

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

Please see attached.

Attachment # 1800

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 a physician writing to express my concern over the recent proposal that would limit providers of “Therapy-incident to” services in physician offices and clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. 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, 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 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 patients with comprehensive health care. The patient would be forced to see the physician and separately seek therapy, causing significant inconvenience and additional expense.
- 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 care, greater cost and a lack of local, 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 also cost time and travel expense. Delays would hinder the patient's recovery and/or increase recovery time, which 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 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.
  - CMS 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. This action could be construed as an unprecedented attempt by CMS 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.
  - These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

It is not necessary or advantageous for CMS to institute the changes proposed, and I request that the change not be implemented. This CMS recommendation is a health care access deterrent.

Sincerely,

Jeremy Stevens, MD  
Center for Athletic Medicine  
830 W. Diversey Av. Suite 300  
Chicago, IL 60614

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

Department of Kinesology  
Greensboro College  
815 W. Market St.  
Greensboro, NC 27401

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

Dear Sir/Madam:

As a future Certified Athletic Trainer (ATC) and a 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 ATC's, in physicians 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 on 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 other 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 education 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,

Sandra Brendle  
Athletic Training Student at Greensboro College, Greensboro, NC

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

Please see attached.

Attachment # 1802

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 a physician writing to express my concern over the recent proposal that would limit providers of “Therapy-incident to” services in physician offices and clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. 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, 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 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 patients with comprehensive health care. The patient would be forced to see the physician and separately seek therapy, causing significant inconvenience and additional expense.
- 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 care, greater cost and a lack of local, 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 also cost time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which 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 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.
  - CMS 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. This action could be construed as an unprecedented attempt by CMS 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.
  - These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

It is not necessary or advantageous for CMS to institute the changes proposed, and I request that the change not be implemented. This CMS recommendation is a health care access deterrent.

Sincerely,

John Theodoropolis, MD  
Center for Athletic Medicine  
830 W. Diversey Av. Suite 300  
Chicago, IL 60614

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

Please see attached file.

Attachment # 1803

7112 W. Jefferson Ave,  
Suite 100  
Lakewood, CO 80235

September 16, 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.
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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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- 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,

Kristin Lundgren, ATC

Submitter : Mrs. Ronda Agostinucci Date & Time: 09/16/2004 09:09:44

Organization : Valley Rehab Center

Category : Physical Therapist

**Issue Areas/Comments**

**GENERAL**

GENERAL

I strongly support the CMS proposal that Physical Therapy treatment should be provided by a licensed Physical Therapist. The five year program includes not only the treatment techniques, but the evaluative education as to when to utilize these techniques. This is a critical difference in training. Physical Therapists are also trained in assessing the outcome of the treatment, its affectiveness and when to make changes in treatment approaches to assure effective and efficient treatment outcomes. Without this ability to evaluate and reassess, an unqualified person can misuse modalities, delay outcome goals and harm the patient. Only Physical Therapists should perform and charge for physical therapy services!

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

THE PROPOSED FACE TO FACE APPOINTMENT BETWEEN BREAST PROTHESIS PATIENTS AND PHYSICIANS BEFORE RECEIVING CONTINUED CARE BY MEANS OF BREAST PROTHESIS OR BRAS IS WASTEFUL. IT IS ABSURD FOR A PATIENT WHO HAS A PERMANENT CONDITION TO BE REQUIRED TO SEE A PHYSICIAN BEFORE RECEIVING NEW BRAS OR PROSTHESIS. THE MONEY SPENT ON THIS VISIT WOULD BE BETTER SERVED ANYWHERE ELSE. ALSO, THE PATIENT SHOULD NOT BE REQUIRED TO TO MAKE USELESS TRIPS TO THE PHYSICIAN. THE ACT OF NEEDING AND RECEIVING A BRA SHOULD NOT BE ANYMORE DIFFICULT THAN THE PROCESS THAT IS ALREADY IN PLACE. PLEASE RECONSIDER THIS PROPOSAL.

Submitter : Mrs. Brook Gullickson Date & Time: 09/16/2004 09:09:52

Organization : NATA

Category : Health Care Professional or Association

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

Please See Attached File

Attachment #1806  
Brook Gullickson  
769 Tufts Ave E.  
Port Orchard, WA 98366

09/16/2004

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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- 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.
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- 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,

Brook Gullickson ATC, CSCS

Submitter :

Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

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These issues may lead to physicians limiting the number of Medicare patients that they accept.

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

Sincerely,

Jim Dolan ATC/L PTA/L

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

Please see attached file

CMS-1429-P-1808-Attach-1.txt

Attachment #1808

Eric Lehnert, MS,ATC,EMT-CC  
100 Nicolls Road  
Stony Brook, New York, 11794-3500

September 16, 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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patient's recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.

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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,

Eric Lehnert, MS,ATC, EMT-CC  
100 Nicolls Road  
Stony Brook, NY 11794-3500

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

Please see attached file

Attachment #1809

Jatin P. Ambegaonkar  
712-A, Milton Street  
Greensboro, NC, 27403

9/16/2004

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:

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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,

Jatin P. Ambegaonkar

Submitter : Mrs. linda moors Date & Time: 09/16/2004 09:09:45

Organization : Arizona Oncology Associates

Category : Physician Assistant

Issue Areas/Comments

**GENERAL**

GENERAL

The proposed changes fro chemotherapy administration will limit patients access to treatment. I already have difficulty treating patients as they cannot afford their 20% copay. I cannot recommend a treatment they cannot afford. Many patients will be shifted to the Hospital where there are NO CHEMOTHERAPY CERTIFIED/TRAINED NURSES, inaddition to the current nursing shortage that exists. Patients will not be able to afford multiple hospital admission copays and will not get the treatment they should recieve.  
WHY ARE WE TAKING CARE OF THE WORLD AND NEGLECTING OUR OWN PEOPLE????

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

I have been a Physical Therapist in private practice for 22 years. I am partner in two private practices that specialize in the evaluation and treatment of musculoskeletal injuries. I have received my specialist certification in the area of orthopaedics from the APTA.

I strongly support CMS's proposed requirement that physical therapists working in physicians' offices be graduates of accredited professional physical therapy programs. The practicing of Physical Therapy by unqualified personnel poses a public safety issue. The training that a licensed Physical Therapist and Physical Therapist Assistance go through prepares them for the many complex diagnoses they will encounter. The coursework is rigorous and on site training is extensive in the Physical Therapy programs offered by accredited colleges. I believe all of these programs offer a Master's degree and many are moving towards a Doctorate's degree.

Please consider the important factor in all of this....the patient. The patient deserves the best possible care from the most qualified personnel for positive outcomes. Thank you for your consideration.

Sincerely,  
Walter Mady, PT, OCS

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

Please see attachment.

Attachment #1812

Mark B. McClellan, MD, PhD  
Administrator  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
Attention: CMS-1429-P  
P.O. Box 8012  
Baltimore, MD 21244-8012

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

Dr. McClellan:

My name is Erin Rieben and I am in my third year in the University of Delaware's Doctor of Physical Therapy program. I am also the Chair of the American Physical Therapy Association Student Assembly Nominating Committee. I worked as a therapy aide two outpatient rehabilitation facilities before starting graduate school, and I have completed four clinical affiliations as part of my program. Before I graduate this January, I will have completed two more affiliations. As a student, I have had the unique opportunity to work in a variety of different facilities in a short period of time. This has exposed me to diverse patient populations, and given me insight into standards of care for Medicare beneficiaries. I wish to comment on the "**Therapy-Incident To**" section of the Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005.

I strongly support the proposal that persons providing physical therapy services "incident to" a physician should meet the standards outlined in 42 CFR §484.4, with the exception of licensure. This guideline maintains a standard of care across providers and licensure ensures that practitioners have the appropriate education from an accredited Physical Therapy program. As a student physical therapist, I feel that physical therapy services should only be provided by a physical therapist or a physical therapist assistant under the supervision of a physical therapist. I have spent the past several years in physical therapy school learning the extensive anatomy, physiology, biomechanics and other coursework required to treat musculoskeletal problems. I do not believe that a person without this educational background can safely and effectively give physical therapy treatment.

I noticed one example of the danger of unqualified persons providing physical therapy services when my class was learning how to use the modality of ultrasound. Two students in the class commented that they had used this modality on patients in clinics before they entered PT school. They had not been trained in its use, and had used a subtherapeutic dose. This means that the facilities they worked for were charging patients for what was essentially a sham treatment. It took hours of course, lab, and clinical experience for me to master the use of ultrasound, and I would never want an untrained person to use this modality on patients. Physical therapists have extensive training in each modality and treatment they use because it is in the best interest of the patient to have their care provided by trained, qualified professionals. Medicare patients should get their physical therapy services from licensed Physical Therapists to ensure that they receive safe and effective care.

Thank you for considering my comments.

Sincerely,  
Erin C. Rieben, SPT  
University of Delaware DPT Class of 2005

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 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, I feel it would reduce the quality of health care for Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

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 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.

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.

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.

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

Please see attached

Aimee Brunelle, ATC  
3825 Fluvanna Townline Road  
Jamestown, NY 14701

September 16, 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.
- 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.
- 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,

Aimee M. Brunelle, ATC  
3825 Fluvanna Townline Road  
Jamestown, NY 14701

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 10-19**

DEFINING THERAPY SERVICES

Therapy services should be defined as services provided by adequately trained professionals with the credentialing supporting it. Physical therapists and therapist assistants have the qualifications. Other paraprofessionals ie exercise physiologists and athletic trainers have training in their fields NOT physical therapy and should not be allowed to provide physical therapy services regardless if they are incident to being provided under a physician.

Submitter : Mrs. Virginia Csillan Date & Time: 09/16/2004 10:09:55

Organization : Mrs. Virginia Csillan

Category : Other Health Care Provider

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

To Whom It May Concern:

BACKGROUND. A year ago the National Athletic Trainers' Association (NATA) contacted many health care consumers about a possible change to Medicare reimbursement under consideration by the Centers for Medicare and Medicaid Services (CMS). Letters generated by the 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 for 'Therapy-Incident To' charges, performed in a physician's 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 physician's supervision. 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 eliminates your 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 for your assistance in defeating this proposal. I see it as an obvious effort to inappropriately regulate certified athletic trainers and other qualified health care professionals employed by physicians and open up those positions to physical therapists and occupational therapists alone. As a result, physical therapists and occupational therapists will gain exclusivity in caring for Medicare patients. Physicians, not government workers, should decide what care and treatment are in the best interests of their patients, and whom should provide it. PT's and OT's should not have a monopoly on providing health care. Allowing this to happen will inevitably increase health care costs, thus increasing the financial burden on countless families and the elderly throughout our nation. For these reasons, it would be a disservice for you to approve the current 'Incident To' proposal. Certified Athletic Trainers are academically and clinically qualified and capable to provide these services to Medicare patients. In the public's interest, I ask that you not proceed with the proposal and to allow for Medicare patients to take advantage of the health care services provided by their physician's choice.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THErapy - INCIDENT TO

Dr. McClellan:

My name is Dan Gross, M.P.T. and I am a physical therapist and owner of a private practice in Carlsbad, CA. My office consists of 2 licensed Physical Therapists, a licensed Physical Therapy Assistant, and a licensed Occupational Therapist. Physical therapists are professionally educated at the college or university level in programs accredited by the Commission on Accreditation of Physical Therapy, an independent agency recognized by the U.S. Department of Education. As of January 2002, the minimum educational requirement to become a Physical Therapist is a post-baccalaureate degree from an accredited education program. All programs offer at least a Master's degree, and the majority will offer the Doctor of Physical Therapy (DPT) degree by 2005. Physical therapists receive significant training in anatomy and physiology, have a broad understanding of the body and its functions, and have completed comprehensive patient care experience. This background and training enables physical therapists to obtain positive outcomes for individuals with disabilities and other conditions needing rehabilitation. Physical therapists must be licensed in the states where they practice. As licensed health care providers in every jurisdiction in which they practice, physical therapists are fully accountable for their professional actions. This education and training is particularly important when treating Medicare beneficiaries.

My education includes a Master of Physical Therapy degree from an accredited program at a university. One colleague has a Doctorate of Physical Therapy from an accredited program at a university. Another colleague has a Bachelor of Science in Occupational Therapy from an accredited program at a university. And the final colleague in my office has an Associate of Science in Physical Therapy from an accredited program at a university. All of us were required to pass a rigorous State Board Examination in California in order to become licensed to practice. In addition to our university educations, we all attend continuing education courses, have staff in-services and discuss relevant literature on a regular basis. We obviously are proud of our education and take pride in our profession.

The reason for my letter is to comment the August 5 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005" and the CMS's proposed requirement that Physical Therapists working in physicians' offices be graduates of accredited professional physical therapy programs in 42 CFR 484.4. I fully support the CMS establishing requirements for individuals providing physical therapy services "incident to" a physician should meet personnel qualifications for physical therapy. No one except a Physical Therapist or Physical Therapy Assistant under the supervision of a Physical Therapist is qualified to perform physical therapy. 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 Physical Therapy services must be performed by individuals who are graduates of accredited professional Physical Therapy education programs.

The delivery of so-called "physical therapy services" by unqualified personnel is harmful to the patient. There is more to Physical Therapy than showing a person an exercise or applying a physical therapy modality. Before performing any procedure a Physical Therapist evaluates a person in order to gain an understanding of their individual problem. Then, based on a physician's diagnosis and the Physical Therapist's assessment, a plan of care is established. The Physical Therapist knows the proper exercises and proper modalities in the proper amount or dosage that will best help the person. If Physical Therapy services are not provided by a qualified person (as described above)

Submitter :  Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

GPCI

See Attachment

CMS-1429-P-1818-Attach-1.doc



Attachment #1818  
September 16, 2004

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

**File Code CMS-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.

I strongly object to the proposed Geographic Practice Cost Indices for 2005 because they fail to correct proven inequities in reimbursements to localities currently categorized as "Locality 99" that exceed the 5 percent threshold (the "105% rule") over the national 1.000 average. Specifically, the new GPCI's exacerbate reimbursement deficiencies for the California counties of Santa Cruz, Sonoma, Monterey, San Diego, Sacramento, Santa Barbara and El Dorado.

In particular, the county of Santa Cruz, when broken out from Locality 99, would otherwise reflect a 1.125 percent GAF - higher than the California Localities 17 (Ventura), 18 (Los Angeles), and 26 (Orange). ***The boundary payment difference between Santa Cruz County and its neighboring county of Santa Clara (Locality 9) is 25.1 percent, a huge difference, one that is destabilizing the health care delivery system in Santa Cruz County.*** Such statistics demonstrate the fallacy of the GPCI formula and demand CMS develop either exceptions to the current rules that would correct for the Santa Cruz situation or refine the formula to more accurately reflect the true cost of medical practitioners. Not to do so perpetuates an inherently unfair and discriminatory formula.

In its August 5 notice, CMS states that on the issue of payment localities "[a]ny policy that we would propose would have to apply to all States and payment localities." Such an effort is commendable and bespeaks a desire to be fair to all physicians across the nation. However, the reality is that the governing statute does not prohibit individual State fixes or individual county or locality fixes. The CMS is not constrained by law from

developing a strategy - with or without the concurrence of the state medical association - to correct the discrepancies in the reimbursement levels to California counties. I request that it do so as part of this rulemaking process.

CMS cannot postpone a solution this year as it did last year. Failure to address the GPCI/locality issue in California only increases the problems and will make fixing it all the more difficult in the future. Further, it threatens to undermine medical care to Medicare beneficiaries. Evidence from the local medical society shows an increasing trend toward doctors refusing to accept new Medicare patients. Many doctors are simply leaving the county to practice elsewhere, depleting the county of its medical resources. To implement the August 5 proposed rules would be counterproductive to CMS' mission to make Medicare benefits affordable and accessible to America's seniors.

I object to the proposed Geographic Practice Cost Indices for 2005 as printed in the Federal Register of August 5, 2004. I request that CMS define a method by which it can revise the GPCI's for those California counties - especially Santa Cruz - that exceed 5 percent of the national average and begin reimbursing doctors in those counties in a fashion more appropriate to their true costs.

Sincerely,

Christine Griger, M.D.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

Over the years as an athletic trainer I have started about 75 physical therapists out into their first job. Athletic trainers and PT's have very similar education and many ATC's after a few years of patient treatment often surpass the PT's. That being as it may, the two professions need each other in a fiduciary way to keep high quality treatment. PT clinics can hire ATC at a lower income, thus saving money and still providing quality care to the patient

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

please see attachment

CMS-1429-P-1820-Attach-2.doc

CMS-1429-P-1820-Attach-1.doc

Attachment # 1820 (1 of 2)

PRN-Palomar Airport Physical Therapy  
5611 Palmer Way, Suite A  
Carlsbad, CA 92057

September 15, 2004

To: Mark B. McClellan, MD, PhD  
Administrator  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
Attention: CMS-1429-P  
P.O. Box 8012  
Baltimore, MD 21244-8012

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

Dr. McClellan:

My name is Dan Gross, M.P.T. and I am a physical therapist and owner of a private practice in Carlsbad, CA. My office consists of 2 licensed Physical Therapists, a licensed Physical Therapy Assistant, and a licensed Occupational Therapist. Physical therapists are professionally educated at the college or university level in programs accredited by the Commission on Accreditation of Physical Therapy, an independent agency recognized by the U.S. Department of Education. As of January 2002, the minimum educational requirement to become a Physical Therapist is a post-baccalaureate degree from an accredited education program. All programs offer at least a Master's degree, and the majority will offer the Doctor of Physical Therapy (DPT) degree by 2005. Physical therapists receive significant training in anatomy and physiology, have a broad understanding of the body and its functions, and have completed comprehensive patient care experience. This background and training enables physical therapists to obtain positive outcomes for individuals with disabilities and other conditions needing rehabilitation. Physical therapists must be licensed in the states where they practice. As licensed health care providers in every jurisdiction in which they practice, physical therapists are fully accountable for their professional actions. This education and training is particularly important when treating Medicare beneficiaries.

My education includes a Master of Physical Therapy degree from an accredited program at a university. One colleague has a Doctorate of Physical Therapy from an accredited program at a university. Another colleague has a Bachelor of Science in Occupational Therapy from an accredited program at a university. And the final colleague in my office has an Associate of Science in Physical Therapy from an accredited program at a university. All of us were required to

pass a rigorous State Board Examination in California in order to become licensed to practice. In addition to our university educations, we all attend continuing education courses, have staff in-services and discuss relevant literature on a regular basis. We obviously are proud of our education and take pride in our profession.

The reason for my letter is to comment the August 5 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005" and the CMS's proposed requirement that Physical Therapists working in physicians' offices be graduates of accredited professional physical therapy programs in 42 CFR §484.4. **I fully support the CMS establishing requirements for individuals providing physical therapy services "incident to" a physician should meet personnel qualifications for physical therapy. No one except a Physical Therapist or Physical Therapy Assistant under the supervision of a Physical Therapist is qualified to perform physical therapy.** 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 Physical Therapy services must be performed by individuals who are graduates of accredited professional Physical Therapy education programs.

The delivery of so-called "physical therapy services" by unqualified personnel is harmful to the patient. There is more to Physical Therapy than showing a person an exercise or applying a physical therapy modality. Before performing any procedure a Physical Therapist evaluates a person in order to gain an understanding of their individual problem. Then, based on a physician's diagnosis and the Physical Therapist's assessment, a plan of care is established. The Physical Therapist knows the proper exercises and proper modalities in the proper amount or dosage that will best help the person. If Physical Therapy services are not provided by a qualified person (as described above) patients at worst are at risk of being injured and at least will not receive the proper treatment for their problem, thus wasting the money of the tax payers. Despite physicians' extensive knowledge of anatomy, physiology, pathology, etc., to my knowledge there are no courses in physical therapy in medical school and therefore they are not qualified to perform or supervise physical therapy.

A financial limitation on the provision of therapy services (referred to as the therapy cap) is scheduled to become effective January 1, 2006. Under the current Medicare policy, a patient could exceed his/her cap on therapy without ever receiving services from a physical therapist. This will negatively impact patient's outcomes. With limited funds available for Physical Therapy, services must be performed in the most efficient manner to benefit the patient. Again, only a Physical Therapist or Physical Therapy Assistant under the supervision of a Physical Therapist is qualified to perform Physical Therapy and can do so efficiently. In addition, *there is a conflict of interest* when services are provided in the same office as the referring physician.

**In closing, I would again like to enthusiastically voice my support for the CMS establishing requirements for individuals providing physical therapy services "incident to" a physician should meet personnel qualifications for physical therapy in 42 CFR §484.4. This requirement is necessary in protecting the Medicare system and its beneficiaries. Thank you for considering my comments.**

Sincerely,

Dan Gross, M.P.T.  
Owner/Director  
PRN-Palomar Airport Physical Therapy  
dgross@prnpt.com

Attachment #1820 (2 of 2)

PRN-Palomar Airport Physical Therapy  
5611 Palmer Way, Suite A  
Carlsbad, CA 92057

September 15, 2004

To: Mark B. McClellan, MD, PhD  
Administrator  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
Attention: CMS-1429-P  
P.O. Box 8012  
Baltimore, MD 21244-8012

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

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Sincerely,

Dan Gross, M.P.T.  
Owner/Director  
PRN-Palomar Airport Physical Therapy  
dgross@prnpt.com

Submitter :  Date & Time:

Organization :

Category :

Issue Areas/Comments

**GENERAL**

GENERAL

SIR:

WE HAVE ANALYZED THE EFFECT OF CMS-1429-P FY 2005 CHANGES ON OUR ONCOLOGIST PRACTICE SERVING APPROX 3500 CANCER PATIENTS[50% MEDICARE].APPLYING 2004 CHARGES TO 2005 REIMBURSEMENT SCHEDULES YIELDS AN ESTIMATED 18%REVENUE REDUCTION [ASSUMING ASP IS ACCURATE AND CAN BE OBTAINED BY OUR SMALL,BUT VERY BUSY CLINIC, WHICH SEEMS UNLIKELY].THIS IS INCOMPATIBLE WITH CONTINUED OPERATION.WE WILL BE UNABLE TO TREAT MEDICARE PTS AT OUR FACILITY-WHICH IS ALREADY THE LOWEST COST PROVIDER IN THE REGION. OUR WAGES HAVE BEEN FROZEN 3 YEARS;RESEARCH & OTHER PROGRAMS WERE ALREADY ELIMINATED AS 'LUXURIES' NOT ABSOLUTELY ESSENTIAL TO PRACTICE.THERE IS NO 'FAT' TO TRIM. THE LOCAL HOSPITALS CANNOT ABSORB THIS VOLUME OF PATIENTS, NOR CAN THEY AFFORD TO, EVEN IF THEY HAD THE FACILITIES AND STAFF. THIS WILL DISRUPT CANCER CARE FOR THE ELDERLY TREMENDOUSLY. MEDICARE PATIENTS WHO CAN'T BE TREATED LOCALLY WILL HAVE TO TRAVEL 85 MILES TO MADISON,WI OR 100 MILES TO CHICAGO-AREA UNIVERSITIES. THIS IS A VERY DAUNTING TRIP FOR THE SICK ELDERLY. AVOIDING THIS IS THE MAJOR REASON COMMUNITY PROGRAMS LIKE OURS HAVE DEVELOPED.I AM CERTAIN THAT HOSPITALIZATION RATES FOR THE ELDERLY WILL INCREASE SIGNIFICANTLY DUE TO THE COMBINED EFFECTS OF THESE PROPOSED CHANGES.

I URGE YOU TO WORK WITH U.S. ONCOLOGY, ASCO, AND OTHER THOUGHT LEADERS IN OUR SPECIALTY TO PREVENT REVERSION TO 1960'S-STYLE CANCER CARE FOR SENIORS AND TO NOT LOSE THE RECENT FIRST-TIME REDUCTION IN CANCER MORTALITY.

I HAVE NO OBJECTION TO CHANGING THE DISTORTED PRICING MECHANISM OF MEDICINES UNLESS WE ARE FORCED TO TAKE A LOSS ON EVERY SUCH DRUG ADMINISTERED, [AS APPEARS THE CASE IN 2005]. AT THE SAME TIME AS DRUG PRICING IS CORRECTED, YOU MUST ALSO CORRECT THE TREMENDOUS UNDERPAYMENT FOR ADMINISTRATIVE COSTS [WHICH ARE UNAVOIDABLE DUE TO FEDERAL&STATE REGULATION,INSURANCE COMPANY REQUIREMENTS, AND PATIENT&EMPLOYEE SAFETY CONCERNS].

THE MAJOR PRACTICE EXPENSE IS LABOR. THE SKILLED PHARMACY & RN FORCE NECESSARY TO SAFELY ADMINISTER THESE POTENTIALLY DANGEROUS MEDICINES WILL TAKE A GENERATION OR MORE TO REPLACE IF THEY LEAVE ONCOLOGY NURSING BECAUSE OF JOB CUTS. THERE ALREADY IS A SHORTAGE OF ONCOLOGY-CERTIFIED RNs WHICH WILL BE GREATLY EXACERBATED BY EVEN A TEMPORARY REDUCTION IN JOBS.

THANK YOU FOR YOUR CONSIDERATION,

WILLIAM R. EDWARDS MD, ONCOLOGIST  
2473 MCFARLAND RD.  
ROCKFORD, ILLINOIS  
815-986-2286[PHONE] 815-986-2287[FAX]  
wedwards@actmedicalgroup.com

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

DIAGNOSTIC PSYCHOLOGICAL TESTS

I am writing in support of these long overdue changes, which will allow doctoral level licensed psychologists, the only professional group thoroughly trained in testing theory, test development and test interpretation of psychometric instruments, to oversee the use of testing technicians.

This change will allow greater access to psychological and neuropsychological testing for those patients who need this service, by increasing the number of patients who can be seen, via the assistance of testing technicians. It will also ultimately lower the cost of testing, when PhD level practitioners don't have to provide all of the direct testing time.

By way of analogy, if every neurologist had to administer each EEG by him or herself, and every radiologist had to administer each CT or MRI scan, the logjam of patients waiting for necessary services would be ethically and clinically unacceptable.

And, in all of the instances noted above, highly trained technicians who perform these laboratory procedures every day, are likely to achieve the highest levels of technical accuracy, so that they can provide reliable and valid test data to the clinicians, all in the service of optimizing quality patient care.

While a PhD level practitioner who routinely does all of his or her own testing will always be a terrific resource for patients, the use of well-trained technicians who can function as "doctor extenders" is both time and cost effective.....

Thank you.

Mary Pepping, Ph.D.  
Director, Neuropsychology Testing Service  
Department of Rehabilitation Medicine  
University of Washington School of Medicine

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 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.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 1-9**

PRACTICE EXPENSE

As a practitioner of medical oncology, I remain extremely concerned about regulations compromising delivery of anti-cancer therapies to Medicare patients. Reducing reimbursement for cancer drug administration codes at the same time a new methodology for drug reimbursement is implemented is very poorly advised. I cannot understand how the ASP+6% methodology can be implemented without at least a pilot project. No one understands what the final reimbursement levels will be, and whether practitioners can obtain drugs at those prices. The timing of its implementation provides no time for practices to adjust or analyze effects on practice income and patient support. Reducing the drug administration codes at the same time, could cause severe problems in access to drugs by patients receiving drugs costing more than they are reimbursed. Our local experience here indicates that hospital outpatient departments are both unable and unwilling to pick up these patients. I have already had to admit two patients to the hospital in order for them to receive a critically needed treatment for acute leukemia which could have been administered as an outpatient, resulting in a tremendous increase in cost and inappropriate utilization of critically needed inpatient hospital beds. In 2005, this problem is likely to explode, causing disruption of both general inpatient and outpatient oncology care.

The best plan remains one in which drug reimbursement occurs at cost plus some reasonable mark-up, using a methodology that is reliable. The cost of oncology drug administration must be reimbursed at a level commensurate with cost, even if this is politically unpopular. US Oncology, ASCO and others have submitted realistic estimates of this cost, which have been ignored because they are politically unacceptable. This makes our patients pawns in this process.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

Re: Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005.

I am director of a physical therapy department in rural MN, and have also been in private practice. I would like to express my support for the requirements that individuals providing physical therapy incident to a physician be graduates of an accredited professional physical therapist programs or meet grandfathering clauses or educational requirements for foreign trained physical therapists. I have been in practice for 15 years, and am continually amazed at the amount of information and skills that are required to keep up with the standard of practice that today's rural health care requires of a physical therapist. I cannot see how any individual can provide that quality of care without a master's to doctorate level of training in physical therapy, or extensive post-education training from a baccalaureate. The examination process alone, the volume of tests and measures necessary to examine patients with neurological, musculoskeletal, integumentary, and cardiopulmonary conditions, requires extensive knowledge that can only come from extensive physical therapy education. The evaluation skills, to link the results of the tests and measures, the history and the patient's functional problems with evidence-based interventions, further beg for a highly trained individual. I reassess my patients every visit, problem solving how the program needs to be modified to achieve the patient's goals and prevent further debility, in a cost-effective manner. Although 99% of the patients I see are referred by a physician, 99% of those referrals are 'eval and treat' orders, because the physician knows I have the training and experience to decide what physical therapy interventions will be best for their patient.

As a licensed practitioner, I am held accountable by the state of MN to maintain a minimum level of continuing education in the field, and am held accountable to the standard of care set by the state practice act, which is highly similar to national standards set by the American Physical Therapy Association. Methods of censure, including loss of license to practice in the state, ensure that practitioners meet the minimum standards of practice.

All who purport to provide physical therapy, and ultimately who bill for physical therapy, owe the American public, whether as patients or as funders of CMS, Medicaid, or other insurance plans, this minimum standard of care. This has to include any individual practicing in a physician's office as a physical therapy practitioner. The patient has a right to expect the same knowledge and skills that I would deliver be possessed by an individual working out of a physician's office. I cannot imagine how an individual without the specific training received in an accredited physical therapy program, who has not passed the examination and met the licensing requirements, who doesn't read the extensive research that comes out every month pertinent to physical therapy, could possibly provide the patient with the physical therapy services they need and deserve. In fact, I believe it impossible to reach the best outcomes, in as efficient and fiscally responsible manner, in any other way. This is the exact same reason why I oppose the infringement of other fields, including chiropractic, massage and athletic trainers, into physical therapy's scope of practice.

I fully support any legislation that will improve the quality of physical therapy that the American public receives, and by setting the bar on what can be reimbursed as physical therapy, this legislation certainly has my support.

Submitter : Mrs. Vicki Mahmoud Date & Time: 09/16/2004 11:09:09

Organization : College of St. Catherine

Category : Other Health Care Professional

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

see attached letter

**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**

**Issues 20-29**

THERAPY - INCIDENT TO

This letter is written in regards to a recent proposal by your organization, The Centers for Medicare and Medicaid Services, involving athletic trainers. The changes your organization is proposing would prevent reimbursement by Medicare or Medicaid for rehabilitative services provided by a certified athletic trainer under the supervision of a physician. This will limit the physician's ability to choose an appropriate health care provider for these patients.

Certified athletic trainers are qualified to perform a variety of rehabilitative services in clinical and non-clinical. Athletic trainers are also trained on and off the field. In education experiences of an athletic trainer are extensive and in some cases much more involved than those of Physical Therapy or Occupational Therapy. Certification as an athletic trainer is equivalent to that of a physical therapist. The preparation required and duties performed by an athletic trainer is higher than that of Occupational Therapist. Athletic training students are often required to take many of the same classes as the physical therapy students, and are trained specifically in programs in areas of injured and illnesses, evaluation and assessment of injuries, treatment, rehabilitation. The certification process for an athletic trainer allows them to work in a variety of settings including hospitals, schools, and providing therapy for patients. Candidates for certification are required to have an extensive background of both formal academic preparation and supervised practical experience in a clinical setting.

I am asking you to reconsider your proposal to prohibit reimbursement by Medicare and Medicaid for services provided by a certified athletic trainer.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

As a health care provider, athletic trainer, educator, and - most importantly - a potential patient, I do NOT support CMS 1429-P. I am qualified to provide services upon the request of a physician. I know the strengths of my educational training/profession and the areas of weakness; so should the physician that I work for or with.

Students graduating from an accredited athletic training education program meet very strict requirements for graduation, with an emphasis on learning over time to reinforce and improve concepts and skills. Many new graduates continue their education as a means to expand their knowledge and skills. This is a benefit to everyone! In addition, students and educators work closely with physicians. Students develop an appreciation and respect for the role of the physician; physicians develop an appreciation and respect for the role that athletic trainers play in the health care of a patient.

Our profession is recognized by the American Medical Association. Health insurance companies reimburse medical facilities for care that an athletic trainer provides to a patient ? care that is provided in similar fashion with similar professionalism and similar knowledge as other health care providers.

As an educator and possibly someone's patient, I recognize that the number of health care professionals is declining. Nurses are hitting retirement age and few students are enrolling in the nursing programs. Physical therapist and potential students are leaving the profession for more lucrative positions as pharmacists. Pharmacists are low in numbers as well. Malpractice insurance is placing are large burden on physicians and restricting their ability to practice. In addition, the number of adults hitting retirement age is increasing dramatically every day. The elimination of reimbursable health care providers is NOT an option! This includes well-trained athletic trainers.

I strongly urge you to NOT support CMS 1429-P! This would not only be a disservice to the highly trained health care profession of athletic training, but to the American public.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

Please see attached file

Attachment # 1829

September 16, 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,

Elaine M. Judy

Winter Park High School

2100 Summerfield Road

Winter Park, FL 32792

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

I support the proposed rule that would require physical therapy services provided in a physician's office incident to a physician's professional services be provided by personnel who are licensed and qualified to provide physical therapy services, namely, physical therapists. Please see my attached letter.

Dr. Brett L. Eberle

Dr. Brett L. Eberle, PT  
Orthopaedic and Sports Physical Therapy Clinic, P.A.  
1601 Congress Street  
Portland, Maine 04102

Mark B. McClellan, MD, Ph.D  
Administrator  
Center for Medicare and Medicaid Services  
U. S. Department of Health and Human Services  
Attention: CMS-1429-P  
P.O. Box 8012  
Baltimore, MD 21244-8012

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

Dear Dr. McClellan,

I wish to comment in support of the proposed rule that would require physical therapy services to be performed by a qualified, licensed physical therapist when performed “Incident To” a physician’s office visit, as proposed in the 2005 Medicare physician fee schedule.

I am a doctor of physical therapy and have been in continuous private practice in Portland, Maine since 1981. During my career as a physical therapist I have witnessed the detrimental effects of unqualified personnel performing the duties of highly trained professionals, calling the work physical therapy. In one particular incident an insurance company refused to reimburse for transcutaneous electrical nerve stimulation administered by me, because the patient previously had a poor outcome with the modality. The poor outcome was the result of a physician’s technician, who had no formal training in physical therapy, incorrectly placing the electrodes on the patient and charging the procedure as physical therapy. The insurance industry forms poor opinions

of the physical therapy profession as a result of physicians' providing "physical therapy" by unlicensed, unqualified personnel. True physical therapy can only be provided by physical therapists.

Physical therapists are now trained on the doctoral level. Basic anatomy, physiology, and pathology are taught to physicians, like physical therapists, in college. But physicians are not given formal training in physical therapy rehabilitation procedures and modalities.

Therefore, physicians are not qualified to teach office personnel how to perform physical therapy procedures and modalities. Physician office personnel lack the formal training in anatomy, physiology, pathology, and treatment procedures for the professional decision-making necessary to treat patients. Taxpayers should not have to pay for physical therapy services provided by unlicensed, unqualified office personnel, nor should unsuspecting medicare beneficiaries receive substandard care.

In summary, I agree with the CMS, the qualifications of individuals providing physical therapy services "incident to" a physician's services should meet the personnel qualifications for physical therapy in 42 CFR §484.4. Why lower physical therapy standards for our elderly?

Thank you for considering my opinion on this issue.

Sincerely,

Dr. Brett L. Eberle

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 1-9**

GPCI

I had previously sent comments in a different format and was not sure whether they went through so I am re-submitting.

Attachment # 1831

*Douglas G. Hetzler, M.D., F.A.C.S.  
Otolaryngology-Head and Neck Surgery  
Santa Cruz Medical Clinic  
2025 Soquel Avenue  
Santa Cruz, California 95062  
(831) 458-5640  
Fax: (831) 423-9556*

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

September 15, 2004

Dear Sirs:

I am writing regarding the proposed rules governing the Physician Fee Schedule for Calendar Year 2005 as printed in the Federal Register of August 5, 2004.

The proposed Geographic Practice Cost Indices (GPCI) for 2005 fail to correct proven inadequacies in reimbursements to localities in California currently categorized as "Locality 99" that exceed the 5 percent threshold (the "105% rule") over the national 1.000 average. Specifically, the new GPCIs exacerbate reimbursement deficiencies for the California counties of Santa Cruz, Sonoma, Monterey, San Diego, Sacramento, Santa Barbara and El Dorado.

In particular, the county of Santa Cruz, when broken out from Locality 99, would otherwise reflect a 1.125 percent GAF - higher than the California Localities 17 (Ventura), 18 (Los Angeles) and 26 (Orange). The boundary payment difference between Santa Cruz County and its neighboring county of Santa Clara (Locality 9) is an astounding 25.1 percent. Such statistics demonstrate the inadequacies of the GPCI formula and demand CMS develop either exceptions to the current rules that would correct for the Santa Cruz situation or refine the formula to more accurately reflect the true cost of medical practitioners. Not to do so perpetuates an inherently unfair and discriminatory formula.

In its August 5 notice, CMS states that on the issue of payment localities "[a]ny policy that we would propose would have to apply to all States and payment localities." Such an effort is commendable and bespeaks a desire to be fair to all physicians across the nation.

Center for Medicare & Medicaid Services  
Department of Health & Human Services  
Attention CMS 1429-P  
September 2004  
Page 2

However, the reality is that the governing statute does not prohibit individual State fixes or individual county or locality fixes. The CMS is not constrained by law from developing a strategy - with or without the concurrence of the state medical association - to correct the discrepancies in the reimbursement levels to California counties and I request that it do so as part of this rulemaking process.

CMS cannot postpone a solution this year as it did last year. Failure to address the GPCI/locality issue in California only grows the problems and will make fixing it all the more difficult in the future. Further, it threatens to undermine medical care to Medicare beneficiaries. Evidence from the local medical society shows an increasing trend toward doctors refusing to accept new Medicare patients. Many doctors are simply leaving the county to practice elsewhere, depleting the county of its medical resources. To implement the August 5 proposed rules would be counterproductive to CMS' mission to make Medicare benefits affordable and accessible to America's seniors.

I object to the Proposed Geographic Practice Cost Indices for 2005 as printed in the Federal Register of August 5, 2004. I request that CMS define a method in which it can revise the GPICs for those California counties - especially Santa Cruz - that exceed 5 percent of the national average and begin reimbursing doctors in those counties more appropriate to their true costs.

Sincerely,

Douglas G. Hetzler, MD,FACS

Submitter :

Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

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

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 1-9**

PRACTICE EXPENSE

This law will severely impair patients from getting adequate treatment for their malignancies. It will require more frequent hospitalizations to obtain adequate care for patients. The law impair practices, especially in rural areas like my own, to survive these fiscal challenges. We cannot provide therapy if practice expenses for chemotherapy drugs are not adequately reimbursed. Clearly this law show a lack of insight into proper fiscal management of our physician patient based practices. Modification of this law is necessary for oncology practices to survive long term.

Submitter : Miss. Peg Martschink Date & Time: 09/17/2004 01:09:09

Organization : NATA

Category : Other Health Care Professional

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

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 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.

Submitter : Brenna Rutherford Date & Time: 09/17/2004 01:09:57  
Organization : Boston University  
Category : Academic

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

THERAPY - INCIDENT TO

Dear Sir/Madam:

I am writing in response to the proposal made by the Centers for Medicare and Medicaid Services that pertains to changing Medicare to only allow physicians to be reimbursed for therapy services given by a physical therapist, physical therapist's assistant, occupational therapist, or occupational therapist's assistant. If passed, this change would be devastating for the Athletic Training community. No certified athletic trainer would be able to work with a physician. This would put hundreds, maybe thousands, of athletic trainers out of work, and cause immense competition among athletic trainers. Eventually, it would lead to athletic training education programs being cut from colleges and universities.

Certified athletic trainers primarily care for the athletes at many high schools, colleges, and universities. Every day they come to work ready to listen to the concerns of the hundreds of athletes that come into the athletic training room. ATCs manage injuries, listen to problems, and do so many other important things for the athletes that wouldn't otherwise get done. Not only do athletic trainers work at schools, but they also work in clinics, teach, work at gyms, work with professional teams and other elite athletes, in industrial settings, and even with the military. The scope of the athletic training world is very wide, and passing this proposal would narrow it down to very few places.

As an athletic training student at Boston University, this deeply concerns me. One day, I would like to work in a clinic setting, and if this passes, there would be no hope of that for me. Eventually, it would affect high school, college, and university athletic training programs and would cause schools to hire PTs instead of ATs. Here at BU, in my classes I sit next to students from the PT program. Athletic training and physical therapy students have the same core curriculum. Athletic training students also have to pass a rigorous certification exam to prove that we know what we are doing and that we are capable of providing the services that we have been educated to do. To say that PT students will be better qualified to administer therapy services to those that are physically active than athletic trainers is unfounded. Athletic trainers are specifically educated to deal with the athletic population. This is our realm. Athletic trainers are more qualified to work with elite athletes and are interested in the athlete's well-being as well as having an aggressive treatment time so the athlete can return to play. While physical therapists provide a lot of the same services, athletic trainers have a more in-depth knowledge the physically active.

Athletic training is a rigorous major and a trying profession. Passing this proposal would take away the credibility that has been bestowed upon athletic trainers. It would affect all athletic trainers in all work environments. Athletic trainers are some of the people most dedicated to helping others that I have ever seen.

Hoping for a better future,

Brenna Rutherford ATS  
Boston University

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

Terry Truex ATC  
Orthopedic Institute  
810 East 23rd St  
Sioux Falls, SD 57105

September 14, 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 sending this e-mail to express my concern over the proposal that would limit providers of "incident to" services in physician offices and clinics. If passed, this would eliminate the ability of qualified health care professionals to provide these important services. I am a certified athletic trainer. If adopted this could have long term ramifications for me personally. I work in an orthopedic clinic for a group of orthopedic surgeons. I, along with other certified athletic trainers provide rehabilitative services to clinic patients. I could potentially lose my position, as the need for athletic trainers would decrease and the need for physical therapist would increase. I don't think it is wise to limit some professions in favor of others. This decrease in competition could drive up the cost of health care. I also believe the profession of athletic training offers a tremendous benefit to the senior population. By eliminating other qualified health care providers, this would reduce the quality of health care for our Medicare patients. This ultimately would increase the costs associated with this service and place an undue burden on the health care system.

The physicians should have the right to choose which health care providers can best provide the type of rehabilitative services they desire for the patients. The "incident to" part of the medical practice allows physicians and allied health professionals to work as a team for the benefit of the Medicare patient. I believe it would be a backward step to eliminate members of this team by narrowing providers to a select few. In this day and age of specialty medicine, different professions have different elements of care to offer patients. I believe athletic trainers provide the best elements of fitness and wellness to our senior population. The current administration is asking our elder population to remain active. By staying physically active, Medicare patients are much healthier and put less of a financial burden on the overall healthcare system. I believe athletic trainers can help physicians fill this need. I urge you to allow physicians to make decisions in the best interests of the patients.

Athletic trainers are well educated, each attaining a bachelor's degree. Course work includes: 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. 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.

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

**CMS-1429-P-1836**

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. The CMS should strongly consider the motives for physical therapists, occupational therapists, and speech therapists to be a self-serving attempt to limit the ability of a physician to choose healthcare providers for his/her patients. The system is working fine and i

CMS-1429-P-1836-Attach-1.doc

Attachment # 1836

Terry Truex ATC  
Orthopedic Institute  
810 East 23rd St  
Sioux Falls, SD 57105

September 14, 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 sending this e-mail to express my concern over the proposal that would limit providers of "incident to" services in physician offices and clinics. If passed, this would eliminate the ability of qualified health care professionals to provide these important services. I am a certified athletic trainer. If adopted this could have long term ramifications for me personally. I work in an orthopedic clinic for a group of orthopedic surgeons. I, along with other certified athletic trainers provide rehabilitative services to clinic patients. I could potentially lose my position, as the need for athletic trainers would decrease and the need for physical therapist would increase. I don't think it is wise to limit some professions in favor of others. This decrease in competition could drive up the cost of health care. I also believe the profession of athletic training offers a tremendous benefit to the senior population. By eliminating other qualified health care providers, this would reduce the quality of health care for our Medicare patients. This ultimately would increase the costs associated with this service and place an undue burden on the health care system.

The physicians should have the right to choose which health care providers can best provide the type of rehabilitative services they desire for the patients. The "incident to" part of the medical practice allows physicians and allied health professionals to work as a team for the benefit of the Medicare patient. I believe it would be a backward step to eliminate members of this team by narrowing providers to a select few. In this day and age of specialty medicine, different professions have different elements of care to offer patients. I believe athletic trainers provide the best elements of fitness and wellness to our senior population. The current administration is asking our elder population to remain active. By staying physically active, Medicare patients are much healthier and put less of a financial burden on the overall healthcare system. I believe athletic trainers can help physicians fill this need. I urge you to allow physicians to make decisions in the best interests of the patients.

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Academic programs are accredited through an independent process by the Commission on Accreditation of

Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).

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. The CMS should strongly consider the motives for physical therapists, occupational therapists, and speech therapists to be a self-serving attempt to limit the ability of a physician to choose healthcare providers for his/her patients. The system is working fine and is in no need of change. Athletic trainers should be allowed to continue to provide services to the Medicare population. For instance, a 67-year golfer injured his wrist while doing an athletic activity such as golfing. Should that individual be denied the services of athletic trainer, if the physician felt the patient were best served by the rehabilitative services of an athletic trainer? Athletic trainers do a great job of dealing with the athletic population of all ages. Why deny their services to those of Medicare age.

In conclusion, it would be a mistake for the CMS to adopt these changes. I strongly urge you to provide full access to your Medicare patients and not limit their healthcare based on the motives of those healthcare providers that stand to gain exclusive rights to rehabilitative services.

Sincerely,

Terry Truex , ATC  
605-977-6845

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

OTHER - INCIDENT TO

I support Section 1862(a) of the Social Security Act that requires that therapy services furnished incident to a physician's professional services be reimbursed only if the practioner meets the standards and conditions that would apply to therapy services if they were furnished by a Physical therapist or a physical therpaist assistant under the supervision of a physical therapist. Physical Therapists go through a professional education that includes training in anatomy, physiology, evaluations, and treatments, as well as extensive, supervised patient care. The education results in a post baccalaureate degree, approved by the Commission on the Accredidation of Physical Therapy Education, and in many cases in a doctor of physical therapy (DPT) degree. The majority of physical therapy schools will result in the DPT by 2005. This education is essential to provide patients, including Medicare beneficiaries, the best care possible with the best outcomes available. Physical therapist assistants receive a comprehensive education in treatment at the Associate Level from colleges accredited by the Commission on the Accredidation of Physical Therapy Education.

If unqualified personnel provide "physical therapy" under the direction of a physician, the patient may receive inappropriate and even dangerous treatment for their particular condition. My mother, a Medicare recipient, recently required physical therapy for a vestibular (balance) disorder. If an untrained person had provided this service, my mother would not have had a positive outcome and would be at greater risk for falls. Since my mother has osteoporosis, this would have placed her at higher risk for a hip fracture, which would result in increased health care costs and potential for decreased quality of life and even, potentially, death.

Because she was treated by a physical therapist, she is able to remain in her own home and has a greatly reduced risk of falling. This has allowed her to continue enjoying her life and her great grand children.

I feel very strongly that if a physician bills "incident to" for physical therapy services, those services should be provided by a physical therapist or a physical therapist assistant under the supervision of a physical therapist.

Thank you for the opportunity to submit my comments.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

Please See Attached File!!  
Thanks

CMS-1429-P-1838-Attach-1.txt

Attachment #1838

Sean Hurney  
St. Andrew's Episcopal School  
8804 Postoak Road  
Potomac, MD 20854  
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 offices and 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:

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 is comparable to other health care professionals, and many other mid-level health care practitioners. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Athletic Training (JRC-AT). Certified Athletic Trainers are also trained in emergency cardiac care which only the highest health care professionals have.

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 many cases Certified Athletic Trainers have AED's at events as well.

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.

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

øThis country is experiencing an increasing shortage of credentialed allied and other healthcare 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 official and immediate treatment.

It is our duty in the health care profession to provide the quickest most accurate treatment but this proposal would do the opposite.

øThere 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.

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

øPatients 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.

øCurtailing 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, 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.

• 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 profession a group who would seek to establish themselves as the sole provider of therapy services.

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

Why do we want to do this gain?????

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,

Sean Hurney, ATC, ACMT

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

I am writing to express my concern over this proposal that would seek to limit providers of 'Therapy-Incident to' services in all types of physician's offices. If this recommendation is adopted into policy, it would eliminate many types of currently licensed and qualified healthcare professionals who currently provide these same services under direct physician supervision. It has been my experience that many of these professionals, including Certified Athletic Trainers, are more than adequately qualified to provide these services. In fact, in most states these same professionals are licensed healthcare providers and are permitted to perform these services as part of their state practice acts.

Placing limitations on which healthcare professionals physicians may delegate adjunctive care plans to ultimately will create further hardships on patients, by forcing them to go elsewhere for many routine adjunctive procedures that the physician does not have the time to directly perform. Implementation of this recommendation into policy will further drive up healthcare costs by granting exclusivity of treatment procedures to a select group of healthcare providers that have a financial interest in pushing this policy change. This group of providers (PT) ultimately seeks unrestricted access to patients without the need for prescription or evaluation by a licensed physician or chiropractor, and this CMS recommendation will assist the PT profession in realizing this goal. Ultimately, granting this type of exclusivity will drive up treatment costs, and possibly compromise patient care. Furthermore, it may possibly drive out other healthcare professions from providing many services they are currently licensed and qualified to perform. It is obvious that this direction would not benefit the marketplace or the patient!

Please reconsider CMS-1429-P (Therapy-Incident to) and continue to allow physicians and chiropractors the right to determine which type of licensed healthcare provider they choose to provide adjunctive care procedures to their patients. It has worked successfully to this point, and changing this aspect of the healthcare system at this stage can only benefit a select group of individuals (physical/occupational/speech therapists)and unfortunately, not benefit those who seek our care and guidance-our patients.\

Sincerely,  
Kenneth T. Cieslak, DC

Attachment #1839  
Dr. Kenneth T. Cieslak  
Spinal Health Concepts  
61 E. Main Street  
Bogota, NJ 07603  
201-390-1816

September 8, 2004

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

Dear Sir/Madam;

I am a chiropractic physician writing to express my concern over the recent proposal that would seek to limit providers of "Therapy-Incident to" services in all types of physician's offices. If this policy is adopted it would ultimately eliminate many types of qualified healthcare professionals who currently provide these services under physician supervision and directives. As a consequence, it would reduce the overall quality of care for many Medicare and Medicaid patients and only serve to benefit of distinct segment of healthcare provider- that being the Physical Therapist/ Physical Therapist Assistant. This would further serve to limit options for many offices providing these services, and in effect, drive up healthcare costs, which are already becoming exceedingly difficult to keep under control.

While your board considers this policy, please consider the following points:

1. "Incident to" has, since the start of the Medicare program in 1965, been utilized by physicians to allow other healthcare professionals, under the physician's direct supervision, to provide needed services as an adjunct to the physician's own services. It has always left the decision to the physician as to who they prefer to administer these services, provided they are properly qualified professionals. While it is common that Physical Therapists/P.T.A.'s provide these services in many instances, it has been my experience, and that of many of my colleagues in both Physical Medicine and Orthopedics, that other healthcare professionals, such as Certified Athletic Trainers, are often an even better option to use for many of these services.

- 2. There has never been any limitations or restrictions placed upon the physician in terms of who they choose to provide any “incident to” service. Since the physician accepts all legal responsibility for staff under his or her supervision, Medicare/Medicaid and private insurers have always allowed the physician to reserve judgement on who they feel was best qualified to render these adjunctive services. I believe it is important that we continue to be able to make these decisions on care for our patients, and not have another profession push through policy changes that do not benefit the quality of healthcare rendered to our patients.**
- 3. Limiting what healthcare providers could provide “incident to” services would force many medical and chiropractic offices to refer increasing numbers of patients out to other providers, often resulting in further care delays, and rising costs associated with such.**
- 4. To allow only Physical Therapists, PT Assistants, Occupational Therapists, and OT Assistants to render these “incident to” services would curtail competition in the marketplace, and in effect, grant these groups exclusive rights to Medicare reimbursement for physical medicine services, which would have far-reaching effects on overall healthcare costs and availability of services.**
- 5. CMS has offered no valid evidence that this policy is being implemented to fix a problem in the current environment. Contrary, all appearances suggest that this is being done to appease the interests of a single professional group that is seeking to establish themselves as the sole provider of therapy services. This positions the PT associations in a more favorable position to continue their push for unrestricted access to patients, without physician referral. This does not appear to be in the best interest of the healthcare consumer.**
- 6. CMS has not, up to this point, had statutory authority to restrict who can and cannot provide services during a physician office visit. This action by CMS could be construed as an unprecedented attempt to designate exclusivity as a provider of physical therapy services.**
- 7. While it is imperative that patients receive the highest quality of care possible, there is no evidence to suggest that the policy change will result in better care for patients. As an example, while most Physical Therapy Assistants complete Associate degree programs, and Occupational Therapists complete Baccalureate degree programs prior to licensure, all Certified Athletic Trainers must graduate from an accredited Baccalureate program, and pass a three part National Examination. In fact, many Certified Athletic Trainers have atleast a Masters degree, and are licensed in most states to provide many of the same services provided by physical therapists, such as therapeutic modalities and supervised rehabilitative exercise protocols.**
- 8. In summary, the net effect of these policy changes by CMS could lead to more physician practices eliminating or significantly curtailing the number of Medicare/Medicaid patients they accept. Furthermore, these patients will find it increasingly difficult to receive the services they have previously been provided under one roof, and will often incur hardships and confusion in**

**seeking out these previously provided services elsewhere, possibly leading to poor outcomes.**

**It is not necessary or advantageous for CMS to institute the changes proposed, and I sincerely voice my opposition and request that these recommendations not be implemented. This policy change will not improve healthcare, but rather act as a deterrent to patients not complete their prescribed care plans.**

**Sincerely,**

**Kenneth T. Cieslak, DC**

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

I am writing in support of the provisions in the proposed physician fee schedule. I have seen over the past 20 years continued efforts by physicians to make money off the skills of physical therapists by having ownership of PT clinics and for a time I worked in one. The standing order from one of the Dr. owners was that all his patients get at least two modalities every treatment regardless of the diagnosis or progress. This was all about the cash and not therapeutic intervention. Over the last few years the Dr. emphasis has shifted from owning a PT clinic to hiring an athletic trainer to perform 'therapy' for patients in the Dr.'s office because as I was told 'it is cheaper to hire them and there is no legislative pressure against it'. I am also an athletic trainer and my education prepared me for on field assessment and stabilization of injuries but in no way prepared me for the rehabilitation of patients outside the athletic training room. I was prepared to initiate rehab on the simplest, non-complicated post.op patients and was not given any tools for the spinal patient. Most of the education I did receive was focused on young athletes, not medicare aged people. There's a big difference in how you treat those two populations. Perhaps the educational system has improved by now but from the professional gatherings I've attended I don't think it has changed much in regards to those issues. The move by the physicians and athletic trainers has more to do with dollars and in whose pocket those dollars go into than it does with maintaining the best, highest quality service to patients.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

DIAGNOSTIC PSYCHOLOGICAL TESTS

I strongly support this revision. The area of psychological testing is predominantly the domain of psychologists, not physicians. As such, psychologists are better suited to supervise the administration of diagnostic psychological tests by technicians. Like nurse practitioners for physicians, technicians play a vital role in allowing psychologists to provide efficient, cost-effective services to their clients by allowing them to handle larger caseloads, as test administration is often extremely time consuming. Technicians allow psychologists to free up more time for formulating diagnostic conclusions, developing treatment plans, and providing therapy to their clients.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

Dear Sir/Madam:

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

Incident to has always 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 should be qualified 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 physicians's choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and patient. In my practice, I have found certified athletic trainers to be highly qualified therapy providers.

Physicians will continue to make decisions in the best interests of their patients. Restricting the choice of therapy providers may create an anti-competitive environment. Here in Iowa there are many small communities that will lose the freedom to chose their therapy providers if this proposal is carried forward and limits the access to therapy to a few classes of providers.

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 care, greaater cost and a lack of local, immediate treatment. It appears somewhat paradoxical that on the one hand CMS has been accepting the utilization of alternative health care providers, yet now there is a proposal to limit the utilization of an established accepted profession, certified athletic trainers.

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 reimbursements. This is anti-competitive and will result in an increase in health care costs.

CMS offers no evidencce 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.

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. I would agree with this research based upon my orthopaedic practice experiences.

It is not practical or advantageous for CMS to institute the proposed changes, and I request that the change not be implemented. This CMS recommendation is a health care deterrent.

Sincerely,

Scott A. Meyer, MD  
Iowa Orthopaedic Center  
411 Laurel Street, Suite 3300  
Des Moines, IA 50314

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

The 'Incident to' billing proposal that states only physical therapists are qualified to provide physical medicine services to patients and to bill for them is sad attempt to try and "glorify" the physical therapy profession. Granted, physical therapists have earned the right to provide the services described above. There are, however, other allied health care professionals qualified to provide the same services as physical therapists such as athletic trainers.

Board certified athletic trainers go through similar rigorous educational training: NATA Board certified trainers earn a degree from an accredited university, apply to and be accepted into an NATA accredited program, intern for a total of 1,200 hours with 900 of those hours observing and participating with "high risk" sports as defined by the NATA and pass a comprehensive 3-part exam that covers the gambit of athletic training and physical therapy / rehabilitation. The exam is so comprehensive and extensive that physical therapists would have a very difficult time passing the exam. In fact, less than 50% of athletic trainers on average pass the exam during their first attempt.

The most obvious difference between athletic trainers and physical therapists is when each one is available to the patient. In a traditional setting, athletic trainers are available to their patients at all times, before, during and after an injury occurs. Because of this, athletic trainers have more insight to their patients' injuries. Physical therapists typically do not see a patient until he or she is ready to begin a rehabilitation program, normally after a physician has already seen the patient and usually days later. Finally, both the athletic trainer and the physical therapist are trained experts in rehabilitation techniques for assisting the patient in his or her return to normal activities of daily living as quickly and safely as possible.

The bad news is that the similarities end with the cost for services rendered. Most athletic trainers in traditional settings will bill the cost of supplies used by the patient at fair market value (normally the cost of the supplies) and little more because they are employed by a company or corporation or school. This means that athletic trainers already receive compensation for their time. And athletic trainers follow a standard for billing; they normally charge similar rates, regardless of where they are located or their population's income. Physical therapists bill more because they are "independent contractors" of physical therapy services. Most physical therapists bill whatever they feel is their worth and the cost of physical therapy services varies greatly from therapist to therapist and from city to city. Unfortunately, this difference in billing for services is what has caused physical therapists to try and disqualify athletic trainers as qualified rehabilitation specialists. It has been a long known fact that physical therapists feel threatened by athletic trainers. Athletic trainers in no way want to take business from physical therapists. In fact, each professional works with different populations. Physical therapists typically work with the general public, while athletic trainers typically work with athletes.

Physical therapists should not feel threatened in any way by athletic trainers. There are more than enough patients to go around. In fact, there is a huge shortage of qualified rehabilitation specialists for all populations. Both professions can continue working in the same setting without interfering with the other. The millions physical therapists are spending trying to convince our government representatives could be better spent on something else, like standardizing the cost for services rendered and not on glorifying one's profession.

Gilbert Saldivar, ATC

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

"Please see attached file"

Eric J. Simmons  
1306 S. Loomis  
Mesa, AZ 85208

Attachment #1844

09/16/04

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,

Eric J. Simmons

1306 S. Loomis

Mesa, AZ 85208

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

In regards to use of physical therapy as an "incident to" physician practice, I feel it is unnecessary to include physical therapy in this category. I can think of no situation where a physician would be hindered in performing his/her job by not having immediate access to physical therapy services. Physical therapy services are not an expense to the physician, nor are they typically included in a normal physician bill. Physical therapy is not commonly rendered without charge. Both of these points are outlined as essential elements in the "incident to" definition.

However, if physical therapy is deemed to be "incident to" physician services, it is essential that only a physical therapist or physical therapist assistant with the appropriate education and license provide these services.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

Please see attached file

Attachment #1846

Yoshiki Toyokuni  
2-4-10 Kotobuki  
Abiko, Chiba 270-1152  
JAPAN

9/16/2004

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.
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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,

Yoshiki Toyokuni

2-4-10 Kotobuki

Abiko, Chiba 270-1152

JAPAN

Submitter : Mrs. Kristin Beard Date & Time: 09/17/2004 08:09:44

Organization : Essentially Women

Category : Health Care Industry

**Issue Areas/Comments**

**GENERAL**

GENERAL

Those having Mastectomies (myself included) have a permanent surgical site and do not need the out of pocket expense and/or hassles of seeing a physician each time their prosthesis or bra wears out. The rules now in place are sufficient to provide physician participation while not unduly causing hardship (financial or physical) to the patient. Why are we constantly trying to fix rules that are not broken?

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

COMMENTS TO CMS ON PROPOSED 2005 FEE SCHEDULE  
CMS-1429-P

RESPONDENT: Rick Cotar  
rcotar@rmslifeline.com

RE: RVUS FOR CPT CODE 36870-PERCUTANEOUS THROMBECTOMY

POSTED UNDER GENERAL COMMENTS

In the newly proposed fee schedule, to our great concern, the Non-Facility RVUs for the abovementioned code have been reduced from 46.98 down to 32.39, which is a reduction of 27.7%. Work RVUs are unchanged and the malpractice RVUs increased slightly.

There is nothing that has happened in the past year that reduced the costs associated with performing a declot in an office setting. We are still faced with significant costs associated with equipment and supplies in these technically difficult procedures performed on chronically ill dialysis patients.

A dedicated angiographic suite with a Fluoroscopic unit (c-arm) is needed along with the supplies and dedicated trained staff.

Dialysis patients require A-V access to receive their dialysis treatment. Unfortunately, these accesses clot, making them unable to be used until they are declotted. A declot can be successfully, efficiently performed in a dedicated office setting with the patient able to return to dialysis often the same day.

A review of the practice expense files show no major difference between 2004 and 2005 calculations. Therefore, we are requesting a review of the input files and formally request that the RVUs be adjusted prior to the final rule.

We would be happy to provide documentation on the more than 15,000 declots our managed centers have performed over the past few years.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 1-9**

PRACTICE EXPENSE

I am a single practicing oncologist and if you continue to implement these changes I will be out of business. If they go through all of my Medicare patients receiving chemo will be done at the hospital instead of the office. I can not afford to take the loss. Currently you do not reimburse for needle, waste removal, IV tubing, gauze, bandaids etc (all of which the hospital gets reimbursement) and that is why you have an administration charge. When the charges change I not only lose oney on admistration but I will be taking a loss on the drugs. My practice is 48% Medicare patients so I will be out of business. My patients are so upset they c will not be able to get chemo in office with the people they trust. I am urging you to look at the numbers again and put a hold on this till have a better idea what it will do to the physicians across America.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

I am a practicing interventional Nephrologist in Houston , Texas. we have established a dedicated outpatient facility to manage dialysis access. we do thrombectomy of grafts and fistulae. patient usually done back to his dialysis unit the same day. the way we deal with common problem has saved dialysis patients numerous hospitalizations, long hospital wait and saved tax payers a lot of money. as you are well aware these facility are expensive to run, require 4 -5 skilled personnel, a lot of expensive supplies that we do not get reimbursed for. the newly proposed fee schedule for code 36870 will decrease the reimbursement significantly and will discourage the prevalence of this kind of facilities and will deprive the dialysis population of a great service. costs have gone up and does not make any sense for the reimbursement to go down. My feeling is that CMS should encourage these type of dedicated free standing facilities (which by being dedicated to the dialysis access do the dialysis population a great favor and increase their live expectancy, in addition to all the saving) by increasing reimbursement not decreasing it.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

I think that it is a waste of Medicare money(tax payer money) to require a doctor's visit to get a prescription for a durable medical item like a breast form or mastectomy bra. The doctor has no knowledge to give the patient any idea on what would be the proper fit.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

I would like to comment on these proposed changes which I view as a tremendous detriment to those seeking physical therapy services. I know I do not need to go into the educational requirements necessary to become a licensed physical therapist, so it should be obvious that allowing non-licensed personnel to provide PT services is not in the best interest of the patient.

The regulations that prohibits billing done by non-licensed personnel treating under PTs have helped to move the profession away from those individuals who worry more about the bottom line than patient outcomes. So why now does CMS propose to allow a return to this practice. While the supervision will be performed by a physician, what makes anyone believe that there will be a more direct line of supervision, or overall improvement in care. To me, this idea seems completely contradictory with a goal of providing quality care.

I am a physical therapist who takes pride in my work and that of the entire organization because of one reason, our commitment to providing every person the best care possible. In doing so, we work to keep our staff knowledge up to date and ensure that all therapists have plenty of one on one time with there patients, so they can practice their skill to the fullest. Realize that proceeding with this idea will devalue both of those principles and in turn will create a return to "PT" clinics that herd patients through the door to be seen by unlicensed personnel and hopefully some will get better.

I have not even taken the time to get into the safety concerns of having unlicensed personnel performing PT treatments, as I am sure there are others who have. But when you consider the way that these proposed regulations will affect patient safety and the quality of outcomes I do not see how CMS can continue to proceed.

Please feel free to contact me for any more of my thought son the matter.

Sincerely,  
Andy Poole, MSPT  
Dierector of Therapy Services  
E-mail: APoole@Augustamed.com  
Phone: 540-332-5939

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

Re: CMS-1429-P

Dear Dr. McClellan:

I would like to thank you for this opportunity to comment on Proposed Rule CMS-1429-P, "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005" (the "Proposed Rule") published in the Federal Register on August 5, 2004.

Specifically, I would like to take this opportunity to comment on the issue of how non-Medicare reimbursement may compound the impact of MMA on community cancer care:

CMS's regulatory impact analysis reflects average payment impacts for each specialty based on Medicare utilization. The Agency warns that payment impacts on individual physician practices could differ depending on the mix of services the practice provides. CMS also asserts that the average change in total practice revenues could be less than the percentage reductions predicted by its impact analysis "because physicians furnish services to both Medicare and non-Medicare patients and specialties may receive substantial Medicare revenues for services that are not paid under the physician fee schedule."

I respectfully submit that these factors may not significantly dampen the projected impact on oncology of MMA changes because of the sheer magnitude of the projected Medicare revenue reductions as well as the high proportion of Medicare patients treated by a typical oncology practice. In addition, there exists a significant risk that the impact on practices may be greater than projected if private payers react to MMA by adopting changes similar to those being implemented for Medicare or continue in unrelated attempts to lower reimbursement. While it is not entirely clear how private payers will react to MMA, a number of large payers including Anthem, Humana and Pacificare base their standard pricing methodology for drugs on Medicare. In addition, many payers use Medicare as a benchmark for pricing drugs, whether or not explicitly stated. As a result, it is very possible that the impact of MMA's changes could be compounded by private payer reaction rather than mitigated by private payer reimbursement.

Thank you very much for your consideration of my views on this matter.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

Please see attached file

Attachment #1854

Lawrence L. Baggitt A.T.,C PTA CSCS  
14 SOUTH Main Street  
Stockton ,NJ 08559>

September 17, 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,

Lawrence Baggitt AT,C PTA CSCS

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

**THERAPY - INCIDENT TO**

I am writing to express my support over the recent proposal that would limit providers of "incident to" services in physician offices and clinics. If adopted, this would improve the quality of health care for out Medicare patients by making sure that qualified providers are the ones treating these patients.

I am a physical therapist as well as an athletic trainer and I support your effort to make sure that the physical therapy that Medicare patients receive is provided by a qualified physical therapist or physical therapy assistant. I do not feel that other health care professionals are trained to provide physical therapy to anyone, much less the senior citizens of this country.

I feel that the delivery of so-called "physical therapy services" by unqualified personnel is harmful to the patient. They are not trained in providing care to someone with underlying co-morbidities which could prove to be disasterous. Some will argue that an active senior citizen with an ankle sprain should be able to receive therapy by someone other than a physical therapist if the supervising physicaian delegates it. However, the percentage of senior citizens without any other underlying co-morbidity is very small and there would be increased risk to the patient if the therapy provider was not trained to monitor underlying systemic diseases.

I applaud your efforts to make sure Medicare patients are receiving physical therapy by those trained to deliver it, physical therapists and physical therapy assistants.

I feel that health care providers should provide the services they are trained to provide. Physicains should provide medical services, nurses should provide nursing services, phyical therapists and physical therapy assistants should provide physical therapy, and occupational therapists and occupational therapy assistants should provide occupational therapy. The list could go on and on.

I appreciate your time in this matter and the oppurtunity to provide comment.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 1-9**

PRACTICE EXPENSE

COMMENTS TO CMS ON PROPOSED 2005 FEE SCHEDULE  
CMS-1429-P

RESPONDENT: Raymond D. Figueroa, CEO  
American Access Care  
433r South Main Street  
Shrewsbury, PA  
17361  
Tel: (717) 235-0181  
RDFigueroa@adelphia.net

RE: RVUS FOR CPT CODE 36870-PER CUTANEOUS THROMBECTOMY

In the newly proposed fee schedule, to our great concern, the Non-Facility RVUs for the abovementioned code have been reduced from 46.98 down to 32.39, which is a reduction of 27.7%. Work RVUs are unchanged and the malpractice RVUs increased slightly.

There is nothing that has happened in the past year that reduced the costs associated with performing a declot in an office setting. We are still faced with significant costs associated with equipment and supplies in these technically difficult procedures performed on chronically ill dialysis patients.

A dedicated angiographic suite with a Fluoroscopic unit (c-arm) is needed along with the supplies and dedicated trained staff.

As we work to comply with the National Vascular Access Improvement Initiative (NVAII) we find that the number of fistulas that we are treating for malfunction is increasing. The amount of time required to deal with a clotted fistula is significantly longer than the time required for a graft.

Dialysis patients require A-V access to receive their dialysis treatment. Unfortunately, these accesses clot, making them unable to be used until they are declotted. A declot can be successfully, efficiently performed in a dedicated office setting with the patient able to return to dialysis often the same day. When these procedures are performed in an outpatient setting they avoid Emergency Room visits and unnecessary hospitalization in a patient population that is already burden with this disabling disease.

A review of the practice expense files shows no major difference between 2004 and 2005 calculations. Therefore, we are requesting a review of the input files and formally request that the RVUs be adjusted prior to the final rule. Furthermore, supplies associated with Thrombectomy procedure are not separately billed to CMS.

We would be happy to provide documentation on the more than 6,000 procedures our managed centers have performed over the past few years.

**COMMENTS TO CMS ON PROPOSED 2005 FEE SCHEDULE  
CMS-1429-P**

**RESPONDENT: Raymond D. Figueroa, CEO  
American Access Care  
433r South Main Street  
Shrewsbury, PA  
17361  
Tel: (717) 235-0181  
[RDFigueroa@adelphia.net](mailto:RDFigueroa@adelphia.net)**

**RE: RVUS FOR CPT CODE 36870-PERCUTANEOUS THROMBECTOMY**

**In the newly proposed fee schedule, to our great concern, the Non-Facility RVUs for the abovementioned code have been reduced from 46.98 down to 32.39, which is a reduction of 27.7%. Work RVUs are unchanged and the malpractice RVUs increased slightly.**

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Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

COMMENTS TO CMS ON PROPOSED 2005 FEE SCHEDULE  
CMS-1429-P

RESPONDENT: Israel Schur  
American Access Care  
New York, New York  
212-427-9895  
RDFigueroa@adelphia.net

RE: RVUS FOR CPT CODE 36870-PERCUTANEOUS THROMBECTOMY

In the newly proposed fee schedule, to our great concern, the Non-Facility RVUs for the abovementioned code have been reduced from 46.98 down to 32.39, which is a reduction of 27.7%. Work RVUs are unchanged and the malpractice RVUs increased slightly.

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**COMMENTS TO CMS ON PROPOSED 2005 FEE SCHEDULE  
CMS-1429-P**

**RESPONDENT: Israel Schur, MD  
American Access Care  
1775 York avenue  
New York, New York  
10128  
Tel: (212) 427-9895  
[RDFigueroa@adelphia.net](mailto:RDFigueroa@adelphia.net)**

**RE: RVUS FOR CPT CODE 36870-PERCUTANEOUS THROMBECTOMY**

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Submitter : Mrs. Dana Kohrs Date & Time: 09/17/2004 02:09:36

Organization : none

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I work in the clerical and insurance end in a doctors office that treats cancer patients. I am very concerned for our patients who receive cancer chemotherapy treatments. If the proposed Medicare cost cutting goes forward as planned, our office will not be able to afford to treat Medicare patients which make up the bulk of our patients. It costs less to treat a patient as an outpatient in the doctors office than it will cost if we have to send patients to the hospital to get their treatment. The patients are happier to come here because they are treated like family and made comfortable.

I am afraid the hospitals will be overwhelmed. In our little office alone we do 25 or more treatments every day that would have to be routed to the hospital if we can't afford to treat. Some of the drug reimbursements are less than what the doctor has to pay for the drug.

Chemo nurses, xray techs and lab techs are highly trained and must be paid and it costs money for rent, lights, heat/air, phones etc. Our doctors cannot work for free. For the sake of the patients, if you are not going to keep reimbursement for drugs at a reasonable level, at least reimburse the costs for the administration to cover the costs.

Sincerely,

Dana L. Kohrs  
34601 Hwy 107  
Cabot, AR 72023

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

COMMENTS TO CMS ON PROPOSED 2005 FEE SCHEDULE  
CMS-1429-P

RESPONDENT: James Mc Guckin, MD  
American Access Care  
1815 Cottman Avenue  
Philadelphia, PA  
19111  
Tel: (215) 742-5662  
RDFigueroa@adelphia.net

RE: RVUS FOR CPT CODE 36870-PER CUTANEOUS THROMBECTOMY

In the newly proposed fee schedule, to our great concern, the Non-Facility RVUs for the abovementioned code have been reduced from 46.98 down to 32.39, which is a reduction of 27.7%. Work RVUs are unchanged and the malpractice RVUs increased slightly.

There is nothing that has happened in the past year that reduced the costs associated with performing a declot in an office setting. We are still faced with significant costs associated with equipment and supplies in these technically difficult procedures performed on chronically ill dialysis patients.

A dedicated angiographic suite with a Fluoroscopic unit (c-arm) is needed along with the supplies and dedicated trained staff.

As we work to comply with the National Vascular Access Improvement Initiative (NVAII) we find that the number of fistulas that we are treating for malfunction is increasing. The amount of time required to deal with a clotted fistula is significantly longer than the time required for a graft.

Dialysis patients require A-V access to receive their dialysis treatment. Unfortunately, these accesses clot, making them unable to be used until they are declotted. A declot can be successfully, efficiently performed in a dedicated office setting with the patient able to return to dialysis often the same day. When these procedures are performed in an outpatient setting they avoid Emergency Room visits and unnecessary hospitalization in a patient population that is already burden with this disabling disease.

A review of the practice expense files shows no major difference between 2004 and 2005 calculations. Therefore, we are requesting a review of the input files and formally request that the RVUs be adjusted prior to the final rule. Furthermore, supplies associated with Thrombectomy procedure are not separately billed to CMS.

We would be happy to provide documentation on the more than 6,000 procedures our managed centers have performed over the past few years.

**COMMENTS TO CMS ON PROPOSED 2005 FEE SCHEDULE  
CMS-1429-P**

**RESPONDENT: James Mc Guckin, MD  
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1815 Cottman Avenue  
Philadelphia, PA  
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Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

COMMENTS TO CMS ON PROPOSED 2005 FEE SCHEDULE  
CMS-1429-P

RESPONDENT: Audrey Wilson, MD  
American Access Care  
1311 Juniper Street  
Philadelphia, PA  
19147  
Tel: (215) 462-2100  
RDFigueroa@adelphia.net

RE: RVUS FOR CPT CODE 36870-PERCUTANEOUS THROMBECTOMY

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CMS-1429-P**

**RESPONDENT: Audrey Wilson, MD  
American Access Care  
1311 Juniper Street  
Philadelphia, PA  
19145  
Tel: (215) 462-2100  
[RDFigueroa@adelphia.net](mailto:RDFigueroa@adelphia.net)**

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Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 10-19**

DEFINING THERAPY SERVICES

Please consider my thoughts on this matter. Attached is a letter explaining my position.

Thanks,

George Wham

Attachment #1861  
September 17, 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:

As a 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 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,

George S. Wham Jr., M.S., A.T.,C.  
Clinical Instructor, University of South Carolina  
Athletic Training Education Program  
Blatt Physical Education Center, Suite 218

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

COMMENTS TO CMS ON PROPOSED 2005 FEE SCHEDULE  
CMS-1429-P

RESPONDENT: Gregg Miller, MD  
American Access Care  
577 Prospect Avenue  
Brooklyn, New York  
11215  
Tel: (718) 369-1444  
RDFigueroa@adelphia.net

RE: RVUS FOR CPT CODE 36870-PER CUTANEOUS THROMBECTOMY

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**COMMENTS TO CMS ON PROPOSED 2005 FEE SCHEDULE  
CMS-1429-P**

**RESPONDENT: Gregg Miller, MD  
American Access Care  
577 Prospect Avenue  
Brooklyn, New York  
11215  
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Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

COMMENTS TO CMS ON PROPOSED 2005 FEE SCHEDULE  
CMS-1429-P

RESPONDENT: Anish Shah, MD  
American Access Care  
Philadelphia, Pennsylvania  
(215) 462-2100  
RDFigueroa@adelphia.net

RE: RVUS FOR CPT CODE 36870-PERCUTANEOUS THROMBECTOMY

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Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

IF CUTS ARE MADE TO REIMBURSEMENT MANY ELDERLY WILL NOT GET TREATMENT DUE TO THE PERSONAL COSTS. MANY LIVES WILL BE NEEDLESSLY LOST. AND FAMILY SUPPORTS WILL BE DISRUPTED. PLEASE LET US BE ABLE TO HELP THESE PEOPLE AND STAY IN BUSINESS. REMEMBER, YOU WILL SOMEDAY BE FACING THESE SAME CUT BACKS AS A SENIOR CITIZEN.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

Please attached file

CMS-1429-P-1865-Attach-1.doc

Attachment #1865      John Palmer  
                                 14 Hideaway Lane  
                                 Marlboro, NY 12542

September 17, 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,

John Palmer

14 Hideaway Lane

Marlboro, NY 12542



Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

I WOULD LIKE TO COMMENT ON CPT CODE 36870 WHICH TO MY DISMAY, THE PROPOSED FEE SCHEDULE HAS BEEN REDUCED FROM 46.98 TO 32.39, A 27.7% REDUCTION. THE SERVICE WE PROVIDE FOR THESE FRAIL, COMPLICATED DIALYSIS PATIENT IS VERY CHALLENGING AND TIME CONSUMING. WE HAVE EXCELLENT, REPRODUCIBLE DATA TO SUPPORT THE SIGNIFICANT COST SAVING TO CMS AND MORE IMPORTANTLY TO THE PATIENTS. THE SUPERB OUTCOMES WE HAVE ACHIEVED IN OUTPATIENT FACILITIES IS THROUGH OUR SUPPORTING STAFF. THEY RELY ON THE REIMBURSEMENT TO PAY THEIR SALARIES, OVERHEAD, EXPENSIVE EQUIPMENT, SUPPLIES ASSOCIATES WITH PROCEDURE. I HOPE THAT CMS WOULD RECONSIDER TO DISALLOW THE FEE REDUCTION SINCE THESE OUTPATIENT FACILITIES PROVIDE TREMENDOUS COST SAVINGS TO THE GOVERNMENT.

THANK YOU

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

OTHER HEALTH CARE PROFESSIONAL - INCIDENT TO

Bottom line, why does the APTA (PT's) fear the NATA (ATC's). We are all trying to achieve the same goal, give the patient the best possible care there is to give. If the United States Government feels we, ATC's, are competent enough to care for our Olympic Athletes, then why can't we care for the elderly. We take care of thousands of high school athletes and not to mention all the professional athletes throughout the country. We have cared for the elderly prior to becoming elderly so why aren't we good enough now? Each individual state government allows us to care for all the high school athletes, why not the elderly? How can your committee say that the ATC is not competent to care for the elderly? My aunt is in a nursing home and she has people taking care of her who have no college education and maybe just a GED, how can they then care for the elderly and it be OK? What does the APTA say about this? You are trying to say I can't take care of the elderly because? This revision is opening a big can of worms that I don't think Medicare will be able to handle in the long run no matter how much pull you have in the health care industry.

Before making your decision, I am sure you will weigh all the goods and bads and the bads will out weigh the goods. This revision affects many health care professionals and not to mention the general public. I, as an athletic trainer, could lose my job as many other ATC's. Who will take care of all the high school athletes? Who will be there to perform CPR or apply an AED? Who will be there to stop an athlete from bleeding to death? I can tell you it will not be a Physical Therapist. They are too busy to cover athletic events due to their busy schedules in the clinic. The high schools can not afford to hire an athletic trainer due to the tremendous cut in educational funding.

I personally do not know how this will pass or even how it got this far. I realize the APTA has more money than the NATA but I pray to GOD that money does not talk in this case. If this passes, it is a crying shame and shame on Medicare for letting it pass. Shame on the APTA for being such a cry-baby, back stabbing, whinning bunch of babies. Why can't we all just get along? We are all working towards the same goals, to make the patient better.

I realize this is probably far fetched and out of the question but will anyone from Medicare respond to any of our comments?

Thank you,

Mike Bowling, ATC  
 Head Athletic Trainer  
 Beechwood High School/St. Elizabeth Sports Medicine  
 153 Pleasant Ridge  
 Ft. Mitchell, KY 41017  
 email: mbowling11@msn.com

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

Paul M. Mills MEd/ATC-LAT  
201 E. Green St.  
Milledgeville, GA

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:

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Submitter :  Date & Time:

Organization :

Category :

Issue Areas/Comments

**GENERAL**

GENERAL

September 17, 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

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 updated the physician payment localities if there has been a significant change in practice costs. 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 that I receive from my doctor. I understand that this is by far the greater such differential in the country.

This needs to stop. We are losing doctors and important specialties. I cannot fathom how this is allowed to continue. I believe that Congress has delegated to CMS the responsibility to manage the payment to physicians. I believe that no other county in the U.S. is in greater need of reform than our county. It is your responsibility to correct this problem. Continued postponement of this long-needed reform is ill-advised and inappropriate.

Sincerely,  
Link E. Spooner  
236 Santa Cruz Ave.  
Aptos, CA 95003

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

In reference to Section 305 (Payment for Inhalation Drugs), ASP plus 6% will be insufficient reimbursement for Part B drugs. This drastic decrease in reimbursement will eliminate beneficiary access to these drugs, adversely affect their health, and increase Medicare spending. The elimination of access to these drugs will cause an increase in hospital admissions and ER visits. Also, by reducing payment for Part B drugs using the ASP + 6% model, business entities will be forced to close their doors causing an increase in unemployment across the nation.

In order to maintain access to Part B drugs for Medicare beneficiaries, a reasonable service component of \$60 - \$70 per prescription needs to be implemented in addition to ASP + 6%. This service component is necessary to fund such services as patient compliance programs (which reduce hospitalizations), shipping costs, pharmacy compounding costs, overhead, etc.

Also, the proposal of eliminating the requirement for a signed Assignment of Benefits (AOB) is a mistake. By eliminating the AOB Medicare is opening its doors to fraud. The AOB requirement ensures that beneficiaries are not shipped products illegally. The elimination of the AOB would not create a substantial savings to pharmacies.

Thank you for your time and we hope you will seriously consider these comments.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

Please see attachment

Attachment #1871

September 17, 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. 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. Also, if adopted this will severely limit the ability of an Allied Health Care Professional that is recognized by the American Medical Association to practice while giving one group a monopoly. It is my opinion that by limiting or restricting access to particular allied health care professionals CMS will only decrease access, but increase cost to the consumer. I know of very few areas of the economy that have improved by limiting those who may engage in a particular industry.

Please also consider that many of our country's greatest athletes and sports teams rely everyday on the care rendered by Certified Athletic Trainers. Injuries in elite athletes are not at all different than those suffered by all age groups performing the same sports. Tennis injuries are tennis injuries whether the athlete is a professional or a 65-year-old that is playing to stay active. Why would CMS consider limiting the 65-year-old to the type of allied health care professional that they may see while in the physician's office? I find this highly insulting to think that federal government would not consider my qualifications high enough to treat our senior population. I also find it very insulting that the federal government would allow professions with less training to care for our seniors.

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.

- 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 is comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).

- 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.
- 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.
- 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.***
- 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 walking 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. By allowing a choice of health care providers CMS will only enhance the services offered to patients, but improve the services that can be offered.

Sincerely,

Timothy R. Ussery, ATC

Submitter : Mrs. BONNIE strode Date & Time: 09/17/2004 03:09:48

Organization : TOMORROWS WOMAN

Category : Other Health Care Provider

Issue Areas/Comments

**GENERAL**

GENERAL

MASTECTOMY PRODUCTS SHOULD BE EXCLUDED FROM FACE TO FACE PRESCRIPTION REQUIREMENTS BECAUSE A MASTECTOMY IS PERMANENT AND PROSTHESIS IS NECESSARY THROUGHOUT THE LIFE OF THE RECIPIENT. THIS REQUIREMENT WILL REQUIRE THE RECIPIENT THE INCONVENIENCE OF A VISIT TO THE PHYSICIAN, THE PHYSICIAN'S TIME FOR THE VISIT, AND AN EXTREME INCREASE IN COSTS TO MEDICARE BY MAKING AN UNNECESSARY PAYMENT FOR THIS VISIT. A PRESCRIPTION IS ALWAYS KEPT ON FILE WITH EACH YEARS SUPPLIES DISPENSED TO THE RECIPIENT. THESE PARAMETERS WILL PLACE AN ARDUOUS EXPENSE ON MEDICARE AND SUPPLIER WHILE INCONVIENCING THE RECIEPIENTS FOR EXTRA VISITS. PLEASE CONSIDER EXCLUDING MASTECTOMY PRODUCTS FROM THIS REQUIREMENT. THANKS FOR THE CONSIDERATION.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

I am currently an athletic training student with plans on attending a Doctor of Physical Therapy program post-undergraduate study. Although I wish to become a Licensed Physical Therapist in the future, I believe the American Physical Therapy Association is wrong in limiting patient access to qualified health care providers. Physicians? reserve the right choose the appropriate health care professional to treat their patients, including Certified Athletic Trainers. They are capable of providing the same care to an older patient as they do to professional, collegiate, and high school athletes on a day to day basis. It is ridiculous to say ATC's are incompetent in the evaluation and treatment of orthopedic related injuries when professional athletes choose them over all other rehabilitation specialists. Their education clearly qualifies them to care for older patients with similar conditions. An older athlete cannot be denied the same treatment as our very own professional sports players based on age. However, I do believe there are some neurological and chronic conditions that ATC?s are not educated to treat. As long as limitations and a scope of practice is set, Medicare can allow Certified Athletic Trainers to rehabilitate most cases in the older population. I hope to see Medicare and the National Athletic Trainers Association formulate a new practice act, allowing patients to choose Certified Athletic Trainers as their caregivers.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

Re: face to face prescriptions. This does not make sense for breast cancer patients. This is a lifetime condition which usually does not require continued medical attention. A visit to have medical treatment in order to get a prescription is an unnecessary cost to medicare, time consuming for doctor and patient and may put the doctor in the position of trying to find a reason for an unnecessary visit so patient can get bras and/or breast form. This condition does not require continued medical visits after surgery is completed.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

See attached letter regarding restrictions on qualified health care professionals providing services

Attachment #1875

Deanna M. Errico, MEd, ATC, PT  
21 Wells St  
Canton NY 13617

September 17, 2004

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1429-P  
PO Box 8012  
Baltimore MD 2144-8012

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. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. It would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place a burden on the health care system.

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

- Qualified Allied Health Professionals should not be restricted from providing “incident to” outpatient therapy services.
- 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. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).

- 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.
- Centers for Medicare & Medicaid Services, 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.
- 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 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 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.
- 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,

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

As a hospital rehabilitation administrator I support limitations on the use of non skilled practitioners in the provision of rehabilitation services in physicians' offices. An internist in my community is developing a balance retraining program using his receptionist to train his patients in normal gait and balance improvement. These are highly skilled interventions requiring advance degrees and understanding in biomechanics and physiology. He plans to send his receptionist to a training seminar and asked me as a leading provider of rehabilitation in our community if I could recommend a course. Providing these sorts of interventions in this manner is poor patient care and a waste of scarce healthcare dollars. In strongly encourage CMS to maintain the proposed language leaving skilled therapy services to skilled therapists.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

Therapy--Incident To"

Attachment #1877

Shawn M. Roney, ATC, CSCS  
Forest Hill Sports Medicine  
6901 Parker Ave.  
West Palm Beach, FL 33405

September 17, 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:

During the last 6 years as a Certified Athletic Trainer I have worked under the supervision of Orthopedic Surgeons, Chiropractors and Physician Assistants. These doctors and medical personnel have complimented and recommended my services to a wide range of patients that includes young children, middle and adult childhood, seniors and the athletic population for first aid, prevention and rehabilitation services. I have also worked 2 years with professional sports teams including lacrosse, basketball and soccer. These high profile athletes were treated mostly under the care of the Certified Athletic Trainers. Currently, I work with high school athletes. I am both a certified Health and Physical Education Teacher and Athletic Trainer. Coaches, staff and the student athletes agree that I am a very valuable asset to their health and well being. I am able to evaluate and treat their injuries and am the first one to recommend further action and proper health care. I am a vital link within their health care system. I help set up doctor appointments, finish necessary paperwork and then design a physical therapy/rehabilitation program to get them back in shape for their sport using medical modalities, strengthening, stretching and other therapeutic means.

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician offices and 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.
- 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 is comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).
- 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.

- 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.
- 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.*
- 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 walking 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,

Shawn Roney

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

The proposed change can only increase expense to the cost of mastectomy forms for those senior citizens and others who can ill afford it. It will require additional time for the physician and patient and increase the amounts that medicare has to pay out. All this at a time of increasing medical costs and federal fund shortages.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

Meg Zajicek  
Athletic Training Department  
Bentley College  
Waltham, MA 02452

September 17, 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 great 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 Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

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

- "Incident to" has, since the inception of the Medicare program in 1965, been utilized by 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 who is not qualified to provide a particular service. It is imperative that physicians continue to make decisions in the best interests of the patient.
- 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.
- 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.
- 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 needs fixed. 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 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.

As a health care professional who has been employed as a certified athletic trainer at a private college for 14 years, I am very concerned and outraged about this effort by CMS to judge me as unqualified to provide therapy services under the supervision of a physician. It is not necessary or advantageous for CMS to institute the changes proposed.

Thank you for your time and attention to this important matter.

Sincerely,  
Meg Zajicek

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

I want to thank CMS for the opportunity to comment on the Therapy - Incident To item. I have been a licensed physical therapist for 18 years. I have taught at a University in a physical therapy program for 13 of those years. I strongly support CMS's proposed rule regarding the qualifications of those providing physical therapy services in physicians' offices. In the program I am involved with, to become qualified to sit for state licensure, students must successfully complete a rigorous curriculum. This curriculum includes intensive studies in anatomy, kinesiology, biomechanics, pathophysiology and more. Students are trained in examination, evaluation and interventions for patients with neuromusculoskeletal problems covering the life span. They are instructed in patient education, prevention and wellness principles and much more. Physical therapy education at our program consists of 114 credit hours that includes over 1400 hours of internship. Other physical therapy programs are very similar due to the national accreditation standards. This new rule would support patients receiving physical therapy services from those that are most qualified to provide those services. This rule is good for patients. Again, thank you for the opportunity to comment.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

see attachment

Attachment #1881  
Christopher Smith, M.D.  
Lone Star Bone & Joint Clinic  
902 Frostwood Drive, #309  
Houston, TX 77024

September 17, 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 a physician writing to express my concern over the recent proposal that would limit providers of “Therapy-incident to” services in physician offices and clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. 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, 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 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 patients with comprehensive health care. The patient would be forced to see the physician and separately seek therapy, causing significant inconvenience and additional expense.
- 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 care, greater cost and a lack of local, 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 also cost time and travel expense. Delays would hinder the patient's recovery and/or increase recovery time, which 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 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.
- CMS 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. This action could be construed as an unprecedented attempt by CMS 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.
- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

It is not necessary or advantageous for CMS to institute the changes proposed, and I request that the change not be implemented. This CMS recommendation is a health care access deterrent.

Sincerely,

Christopher Smith, M.D.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

see attachment

Attachment #1882  
Clark McKeever, M.D.  
Lone Star Bone & Joint Clinic  
902 Frostwood Drive, #309  
Houston, TX 77024

September 17, 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 a physician writing to express my concern over the recent proposal that would limit providers of “Therapy-incident to” services in physician offices and clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. 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, 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 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 patients with comprehensive health care. The patient would be forced to see the physician and separately seek therapy, causing significant inconvenience and additional expense.
- 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 care, greater cost and a lack of local, 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 also cost time and travel expense. Delays would hinder the patient's recovery and/or increase recovery time, which 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 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.
- CMS 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. This action could be construed as an unprecedented attempt by CMS 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.
- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

It is not necessary or advantageous for CMS to institute the changes proposed, and I request that the change not be implemented. This CMS recommendation is a health care access deterrent.

Sincerely,

Clark McKeever, M.D.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

This comment voices my strong support for the proposed Medicare revision related to the provision of outpatient therapy services `incident to? physician services that are being considered for the 2005 Medicare physician fee schedule. Physical therapy services should only be provided by licensed physical therapists, or physical therapist assistants under the supervision of a physical therapist. I am a physical therapist with more than 20 years experience preparing students for entry into the profession of physical therapy. The physical therapist is a highly skilled professional in the evaluation and management of patient with functional limitations and disabilities association with movement dysfunction. All physical therapist entry-level preparation programs are at the graduate level with the masters degree as the minimum level of academic preparation. The doctor of physical therapy degree is quickly becoming the most common entry level degree with over one-half of the programs in the US providing the DPT as the entry-level degree.

This `therapy-incident to' revision assures that `skilled' PT services are being provided by Medicare when reimbursing for the services of a physical therapist. Physical therapists have substantial training in anatomy, physiology, pathophysiology, biomechanics, movement dysfunction, and in the evaluation and management of a wide variety of functional limitations and physical disabilities. When Medicare reimburses for `physical therapy services' they rightly assume they are paying for the skill level of the physical therapist.

A common misconception is that providing a 'hot pack' or an 'ice pack' or a 'generic exercise program' IS physical therapy. These are modalities that may be used by a physical therapist but do not, in and of themselves, constitute physical therapy.

Medicare reimbursement for physical therapy is intended to pay for services that require the skill level of the physical therapist, and are thus provided by a physical therapist. These skills include a PT evaluation of the patient and, as indicated, the construction of an individual treatment plan that considers the multiple physiological, anatomical, biomechanical, and movement complexities of the specific patient. Only services provided by a physical therapist (or physical therapist assistant under the supervision of a physical therapist) should be billed and reimbursed as `physical therapy'.

The current cap of \$1590 annually for outpatient therapy services increases the likelihood that the patient will be negatively impacted. Patients who receive non-PT-delivered services in the physician office (and have the service billed as physical therapy) may unknowingly use up their entire physical therapy annual benefit. If this patient then seeks PT for a legitimate skilled service in the same benefit year they will discover that they must either pay out of pocket or go without the service. Part of the educational preparation of physical therapists includes assuring graduates recognize the differences between `skilled' and `unskilled' services and their legal requirements to assure that the services they bill for are truly `skilled' in nature.

Thank you for the opportunity to provide comments to you on this very important issue. I urge CMS to approve this revision to the payment policy under the Physician fee schedule for calendar year 2005, thus assuring to the public that when Medicare reimburses for physical therapy services they are truly reimbursing for the services of a physical therapist, or a physical therapist assistant under the direction of a physical therapist.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

see attachment

Attachment #1884  
Donald Stafford, M.D.  
Lone Star Bone & Joint Clinic  
902 Frostwood Drive, #309  
Houston, TX 77024

September 17, 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 a physician writing to express my concern over the recent proposal that would limit providers of “Therapy-incident to” services in physician offices and clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. 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, 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 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 patients with comprehensive health care. The patient would be forced to see the physician and separately seek therapy, causing significant inconvenience and additional expense.
- 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 care, greater cost and a lack of local, 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 also cost time and travel expense. Delays would hinder the patient's recovery and/or increase recovery time, which 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 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.
- CMS 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. This action could be construed as an unprecedented attempt by CMS 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.
- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

It is not necessary or advantageous for CMS to institute the changes proposed, and I request that the change not be implemented. This CMS recommendation is a health care access deterrent.

Sincerely,

Donald Stafford, M.D.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

As Medicare Chairman of the Council of Licensed Physiotherapists of NYS and past Chairman of the Council, past National Legislative Director of the United Societies of Physiotherapists and a recently retired private practitioner with over 50 years of active practice, I express very guarded support for the proposed change in Medicare regulations.

Of course, all treatments rendered to Medicare beneficiaries (and any other patients) should be performed only by fully qualified people. This has been obvious for ages. And, yes, we also support the change from personal to direct supervision. That, too, is common sense and long overdue.

The problem is that we vehemently oppose POPTS (physician owned physical therapy services) as thinly disguised fee splitting and an exception to the Stark laws that should have been covered. The term "incident to physician's services" is just another way of saying POPTS.

POPTS is an obvious conflict of interest which has escaped the Stark Laws provided the physical therapist works on site. It retards the growth of independent private practices, inhibits the free referral of patients and increases costs to the health care system. POPTS benefits only the referring physician and leads to unnecessary and substandard care.

CMS exists to protect the public. Its purpose is to promulgate fair and equitable rules and regulations and not to protect physician's incomes- or anyone else's income. Rules and regulations that injure the public while costing unnecessary monies should and must be eliminated.

WE support these measures as a very partial improvement to a very bad condition. It does not reach the core of the matter. POPTS-whatever its legal euphemism- must be eliminated.

Alan Leventhal PT

Submitter :

Date &amp; Time:

09/17/2004 05:09:11

Organization :

Category :

Other Health Care Professional

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

## THERAPY - INCIDENT TO

To Whom It May Concern:

The CMS should not implement this change in the Medicare reimbursement procedures. Medicare should not only reimburse for the therapy delivered in a physician's office by a physical therapy aide or an occupational therapy aide, but they should also reimburse for the therapy delivered by an athletic trainer. An athletic trainer is equally or more qualified than a PTA or an OTA to treat a patient. The athletic trainer's extensive education and clinical experience cannot even be compared to that of a PTA and OTA. The welfare of the patient should always be the top priority when determining who should be conducting his/her rehabilitation. By not allowing certified athletic trainers to perform therapy in a physician's office, one is limiting the amount of patients that can be seen and rehabilitated properly.

The certified athletic trainer is more than qualified to treat patients in the physician's office. According the NATABOC, there are six main performance domains that makeup the role of a practicing athletic trainer. They consist of (1) prevention of athletic injuries; (2) recognition, evaluation, and assessment of injuries; (3) immediate care of injuries; (4) treatment, rehabilitation, and reconditioning of athletic injuries; (5) healthcare administration; and (6) professional development and responsibility.

There are twelve competencies established by the Education Council that an athletic trainer must complete before he/she can become certified. These include (1) risk management and injury prevention, (2) pathology of injuries and illnesses, (3) assessment and evaluation, (4) acute care of injury and illness, (5) pharmacology, (6) therapeutic modalities, (7) therapeutic exercise, (8) general medical conditions and disabilities, (9) nutritional aspects of injury and illnesses, (10) psychosocial intervention and referral, (11) health care administration, and (12) profession development and responsibilities.

After completing all of the competencies set forth for the athletic trainer, he/she must then pass a certification examination. The three sections of this examination test the individual's knowledge and skill of the six domains listed above. To remain a certified athletic trainer, one must complete continuing education requirements. According to the NATABOC, all certified athletic trainers must document a minimum of eighty continuing education units attained during each three-year recertification term. CEUs may be awarded for attending symposiums, seminars, workshops, or conferences; serving as a speaker, panelist, or certification exam model; participation in the United States Olympic Committee (USOC) program; authoring a research article in professional journal; authoring or editing a textbook; completing a Journal of Athletic Training quiz; completing postgraduate course work; and obtaining CPR, first aid, or EMT certification.

According to Jim Raynor, MS, ATC in his article ATCs as Physician Extenders, having a certified athletic trainer on staff enables the physician to efficiently care for all his/her patients. To evaluate and manage musculoskeletal injury, it would typically take 30-45 minutes of direct patient care. The primary care physician does not have that luxury of time. In a health care team environment, however, the ATC can aid the physician in properly managing those specific cases. While the ATC is managing the musculoskeletal injury for 30-45 minutes the physician can continue to see patients. This allows for increased patient contact time, proper injury management and education, minimizes reception and exam room waiting, increases patient/parent satisfaction, and expedites the referral process if necessary.

## THERAPY STANDARDS AND REQUIREMENTS

The responsibilities that can be allotted to a certified athletic trainer are endless. Their extensive education and clinical skills can only be beneficial to both the physician and the patient. To no longer allow physicians to be reimbursed for the therapy services administered by a certified athletic trainer would not only hinder the physician, but would also cheat the patient out of the services of a more qualified individual.

Thank you for your prompt attention to this matter.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

I am writing in support of the limitation of "incident to" service providers. I have been a faculty member in the Physical Therapy Program at the University of Montana for 15 years and a practicing therapist for 23 years. I have taught both Physical Therapy and Athletic Training students in professional programs. The Physical Therapy curriculum is far more rigorous and comprehensive in scope and standards of practice than that for AT's. Physical therapists and physical therapist assistants should be the primary provider of services for movement dysfunction.

I applaud the proposed changes and encourage you not to modify them to accommodate a specific group with less education and training. Tax dollars should be in the most efficacious way. Our primary concern should be the quality of care for each patient.

Thank you for your consideration. Elizabeth Ikeda, DPT, PT, MTC, OCS

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

Please see attached file

Attachment #1888

Lisa Wong  
10 Main Street  
Cheshire, CT 06410

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,

Lisa Wong  
10 Main Street  
Cheshire, CT 06410

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

Please see attached file.

Attachment #1889  
Katherine A. Coburn, ATC  
Berning Chiropractic and Wellness  
Center  
9601 W. State St. Suite 108  
Garden City, ID 83714

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 offices and 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 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.
- 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.***
- Athletic trainers are highly trained and educated. ALL certified or licensed athletic trainers ***must have a bachelor’s or master’s degree*** from an accredited college or

university. Seventy (70) percent of all athletic trainers have a master's degree or higher. 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. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).

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

Sincerely,

Katherine A. Coburn, ATC, CSCS, PTA, CMT

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

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 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.

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.

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,

Mark Husen, LAT  
Licensed Athletic Trainer  
Green Bay, Wisconsin

Submitter : Mrs. Kelli Snyder Date & Time: 09/17/2004 06:09:47

Organization : University of Wisconsin-Milwaukee

Category : Other Health Care Professional

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

Please see attached file.

## Attachment #1891

Kelli R. Snyder  
1130 E. Auer Ave.  
Milwaukee, WI 53212

September 17, 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.
- 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.
- 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. It is imperative that physicians continue to make decisions in the best interests of the patients.
- 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 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.

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,

Kelli R. Snyder

1130 E. Auer Ave.

Milwaukee, WI 53212

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

THERAPY - INCIDENT TO

Please see attached file.

Attachment #1892

September 17, 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. 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.
- 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 is comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).
- 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.
- 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.

- 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.*
- 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 walking 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,

Susan Britton, ATC  
Athletic Trainer  
University of Minnesota Duluth  
[sbritton@d.umn.edu](mailto:sbritton@d.umn.edu)  
(218) 726-8015

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 1-9**

PRACTICE EXPENSE

Re: CMS-1429-P

Dear Dr. McClellan:

I would like to thank you for this opportunity to comment on Proposed Rule CMS-1429-P, "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005" (the "Proposed Rule") published in the Federal Register on August 5, 2004.

Specifically, I would like to take this opportunity to comment on the issue of how non-Medicare reimbursement may compound the impact of MMA on community cancer care:

CMS's regulatory impact analysis reflects average payment impacts for each specialty based on Medicare utilization. The Agency warns that payment impacts on individual physician practices could differ depending on the mix of services the practice provides. CMS also asserts that the average change in total practice revenues could be less than the percentage reductions predicted by its impact analysis "because physicians furnish services to both Medicare and non-Medicare patients and specialties may receive substantial Medicare revenues for services that are not paid under the physician fee schedule."

I respectfully submit that these factors may not significantly dampen the projected impact on oncology of MMA changes because of the sheer magnitude of the projected Medicare revenue reductions as well as the high proportion of Medicare patients treated by a typical oncology practice. In addition, there exists a significant risk that the impact on practices may be greater than projected if private payers react to MMA by adopting changes similar to those being implemented for Medicare or continue in unrelated attempts to lower reimbursement. While it is not entirely clear how private payers will react to MMA, a number of large payers including Anthem, Humana and Pacificare base their standard pricing methodology for drugs on Medicare. In addition, many payers use Medicare as a benchmark for pricing drugs, whether or not explicitly stated. As a result, it is very possible that the impact of MMA's changes could be compounded by private payer reaction rather than mitigated by private payer reimbursement.

Thank you very much for your consideration of my views on this matter.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

Jason Porterfield  
39A Friars Gate  
Clifton Park, NY

September 17, 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 a physician writing to express my concern over the recent proposal that would limit providers of ?Therapy-incident to? services in physician offices and clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. 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, 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 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 patients with comprehensive health care. The patient would be forced to see the physician and separately seek therapy, causing significant inconvenience and additional expense. 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 care, greater cost and a lack of local, 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 also cost time and travel expense. Delays would hinder the patient?s recovery and/or increase recovery time, which 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 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.

It is not necessary or advantageous for CMS to institute the changes proposed, and I request that the change not be implemented. This CMS recommendation is a health care access deterrent.

Submitter : Mrs. Stephanie Manges Date & Time: 09/17/2004 06:09:33

Organization : Arizona Oncology Associates

Category : Other Health Care Professional

Issue Areas/Comments

**GENERAL**

GENERAL

As the Billing Supervisor for a very busy statewide oncology practice, I will be able to see the results of the planned reimbursement cuts firsthand. I believe that this will lead to a reduction in oncology services and doctors that will be available to cancer patients. I believe that it is still cheaper to treat patients at home and the survival rate is greater than to have them treated either inpatient or hospice.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**GENERAL**

GENERAL

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 updated the physician payment localities if there has been a significant change in practice costs. 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 that I receive from my doctor. I understand that this is by far the greater such differential in the country.

As a Family Physician in Santa Cruz, I need to turn away new Medicare patients daily because I cannot afford to see them. My accounting department tells me that we lose money, on average for each Medicare patient that we see. Given the high demand on my services from multiple PPO and HMO patients I'm afraid that Medicare patients will have a smaller and smaller pool of physicians to choose from.

I believe that no other county in the U.S. is in greater need of reform than our county. It is your responsibility to correct this problem. Please act promptly for the welfare of the Medicare recipients and for the fairness to the medical community.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 1-9**

PRACTICE EXPENSE

I represent a group of four Oncologists in Sout-Eastern Washington State.We serve a region of 300,000 people.We see at the chemotherapy unit about 12,000 patients a year, half of this are Medicare. The closest oncology facilities are: Walla Walla:45 miles, Yakima:100 miles. Spokane:120 miles ans Seattle:180 miles.

At Columbia Basin Hematology & Oncology @ Tri-Cities Cancer Center, we have serious concerns about the impact the MMA will have on cancer care.

Medicare payment policy must be designed to assure that cancer patients? access to quality care and services are preserved. We support restructuring the Medicare payment methods for drugs and drug administration services to more closely align the payment amounts with the costs involved but also to allow a small profit. There are serious problems with specific provisions of the MMA.

In order to try to understand the implications of the new Medicare?s payment for 2005, we have used a spreadsheet/analysis provided by ASCO. These data enable us to predict what effect the Medicare reduction in payment for chemotherapy and services will have on our patients.

For 2005 and later years, the MMA will drastically reduce the payment amounts for drugs and drug administration services compared to the 2004 amounts. In addition, it appears likely that the payment methodology for drugs (106% of the manufacturer?s average sales price) will result in payment amounts for many drugs that are lower than the prices at which physicians can purchase them.

In 2005 the MMA?s transitional adjustment payment for drug administration services, which is 32% in 2004 will decrease to 3%.

As we look at out projections for 2005, the net profit margin for chemotherapy services will collapse from 13.38% in 2004 to 0.89% in 2005. Payments for drug administration services will also decrease in 2005 by an estimated \$250,000.

It has to be mentioned that Medicare does not reimburse for supplies, counselling and many hours spent by our staff on the phone with these patients, therefore the estimate of 0.89% profit is inflated and will be a negative one once we add supplies, facility, utilities, malpractice, nutritional counselling, emotional counselling, etc.

In an average week we have a full time oncology nurse giving telephonic advise for a total of 20 hrs./Week (half of the week time wise) with no reimbursement from Medicare.

Private insurances want to follow the Medicare guidelines for reimbursement that will further stress our office and impair our ability to provide care to the uninsured, underinsured and Medicaid patients.

After analyzing these data, is clear to me that in order to provide quality service and survive as a business entity, we will need to make very painful changes. It may even become necessary re-think our participation in the Medicare program.

We hope these data are as informative to you as they are to everyone at Columbia Basin Hematology and Oncology.

I hope mu comments are of help illustrating this critical issue and the impact it will have on Medicare patients in Rural America.

Ruben Sierra, MD  
 CBHO  
 7350 W. Deschutes  
 Kennewick, Wa 99337

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

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. This proposal limits patient access to qualified health care providers of "incident to" services, such as ATCs and others, in physician offices and clinics; thereby, reducing the quality of health care for physically active patients. Furthermore, limiting access to qualified health care providers cause health care delivery delays, which increases health care costs and tax an already heavily burdened health care system.

Athletic trainers are health care professionals recognized by the American Medical Association. They specialize in the prevention, assessment, treatment and rehabilitation of injuries to athletes and others engaged in physical activity. Athletic trainers are multi-skilled health care professionals who make significant contributions to health care. ALL certified or licensed athletic trainers must have a bachelor's or master's degree from an accredited college or university. A great majority (70%) of practitioners hold advanced degrees comparable to other health care professionals, including physical therapists, registered nurses, and speech 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. Dozens of athletic trainers served with the U.S. Olympic Team in Greece to provide health care 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 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.

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 summary, CMS offers no evidence of a problem and the CMS-1429-P proposal must be rejected. 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,

Anastasia Buerger  
Student in the Division of Kinesiology and Health Science  
California State University, Fullerton  
Fullerton, CA. 92834

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 1-9**

SECTION 303

The AWP system was introduced to accommodate the treatment of cancer patients in the inpatient setting. Patients have been allowed to lead normal lives while receiving chemotherapy. Over the years reductions in reimbursement for services and the bundling of codes was supplemented by drug revenue. Oncology practices adjusted to these changes.

The proposed changes now substantially reduce drug reimbursement without adequately covering associated expenditures.

We have assessed the impact of this change on our practice. We will be unable to purchase the drugs and supplies at the projected ASP amounts. This will profoundly affect the quality of care for cancer patients.

We are aware that the way the data was collected for the ASP figures had several serious flaws. It will be difficult for us to manage our practice and adjust to manufacturers price increases prior to adjustments from CMS. We have had a 5% & 6% price increase on two major drugs last week. These price increases have taken immediate effect. Reimbursement changes should do the same.

Precedence has shown that the private payors will follow CMS rulings. Medicare and non-Medicare patients will be required to be treated in the hospital. This will have tremendous implications for hospitals as well as patients.

At this time we are requesting that a hold be placed on the proposed changes by leaving the 2004 decision in place while we continue to work with ASCO, COA and CMS to resolve this issue without jeopardizing the future of cancer care.

Submitter :  Date & Time:

Organization :

Category :

**Issue Areas/Comments**

**Issues 20-29**

DIAGNOSTIC PSYCHOLOGICAL TESTS

As a clinical neuropsychologist I have completed advanced education and training in the science of brain-behavior relationships. I specialize in the application of assessment and intervention principles based on the scientific study of human behavior across the lifespan as it relates to both normal and abnormal functioning of the central nervous system. By virtue of my doctoral-level academic preparation and training, I possess specialized knowledge of psychological and neuropsychological test measurement and development, psychometric theory, specialized neuropsychological assessment techniques, statistics, and the neuropsychology of behavior (among others). Other health care providers (e.g., psychiatrists, neurologists) address these same patients' medical problems. However, our medical colleagues have not had the specialized knowledge and training (enumerated above) that is needed to safely direct the selection, administration, and interpretation of psychological and neuropsychological testing and assessment procedures in the diagnosis and care of Medicare and Medicaid patients.

My education and training uniquely qualifies me to direct test selection and to perform the interpretation of psychological and neuropsychological testing results that have been collected by non-doctoral personnel that assist with the technical aspects of psychological and neuropsychological assessments (i.e., administering and scoring the tests that I indicate). I am at all times responsible for the accuracy, validity and overall quality of all aspects of the psychological and neuropsychological assessments services that non-doctoral personnel provide under my supervision.

The current CMS requirement that neuropsychologists personally administer tests to Medicare and Medicaid patients adversely affects the overall population of Medicare and Medicaid patients because it results in neuropsychologists having less time for interviewing, test interpretation and the coordination of care. The existing requirement reduces the number of patients that each neuropsychologist can serve and results in fewer Medicare and Medicaid recipients being able to access psychological and neuropsychological services. Limited access to necessary care is already a concern in many rural and metropolitan areas. For these reasons, I strongly endorse this rule change because it will clearly benefit Medicare and Medicaid patients' by improving their access to psychological and neuropsychological assessment services.

Thank you for the opportunity to comment on this very important matter.

Sincerely,  
Joanne R. Festa, PhD  
Assistant Professor Of Clinical Neuropsychology  
Columbia University, College of Physicians & Surgeons  
New York Presbyterian Hospital