Physical Therapy (DPT) practicing in out patient orthopedics for the past four years, I find it disturbing that an individual without an educational and clinical background in physical therapy can provide said services.

I am sure that the reader of this has received many other correspondents regarding this issue. I would probably be reiterating many of the points that other physical therapists have made if I made this a lengthy letter. Therefore, I will ask you the same question I ask myself every time I evaluate a patient, and let your answer form your opinion.

The question is, 'If this was my mother/father/wife/child, what would be the best plan of care in order to return their full function and eliminate their symptoms?' My feeling is your answer to this question would be something like this, 'I would find the most educated and skilled clinician that specializes in the type of care my mother needs. I would expect this clinician to be given ample time to evaluate my mother and establish the best plan of care. I would insist that my mother be given one on one treatment with a licensed individual that is required to further their education via continuing education. I would also want this individual's bottom line to be the clinical success of my mother, rather than monetary success of their employer.'

If this is how you would answer this question, then you answered by saying that you would send your mother to a licensed Physical Therapist. I would hope that you would see to it that everyone who asked this question could give the same answer.

Sincerely,
Rhett Polka, PT, DPT, OCS, CSCS

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Ryan Palmer ATC, MSED
 11738 CR 160
 Carthage MO 64836
 Centers for Medicare & Medicaid Services
 Department of Health and Human Services
 Attention: CMS-1429-P
 P.O. Box 8012
 Baltimore, MD 21244-8012
 Re: Therapy ? Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of ?incident to? services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

During the decision-making process, please consider the following:

? A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician?s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.

? There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide any incident to service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service.

? This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas.

? Curtailing to whom the physician can delegate ?incident to? procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician?s ability to provide the best possible patient care.

? To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide ?incident to? services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide ?incident to? care in physicians? offices would improperly remove the states? right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.

? CMS, in proposing this change, offers no evidence that there is a problem that is need of fixing.

? Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.

? These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,
 Ryan Palmer ATC, MSED
 11738 CR 160
 Carthage MO 64836

Submitter : Mrs. Amy Jordan Date & Time: 09/15/2004 06:09:53

Organization : NATA

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I would like to express the concerns I have for this action. Athletic Trainers are certified by a national board approving that they have successfully completed coursework to prepare them for careers working with physically active people. We are trained to evaluate and treat injuries and rehabilitate injuries. If this docket goes into effect I can see nothing, but bad news for patients. Not only will they not get treated in a timely manner, but they will suffer effects from not beginning a therapy regimine within a reasonable amount of time. I believe that doctors have had enough training and should be able to have authority over their employees and see that they are treating patients in the correct manner. Doctors should be able to employ people that they know can enhance their practices, and these employees would include athletic trainers. Athletic trainers have gone through a very rigourous education process and testing to make sure that they are qualified to perform this type of work. People voting for this policy will take that away from us. We are qualified to perform these jobs. In additon to this I really think you should consider the strong negative consequences that this law would promote. Insurance costs for medicare/medicade patients will skyrocket if this law passes; due to the fact that this will limit who doctors can hire for work in their practices. I strongly encourage you to reconsider voting for this. There will be many costly effects to medicare and medicade patients if this goes through.

Sincerely,
Amy B. Jordan, A.T.C./L., M.Ed.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

As Certified Mastectomy fitter, I would like to see Mastectomy Products separated from DME items. The proposed rule would require all clients to visit their physician for a prescription for an item. Our clients get mastectomy bras on a yearly basis and do NOT need their mastectomy re-evaluated. This would only incur additional costs for the Medicare program. Some of our clients do NOT see their physician on a yearly basis.....to lump mastectomy products in with DME is difficult. We even do clients in nursing homes...would they have to go to their physician prior to being fitted again? The purpose of this rule is for "evaluation and treatment of the recipient's medical condition". The effects of a mastectomy are permanent.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

My name is Bryan Schapley and I am currently a student at Rowan University in Glassboro, New Jersey. I am majoring in Athletic Training. I am very concerned about these issues, because they will greatly affect my profession in the future. The fact that this will impact the payment for physicians and practitioners managing dialysis patients is ridiculous. Dialysis is a life-saving procedure. Without dialysis, those people would die. With that said, I think that these physicians deserve the pay that they get. Considering that I will be an Athletic Trainer, these issues will affect how I do my job in the future. Without the latest technology I will not be able to provide maximal health care to my athletes. Also, these issues will affect the payment for immunosuppressive drugs. This is also a necessity within the Athletic Training profession. Without immunosuppressive drugs, some athletes will not be able to return to the field of play nearly as fast as they would be able to if they had access to immunosuppressive drugs.