

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Attachment #2400
Toby Harkins, MS,ATC
Two Washington Street
Due West, SC 29639

September 21, 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:

It is my responsibility as the Head Athletic Trainer and Assistant Director of Athletics at one of the finest liberal arts colleges in the nation, Erskine College, to voice the grave concerns that I have regarding the recent proposal that would limit providers of "incident to" services in physician clinics. Athletic trainers are not only capable, but extremely qualified to provide specific services included in this proposal, under the supervision of a physician. Since 1965, physicians have had the authority to use their best judgement in the selection of health care providers to provide services to their patients. The fact that this proposal is being made by a non-physician professional group should lead CMS to question the validity of the proposal. CMS, in proposing this change, offers no evidence that there is a problem in need of addressing. By all appearances, this is being done to appease the interests of a single professional group who seek to establish themselves as the sole provider of therapy services.

The scope of a certified athletic trainer (ATC) is much broader than that of a physical or occupational therapist. This in no way deems an ATC of being unqualified to provide services that a physician believes we are qualified for. It is completely irrational for CMS to give such consideration to a proposal created entirely by a group with their own professional interest in mind regarding the quality of care provided by other allied health care professionals. If problems existed in the care being provided by ATC's, it seems that physicians across the nation would have brought this to the attention of CMS long before now. There is no logic behind taking the decision of who is qualified to provide therapy services out of the hands of a physician and granting that privilege to physical and occupational therapists.

The quality of education that a Certified Athletic Trainer receives is entirely comparable to that of a PT or OT in both the didactic and clinical aspects. In fact, it is undeniable that the education of an ATC is far superior to that of a PTA or OTA. Since the ability and education of athletic trainers seems to be in question, why isn't careful attention being paid in a comparison of the curriculums of each of these professions?

I sincerely hope that the misrepresentation of the quality of care provided by an ATC has been demonstrated by the above comments. It is vitally important that careful consideration be given to this proposal, as it seems to be completely unfounded.

Sincerely,
Toby W. Harkins, MS, ATC
Head Athletic Trainer & Assistant Director of Athletics
Erskine College
Two Washington Street
Due West, SC 29639

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

see attached letter

Attachment #2401



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

United States Olympic Committee
Division of Sports Medicine
196 Old Military Road
Lake Placid, NY 12946
Tel: 518-523-8450 Fax: 518-523-4808
Web Site: www.usolympicteam.com

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.
- The United States Olympic Committee requires non-physician medical staff to be Certified Athletic Trainers. We feel athletic trainers provide outstanding care for America's athletes when competing at home or abroad. We are not alone in this as 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. 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,

Betsy Nadler, MS, ATC, CSCS

United States Olympic Committee
Division of Sports Medicine
196 Old Military Road
Lake Placid, NY 12946
Tel: 518-523-8450 Fax: 518-523-4808
Web Site: www.usolympicteam.com

Submitter : Candice Klein Date & Time: 09/21/2004 08:09:15

Organization : American Massage Therapy association

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg you NOT to pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physician's prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physician's prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

In regards to Part 424.80, it is important that an entity which submits claims for services provided by a supplier should be required to furnish this data to the supplier. Simply allowing the supplier to have access to these records, as Part 424.80 currently states, is not adequate. This supposed access exists in theory only because the supplier may be reluctant to request such information due to potential repercussions.

Submitter : Miss. Alison Snyder Date & Time: 09/21/2004 08:09:54
Organization : Miss. Alison Snyder
Category : Health Care Professional or Association

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

THERAPY - INCIDENT TO

To Whom it May Concern:

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.

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 and provided these services to the top athletes from the United States. For CMS to suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of recreational activities and decides to get help from 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,

Alison Snyder, MS, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Comments
Issues 20-29

I beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.

Christina Raymond, MS, LMT
FL license # MA 39331

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.



**Department of Health and Human Services
Centers for Medicare and Medicaid Services (CMS)
Offices of Strategic Operations and Regulatory Affairs**

The attachment to this document is not provided because:

1. The document was improperly formatted.
2. The submitter intended to attach more than one document, but not all attachments were received.
3. The document received was a protected file and can not be released to the public.
4. The document is not available electronically at this time. If you like to view any of the documents that are not posted, please contact CMS at 1-800-743-3951 to schedule an appointment.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

THERAPY ASSISTANTS IN PRIVATE PRACTICE

Tonia Gruppen, MS, ATC
Zeeland High School
3333 96th Ave
Zeeland, MI 49464

September 21, 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:

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.

Sincerely,

Tonia Gruppen, MS, ATC

Head Athletic Trainer

Zeeland High School



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

The attached file reflects my dismay at the proposals to restrict the ability of Doctors to use the highly qualified Service Providers of their choice.

Attachment #2409

In reviewing the proposed new regulations, I am appalled to see that obvious pressure from a special-interest group, (the Physical Therapist [PT] lobby), has again been successful in proposing means for them to prevent highly qualified, certified and licensed professionals from providing the services that are requested of them by the Orthopedic Surgeons they serve. I am, of course, referring to **Certified Athletic Trainers**, whose minimum qualifications are a Bachelors degree in their discipline, and in most cases, the reality is that they possess Masters degrees, and have also put in many extended hours of education through the Continuing Education programs that are part and parcel of their profession.

The net effect of limiting Doctors' ability to choose service providers to fields named in the PT lobby proposal is to lower the quality of service being provided. The proposal is that only people of the following designations be allowed to be appointed by Doctors to serve their patients:

- Physical Therapists
- Physical Therapist *Assistants*
- Occupational Therapists
- Occupational Therapist *Assistants*
- Speech and Language Pathologists

Omitted are the currently recognized
Certified Athletic Trainers

This reduces the level of training of the people Doctors are able to call on to serve their patients, since Physical Therapy *Assistants* and Occupational Therapy *Assistants* are required to have only two years of schooling and training. Yes, these people do have training in their fields, but by thus limiting the choices, there are a vast number of providers who are more qualified, with independent medical knowledge, who are being eliminated from the Doctors' field of choice.

This, of course, will benefit those in the PT field, by eliminating highly trained professionals from competition, and giving them (the PT's) virtually exclusive control over this segment of the Health Service field. Doctors would no longer be able to use the best professionals available for their service providers, thus preventing these people from being able to earn a living in their chosen discipline.

Please, *Please* see that this highly discriminatory and totally unfair ruling is not allowed to go forward.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attached letter.

Nicole Sanford, ATC, CSCS
158 Highland Rd. Apt 33
Massena, NY 13662

September 21, 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 Medicare patients and ultimately increase the costs associated with these services 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.***
- 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.***
- ***Athletic Trainers are highly educated health care professionals.*** All Certified Athletic Trainers have at least a bachelor's or master's degree from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, therapeutic exercise, therapeutic modalities, nutrition, exercise physiology, acute care of injury and illness, statistics and research design. 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 education programs in Athletic Training (JRC-AT.)
- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.
- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

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

Sincerely,
Nicole Sanford, ATC, CSCS
158 Highland Rd. Apt 33
Massena, NY 13662

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Attachment #2411

September 21, 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:

This letter is in regards to the recent proposal to limit the providers of “incident to” outpatient services in physician clinics, which specifically discriminates against the certified athletic trainer. If this proposal were to pass, it would eliminate the ability of many qualified health care professionals to provide important services and would reduce the quality of health care for many patients.

My first and foremost concern is what seems to be the education needed to provide these health care services. As a graduate from an accredited athletic training program by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), I believe it is absurd for a physical therapist to find themselves more or better educated or experienced to provide care to these patients. The curriculum coursework I was required to complete included numerous classes in which the physical therapy students were my classmates, where we were taking the same exact courses and learning the same exact material. This includes material needed as the primary foundation for a healthcare profession such as athletic training, physical therapy, or other sports medicine related field. Therefore, a certified athletic trainer is highly qualified to provide the outpatient services the same as a physical therapist, PT assistant, or occupational therapist.

Certified 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 running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.

Currently, I am employed by the United States Olympic Committee as a certified athletic trainer at the Lake Placid Olympic Training Center. My job entails providing extensive recognition, evaluation, treatment and rehabilitation of the athletic injuries incurred by athletes whom are training to compete for the USA in the Winter 2006 Olympic Games. This also includes working in conjunction with the physical therapists and team physicians at the center, when necessary, to provide the best and most thorough care. Often times, our certified athletic trainers are the only ones who evaluate and provide care for an injury that resolves completely and is never even seen by a PT or physician. My abilities to provide this type of care to these athletes are no different than providing them to a Medicare 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.

Lastly, 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. 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.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent. I strongly encourage you to consider the above mentioned statements during the decision making process in this matter.

Sincerely,

Diana G. Caruso M.S., LAT, ATC
United States Olympic Training Center
Department of Sports Medicine
196 Old Military Road
Lake Placid, NY 12946

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not pass this policy whereby a physician can only refer "Incident to" services to only physical therapists. All qualified health care providers desire to have the opportunity to assist patients with their recovery. To close out others is an action that will deprive not only other health providers, but also delete opportunities for healing to occur for the patients under a physicians prescription or under their supervision. Please know my voice is one of many who have not yet heard what you are contemplating. Please know your actions can effect many for the good or for the worse, please choose an outcome that is a win win for all. Thank you for your time,

Sincerely
Andrew MacGregor

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER HEALTH CARE PROFESSIONAL - INCIDENT TO

Athletic trainers are highly educated allied health care providers. ALL certified or licensed athletic trainers must have a bachelor's or master's degree from an accredited college or university. 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. Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists. These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept. In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,
William Twehues, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See Attached File

CMS-1429-P-2414-Attach-1.wpd

Attachment #2414

Sue Stanley-Green
Athletic Training Program Director
Florida Southern College
Lakeland, FL 33801

September 19, 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 will 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, 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, been utilized by physicians to allow others, under the physicians supervision, 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 they can utilize to provide ANY incident to service. Because the physician accepts legal responsibility for the individual under their care, Medicare and private payers have always relied upon the professional judgment of the physician 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 their 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, it is likely the patient will suffer delays in health care, greater cost and a lack of access to 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, 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 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 this summer to provide these services to our top athletes. For CMS to even suggest athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured 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 recommendation is a health care access deterrent.

Sincerely,

Sue Stanley-Green, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Limiting L.M.T.'s from providing medically related care to physician's patients would adversely effect healthcare in it's already constricted state by cutting off beneficial therapies for phyician's patients. I as an L.M.T. and as an insured person having had massage therapy I think this move would further drive the healthcare system down the tubes. Please do not limit individual's from the therapies that help them.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

PRACTICE EXPENSE

Santa Cruz County has been designated as a rural county for more than 40 years, and this designation is seriously out of date. For example, the median home price is over \$600,000 which means we are losing physicians to neighboring counties without this designation, such as Santa Clara.

Please reclassify Santa Cruz County.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please DO NOT pass this policy whereby a physician can only refer 'incident to' services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physician's prescription or under their supervision

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

please see attached file

Jeremy M. Canter, ATC-L
P.O. Box 1203
Fairview, NC 28730

Attachment #2418

9/21/2004

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:

- 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.
- 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.

- 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 running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.
- Certified athletic trainers have to abide by some of the most strict requirements to retain certification (80 continuing education credits per certification period). Those whom the CMS claims as “qualified” have no continuing education requirements, which could potentially pose a threat to the patient.

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

Sincerely,

Jeremy M. Canter, ATC-L
P.O. Box 1203
Fairview, NC 28730

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

"Therapy-Incident To"

Attachment #2419

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

September 21, 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 Sirs:

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 unnecessary constraint on our already overburdened 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.
- As the director of an accredited athletic training education program, a board member of the JRC-AT, as well as being an examiner for the national credentialing examination, I can confidently attest that 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: injury assessment, care of injury/illness, and rehabilitation. Additional course work is completed in: human anatomy, human physiology, kinesiology/biomechanics, nutrition, pharmacology, statistics and research design, and exercise physiology. Seventy (70) percent of all certified 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. Recently, dozens of athletic trainers accompanied the U.S. Olympic Team to Athens, Greece to provide these services to the top athletes from the United States. I, personally, was able to provide similar services as part of the medical staff for the 2002 Winter Olympics. You might be interested to know that for the ice hockey venues, we had physicians, dentists, paramedics, EMT's and certified athletic trainers at every practice and competition. According to our protocols, if an on the ice injury occurred which required the player to be transported from the ice, the certified athletic trainer was to be at the athlete's head and to be in charge of that situation and the medical team, until the athlete was loaded into the ambulance. For CMS to even suggest that athletic trainers are unqualified to provide 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 serious health-care access deterrent.

Sincerely,

Dr. David A. Kaiser, EdD, ATC
Associate Professor/Athletic Training Program Director
Brigham Young University
267 SFH
Provo, UT 84602
801-422-1627
801-422-0555 (fax)
david_kaiser@byu.edu

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

**Department of Health and Human Services
Centers for Medicare and Medicaid Services (CMS)
Offices of Strategic Operations and Regulatory Affairs**

The attachment to this document is not provided because:

1. The document was improperly formatted.
2. The submitter intended to attach more than one document, but not all attachments were received.
3. The document received was a protected file and can not be released to the public.
4. The document is not available electronically at this time. If you like to view any of the documents that are not posted, please contact CMS at 1-800-743-3951 to schedule an appointment.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We urge you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I urge you NOT to pass this policy whereby a physician can refer "incident to" services only to physical therapists.

All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

1420-P would limit access to medical services from qualified massage therapists. Huge numbers of persons suffer spine and other injuries whose only option for pain relief are chemical substances (medications), surgeries (no guarantees), and massage and physical therapies. This last category of treatment of pain relief is cost effective and non-invasive and must be fully available to all persons. To implement the proposed changes would create a barrier that thrusts sufferers into a cycle of chemical/substance use (and abuse) or costly surgeries. ABANDON THIS PROPOSAL!!!!!!!!!!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please See Attached File

Attachment #2424
Brian Bradshaw, MS, ATC
5314 St. Pauls Road
Manchester, MD 21102

September 21, 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 many types 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 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 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.
- 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.
- 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 actually a health care access deterrent.

Sincerely,

Brian Bradshaw, MS, ATC

Submitter : Mrs. Erica Thornton Date & Time: 09/21/2004 09:09:39

Organization : National Athletic Trainers Association

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attached document

**Department of Health and Human Services
Centers for Medicare and Medicaid Services (CMS)
Offices of Strategic Operations and Regulatory Affairs**

The attachment to this document is not provided because:

1. The document was improperly formatted.
2. The submitter intended to attach more than one document, but not all attachments were received.
3. The document received was a protected file and can not be released to the public.
4. The document is not available electronically at this time. If you like to view any of the documents that are not posted, please contact CMS at 1-800-743-3951 to schedule an appointment.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am writing in regard to the current CMS proposal that, if passed, would no longer allow physicians to be reimbursed for therapy services administered by a certified athletic trainer in a physician's office. I strongly believe that you should not carry out this change. The reason being that once I receive my National Athletic Trainer's Association (NATA) Certification I will be as well, if not more, qualified than any PT, PTA, OT or OTA in providing rehabilitative services in a physician's office.

The profession of athletic training is recognized as an allied healthcare profession by the American Medical Association. ATCs are health care professionals who work under the supervision of a licensed physician and specialize in the prevention, recognition, treatment and rehabilitation of injuries incurred by athletes and those engaged in physical activity. ATCs can work with in a variety of different programs, such as secondary school interscholastic athletic programs, intercollegiate athletic programs, professional athletic teams, corporate health programs, sports medicine clinics, physicians' offices, health clubs and industrial health programs.

In order for students to become ATCs they must, first, graduate from an entry-level CAAHEP Accredited Athletic Training Curriculum. Students must successfully complete an entry-level athletic training program accredited by CAAHEP, in no less than two academic years. During that process the athletic training student takes an array of courses that focus on health care and the prevention, evaluation and rehabilitation of injuries. Physical therapy students are also required to take many of these same classes.

Once the student has earned his or her bachelor's degree from a CAAHEP accredited program they must pass the NATA Board of Certification exam. The purpose of this certification program is to establish standards for entry into the profession of athletic training. The certification exam is a three-part test administered by the BOC. The exam includes three sections. The first section is a written. The second part is a practical section that evaluates the skill components within athletic training. The third section is a written simulation test that consists of athletic training related situations designed to approximate real-life decision making and evaluates athletic trainers' ability to resolve cases similar to those they might encounter in actual practice. After an athletic trainer is certified, he or she must obtain 80 hours of continuing education units within a three-year reporting term to maintain certification.

In addition, many physical therapy clinics currently employ a number of ATCs to provide rehabilitative services to their injured patients. If this proposal gets approved these ATCs will be fired. Then who will work with the patients that belonged to the ATCs? PTs, PTAs, OTs and OTAs will all be busy working with their own patients. If this proposal falls through, the majority of physical therapy clinics will be unable to meet the demands of their patients and the health of the American public will suffer.

Another qualification worthy of consideration is the Specific Vocational Rating that the federal government gave the ATC compared to the OT, OTA and PTA. This rating considers the level of education, the preparation required, and the duties of the profession. OTs received a 7 to <8 rating. OTAs and PTAs received a rating of only 4. Yet people believe that OTs, OTAs and PTAs are more qualified than ATCs who are rated at a score of 8+ according to the U.S. Department of Labor.

All of the above formation proves that certified athletic trainers are just as, if not more qualified than PTs, PTAs, OTs or OTAs. I hope that this information will urge you to disapprove the current CMS proposal.

Thank you for your consideration.

Submitter : Mrs. Terri Simon Date & Time: 09/21/2004 09:09:12

Organization : Cuyahoga Community College

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

"Therapy - Incident To" 9/21/04

I would like to comment on the proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calender Year 2005". I believe that qualifications of individuals providing physical therapy services "incident to" a physician should be a graduate of an accredited professional physical therapy program or meet the grandfathering clauses or educational requirements for foreign trained physical therapists. Physical therapists and physical therapist assistants under the supervision of physical therapists are the only practitioners who have the education and training to provide physical therapy services. Unqualified personnel should NOT be providing these services and it is my belief that delivery of so-called "physical therapy services" by unqualified personal is harmful to the patient. Since these people do not have the proper education and training, unsuspecting patients will be the ones who will be missing out on the full benefits of a properly trained professional. 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. Because of this, it is my belief that the services must be performed by individuals who are graduates of accredited physical therapist education programs. Thank you.

Terri Simon
Student Physical Therapist Assistant
Cuyahoga Community College - Metro Campus

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT 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

To whom it may concern:

I am a physical therapy student in my final year of a 6-year doctorate of physical therapy program. I wish to comment on the August 5th proposed 2005 Medicare physician fee schedule rule that states that physical therapy services provided in a physician's office incident to a physician's professional services be provided by a licensed physical therapist or by a physical therapist assistant operating under the supervision of a physical therapist. I strongly support this ruling that if patients are being billed for physical therapy services, these services need to be provided by physical therapists who have graduated from an accredited program.

Physical therapists and physical therapist assistants under the supervision of physical therapists are the only health care personnel that are qualified to provide physical therapy services. This qualification comes from the significant classroom and clinical experience that they receive during their education and training. These practitioners are required to take a national licensure examination to ensure that they have the knowledge and experience to safely and effectively provide physical therapy services. No other health care practitioners are qualified to provide physical therapy services to patients and to bill them as such. I appreciate your consideration of my comments.

Thank You

Submitter : Mrs. Yvonne Fey, LMT, EMT-B Date & Time: 09/21/2004 09:09:23

Organization : BODY

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All QUALIFIED health care providers, including licensed massage therapists, should be allowed to provide services to patients with a physician's prescription or under their supervision. I am a Licensed Massage Therapist (licensed under the Ohio State Medical Board) and the owner/director of a large massage therapy practice. I am also an Emergency Medical Technician. Most of the work that I do is with seriously injured people...car accidents, broken necks, spinal stabilization situations, surgery recovery, orthopedic concerns, etc. Qualified massage therapists provide a tremendous service and care to people with various injuries and illnesses. Please take the TIME to research what massage therapy is all about before you make this critical decision that would eliminate any provider except physical therapists from providing "incident to" medical professional's services to patients. Thank you for your time.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attachment

Attachment #2430

To Mark B. McClellan, MD, PhD:

My name is Helena Boynton, and I am student physical therapist in the final year of Marquette University's doctor of physical therapy program. I am writing to comment on the August 5 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005."

I strongly support CMS's proposed requirement that physical therapists working in physicians' offices be graduates of accredited professional physical therapist programs. In relation to this, it is important to note that physical therapists must undergo extensive educational training in order to safely and consistently provide physical therapy services. As a student, I am well acquainted with the rigors of an accredited physical therapy program, including classes as diverse as Wound Care, Exercise Physiology, Kinesiology, Anatomy, Neuroanatomy and Electrophysiology. With such an educational background, physical therapists are commonly recognized as experts within the musculoskeletal realm. Unqualified personnel have neither the depth of knowledge nor experience necessary for making complex clinical decisions that physical therapists must make quickly and consistently every day.

For example, if a patient is receiving therapy after rotator cuff surgery, a physical therapist must simultaneously apply her knowledge of wound care (to assess the surgical incision), kinesiology (to challenge the muscles and associated joints safely and effectively), and electrophysiology (for selection of the appropriate settings and electrode placement for pain control and circulation facilitation). Within this simplified patient case, an inaccurate assessment of the wound might result in an infection going unnoticed, an ineffective exercise program might result in weakening of unused muscles or, even worse, damage to the repair, and the misapplication of electrical stimulation might result in increased pain or irritation at the electrode placement sites. Consequently, the safety of patients could easily be compromised if unqualified personnel were to attempt to provide any of the aforementioned interventions in lieu of a highly trained physical therapist (or physical therapist assistant under supervision of a physical therapist).

Even supervision by a physician could not ensure that unqualified personnel could safely provide physical therapy services. According to A.S., a third-year medical student at Northwestern University as well as a friend of mine, medical students at NU will receive no training in electrophysiology and a cursory education in kinesiology at best. A look at the curriculum at www.feinberg.northwestern.edu confirms this statement, highlighting the differences in scope of knowledge base between medical students and the specific, musculoskeletal centered education of a student physical therapist.

While safety concerns ought to be a sufficient argument against unqualified personnel providing physical therapy services, the associated potential for ineffective care only serve to reaffirm the stance that physical therapists and PTAs are the appropriate choice when physical therapy is needed. Ineffective care is likely to result in inefficient care; in other words, patient conditions would not improve as quickly, and consequently patients would remain stuck in the health care system, using resources longer as they continue to require assistance in returning to full function.

Clearly, the possible negative consequences of unqualified personnel performing physical therapy interventions far outweigh any arguments for convenience and cost-effectiveness. At this time, physical therapists are professionally educated with the minimum of a post-baccalaureate degree from an accredited education program, are licensed in the states in which they practice, and have the knowledge to provide the best possible care to patients in need of physical therapy services. These services are of a specialized nature that require the depth and comprehensive nature of physical therapists' background and experience, and any laws or regulations that refuse to acknowledge this fact fail to safeguard the public that they are designed to protect.

Thank you for your time and attention to this matter, as well as your continued dedication to the people of America and their health care system.

Sincerely,

Helena R. Boynton, SPT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

I am writing to express my concern over the recent proposal that would limit providers of 'incident to' services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system. 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 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.
- In summary, it is not necessary or advantageous for CMS to institute the changes proposed. CMS recommendation is a health care access deterrent.
Sincerely, Ruth Oliphant

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Attachment #2432

September, 21, 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 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 running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.
- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

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

Sincerely,

Joseph S. Driscoll
St. Albans School
Mt. St. Alban
Washington, DC 20016

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments**GENERAL**

GENERAL

Dear Sir/Madam:

I am writing at the request of the NATA to express my thoughts over the recent proposal that would limit providers of 'incident to' services in physician offices and clinics. The NATA is very concerned about this issue because it limits athletic trainers' ability to practice as physical therapists in clinics. I do not agree with the NATA regarding this issue and would like to voice my support for your proposal.

The NATA would like the healthcare industry, as well as the individuals they 'certify' as athletic trainers, to believe that their certification is similar to that of physical therapists and should be recognized as so. The NATA requires a rigorous bachelor's degree program that also requires hundreds (up to 1500) hours of on-hands experience before prospective athletic trainers can even sit for the certification exam. The exam itself is very difficult and has about a 30% passing rate. Once the exam is passed, the NATA requires 80 credit hours of continuing education per three year period to maintain certification. I believe that all these difficult standards is why the NATA would like you to believe that their certification deserves recognition, when in fact, the certification is NOT recognized to be professional in any industry.

As a Certified Athletic Trainer for the last 3 years, I have found little recognition and compensation for my work as an athletic trainer. In a clinical setting, physical therapy aides (which only requires a 2 year associates' degree) were recognized as professionals over athletic trainers and had a higher pay scale. In a sports medicine setting such as a college or high school, I have found that most schools equate athletic training with a simple first aid certification and compensate very poorly. Even as an athletic trainer employed by a healthcare provider that supposedly recognizes the certification as professional, the best job I can find is a 6-day a week, part-time job with part-time benefits, that compensates me barely above poverty level. Does this sound like an organization that recognizes its members as professionals??

Until the Athletic Training Certification is recognized as professional in the healthcare industry, I do not believe that athletic trainers should be allowed to practice as such. The NATA should be exposed for the weak industry that it is.

Sincerely,
A Certified Athletic Trainer

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a physical therapist practicing in a hospital environment and have been employed in this capacity for 12 years. I am commenting to offer my support for the proposed rule that would establish standards and qualifications for those who would provide physical therapy services incident to a physician. I strongly support establishing these qualifications. In order to legally practice physical therapy services and get reimbursed an individual must meet guidelines established by the state regulating agency. In addition, the office of CMS has gone to great lengths in establishing strict guidelines for supervision of support personnel. In order to submit a claim for reimbursement, the service needs to be provided by a physical therapist or a physical therapy assistant supervised by a physical therapist. Allowing support personnel without the proper training to provide these same services in a physician's office and get reimbursement undermines state licensing laws, CMS practice guidelines, and CMS reimbursement guidelines. Physical therapists go to great lengths to meet the educational requirements and standards of practice for the profession, and also must go to great lengths to meet Medicare's standards for reimbursement. These standards should be applied universally in order to protect the integrity of the profession, to ensure continued quality services to patients, and to protect the integrity of the regulating agencies. Thank you for your consideration in this manner.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Imt's should have the right to continue to work on medicare patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 18, 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 writing to express my concern over the recent proposal that would limit providers of 'incident-to' services in physician offices and clinics. Consumers deserve a choice to whom is providing their health care. Physicians should be determining which health care provider is better suited to provide rehabilitation for their patients.

Each of these equally qualified medical professionals deserves 'equal footing' in terms of reimbursement for the rehabilitation codes. In today's world of rehab, consumers are exposed to and cared for by certified athletic trainers in physicians offices, rehabilitation companies, and industrial settings. If adopted, this would eliminate the ability of qualified health care professionals to provide these important 'incident-to' services.

Why now, is this proposal questioning the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service? Physicians continue to make decisions in the best interests of the patients. It is IMPERATIVE that Medicare and private payers continue to support physicians in these endeavors and not impose any limitations or restrictions as to who the physician can utilize to provide ANY 'incident-to' service.

CMS is surely receiving comments from Physical Therapists and Physical Therapist Assistants regarding this proposal. The APTA strongly opposes the use of 'UNQUALIFIED PERSONNAL' to provide services described and billed as physical therapy services. These individuals will speak of the 'negative impact' that will be created by allowing unqualified individuals to provide services that are billed as physical therapy services in physician's offices. I could not agree more! Unqualified individuals should not be providing any medical service.

What those individuals will not tell CMS is this:

 All certified or licensed athletic trainers MUST have a bachelor's or master's degree from an accredited college or university.

 Core coursework for an ATC includes:

Human physiology and anatomy

Kinesiology/biomechanics

Nutrition

Acute care of injury and illness

Exercise physiology

Stats and research design

 70% of all ATCs have a master's degree or higher.

 The services and education of ATCs are comparable to other health care professionals including PTs, OTs, RNs, speech therapists, and many other mid-level health care practitioners.

 A Physical Therapy Assistant has 2-4 years less educational experience compared to an ATC, yet a PTA has a legislative right to be reimbursed for services. Why is this so?

Allowing only PT,OT, speech therapist to provide ?incident-to? outpatient therapy services would improperly provide these groups EXCLUSIVE rights to Medicare reimbursement and DENY the consumer access to quality health care professionals affecting the quality of health care being provided and possibly the costs.

In proposing this change, CMS 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.

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

Jessica McCloskey, ATC
Athletic Trainer
Conestoga High School
NovaCare

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

As a licensed Physical Therapist and Manager of a Physical Medicine Department of a hospital, I strongly agree with the proposed changes requiring that physical therapy services provided in a physicians office incident to a physicians professional services must be furnished by personnel who meet certain standards.

In my 7 years of practice, I come across patients on a monthly basis who have received sub-standard care in the name of 'physical therapy' from a physician owned/operated clinic with no licensed therapy staff, or inappropriate supervision levels according the the APTA and governing state board. In my experience, the use of this 'loophole' leads to two disturbing scenarios:

1. Increased cost to Medicare in terms of patients seeking qualified therapy services AFTER trials of inadequate treatment by unqualified individuals.
2. The patient who has received inappropriate treatment, further functional decline, and is resistant to referral to qualified therapy services due to their previous experience.

This mis-use or misrepresentation of physical therapy treatment is not only a detriment to the patient in terms of the care they receive, but is also a 'blemish' on my profession. As a Physical Therapist, I take pride in my educational background and licensure and am offended that unlicensed personnel would try to duplicate therapy services without the appropriate requirements/background.

Again I urge you to make these proposed changes which will benefit the Medicare patient population in terms of outcomes, produce a cost savings, and further protect my physical therapy profession.

Thank you for your consideration.

Sincerely,
Heidi A. Endert P.T.
Physical Medicine Dept. Manager
Pacific Hospital of Long Beach
(562) 997-2416
heidi.endert@phlb.org

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

ASSIGNMENT

opposed

CARE PLAN OVERSIGHT

opposed

DIAGNOSTIC PSYCHOLOGICAL TESTS

opposed

IMPACT

opposed

LOW OSMOLAR CONTRAST MEDIA

opposed

MANAGING PATIENTS ON DIALYSIS

opposed

TECHNICAL REVISION

opposed

THERAPY - INCIDENT TO

opposed

THERAPY STANDARDS AND REQUIREMENTS

opposed

THERAPY TECHNICAL REVISIONS

opposed

Submitter : Miss. Anne Michelle Banaag Date & Time: 09/21/2004 10:09:04

Organization : University of Medicine

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

To Whom It May Concern:

I am currently enrolled in the doctorate program of physical therapy at the University of Medicine and Dentistry of New Jersey. I would like to express my thoughts about the provisions in the proposed physician fee rule. Individuals that are competent and have the best knowledge of that specific area of interest should perform healthcare services. Patients should not be billed physical therapy treatments rendered by other healthcare personnel other than physical therapist or physical therapist assistants.

The Physical Therapy Guide to Practice, released by the American Physical Therapy Association states, "The patient/client management elements of examination, evaluation, diagnosis, and prognosis should be represented and reimbursed as physical therapy only when they are performed by a physical therapist. The patient/client management element of intervention should be represented and reimbursed as physical therapy only when performed by a physical therapist or by a physical therapist assistant performing selected interventions under the direction and supervision of a physical therapist in accordance with APTA positions, policies, standards, codes, and guidelines". This clearly states that reimbursement should only be appropriate if physical therapist or physical therapists assistants perform these procedures, labeled as physical therapy.

Licensed physical therapists have acquired the knowledge needed to make educated decisions about a patient's care. Physical therapy should only be administered by licensed physical therapists to optimize the quality of care given to patients. I strongly support the provisions in the proposed fee schedule rule.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

We are 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 our business is over 25% greater than for services performed by local physicians. We understand that this is by far the greater such differential in the country.

This needs to stop. We are losing doctors and important specialties. Our organization cannot fathom how this is allowed to continue. We believe that Congress has delegated to CMS the responsibility to manage the payment to physicians. Further, we 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.

Health care costs are high in our community. The economy of this county is entirely equivalent to Santa Clara County. Housing costs, wages, and benefits are equivalent. How can you support the payment differential as you propose in your rule? How can you continue to include counties such as Santa Cruz, Sacramento, and San Diego in the rural Locality 99 designation? We understand that Congress is directing to include our county in a federally sponsored redistricting in 2005. This needs to occur now.

Sincerely,

Aileen A. Santos, CLS
Barbara Auer, MT
Laboratory
Santa Cruz Medical Foundation

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Physical therapists should not be the only health care professionals allowed to provide medically treated care to physicians; licensed massage therapists must also be allowed to do so.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not pass this policy. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Issues 20-29

THERAPY - INCIDENT TO

We beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physician's prescription or under their supervision. Alternative/Wholistic approaches to patient care are often far more cost effective and result in increased recovery rates and higher consumer satisfaction.

Michael True

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Re: Therapy Incident To: Proposed Revisions to Payment Policies under the Physician Fee Schedule for 2005; CMS-1429-P

Dear Dr. McClellan:

I am writing to express my concern regarding the proposal on incident-to therapy services provided in a physician's office in the 2005 Medicare Physician Fee Schedule Proposed Rule, published in the August 5, 2004 Federal Register.

As a medical student who is specializing in physical medicine and rehabilitation, I do not believe that the Medicare provisions regarding therapy services furnished as incident-to the physician's service and under a physician's direct supervision authorize this proposal. The proposal establishes inappropriate limitations on the licensed and certified health care professionals that the physician may employ and supervise to provide therapy services. Imposing such limitations on the physician's own service is an inappropriate restriction by Medicare on the professional judgment of physicians and on our scope of practice under state law.

The proposed restrictions are not based on data or any specifics relative to the quality of therapy services provided as incident-to. New conditions were placed on incident-to therapy services in 1998 regarding the establishment of a written plan of care for therapy, documentation of progress toward a rehabilitation goal and prohibition of palliative care. I believe those conditions were necessary and have had a positive effect on the provision of therapy services. However, CMS has not evaluated their impact before concluding that additional regulation is needed.

Furthermore, there are states with laws that prohibit the employment of physical therapists by physicians. Implementation of the incident-to proposal in these states would prevent physicians from billing incident-to therapy, thereby limiting access for Medicare beneficiaries. The physician would be required to send the beneficiary to another office of an independent physical therapist, which is unnecessary and burdensome because the independent physical therapist may be located at an inconvenient distance from the physician's office.

Thank you for your consideration of my comments and if I can offer any assistance to you, please do not hesitate to contact me.

Sincerely,
Laura Hobart-Porter, OMS IV

Submitter : Miss. Tiffany Williamson Date & Time: 09/21/2004 11:09:11

Organization : Miss. Tiffany Williamson

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Tiffany Williamson
11 Baldwin Drive
Greenville, R.I. 02828

September 21, 2004

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
Re: Therapy-Incident to

Dear Sir/Madam:

I am writing this letter to you in regards to the CMS-1429 proposal. I strongly disagree with the proposal and feel that it will only bring about negative impacts on today's medical field as a whole. I believe that health care professions have enough stress put upon them every day and this will only lead to more of it that is completely unnecessary. I really feel as though if this proposal were set in place, healthcare would be taking one huge step backwards. All the hard work and dedication that has been put into making today's healthcare so strong through all these years, could all possibly be lost in a heartbeat.

If this proposal were to go through, many qualified health care professionals are being put at risk to lose their job. The health care providers would be down, and the stance of the health field for years to come would certainly be greatly impacted in a negative way as well. Also, the medical field over the years has developed a strong relationship between health care professionals. Physicians, physician's assistants, physical therapists, athletic trainers, and many others for example work together to provide patients with the best overall care possible. The team work that has developed through these different health care professions is quite extraordinary, and makes medicine today so much stronger and more effective because of it.

This new idea makes the overall care and treatments of a patient much less effective and makes things more complicated and difficult then they have to be. The proposal will also contribute to the increasing cost of medical service. If health care clinics and offices are limited the costs will in turn increase.

As you can see a proposal such as this one has to the potential to destroy so many of the positive things in healthcare today. I strongly oppose this idea and think that there are too many negative impacts that could possibly occur as a result. Try to keep in mind that the patient is the center of today's healthcare. Nothing good can come out of limiting a patient's care. This proposal is a bad idea and I feel many others would agree.

Sincerely,

Tiffany Williamson

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

please see attachment

CMS-1429-P-2448-Attach-1.doc

CMS-1429-P-2448-Attach-2.rtf

Attachment #2448 (1 of 2)

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

Steve Cernohous, ATC
Kaiser Permanente
3800 Dale Rd.
Modesto, CA. 95358

September 21, 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,

Steve Cernohous, MA, ATC

Attachment #2448 (2 of 2)

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

Steve Cernohous, ATC
Kaiser Permanente
3800 Dale Rd.
Modesto, CA. 95358

September 21, 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).

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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,

Steve Cernohous, MA, ATC

Submitter :

Date & Time:

09/21/2004 11:09:38

Organization :

Category :

Individual

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

THERAPY - INCIDENT TO

Susan Floyd
 1475 Calle Tilo
 Thousand Oaks, Ca 91360
 September 21, 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.

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.

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.

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 Floyd

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physician's prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 2004

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

Dear Sir/Madame:

I am writing to strongly express my concerns that would limit providers of "incident to" services in physician offices and clinics. There have never been restrictions placed on physicians as to who he/she can utilize to provide any "incident to" services. Taking control of the patient's care out of the physician's hands would be a monumental mistake. The passing of this proposal would be devastating in that it would increase costs, lead to delays in treatment, and lead to the elimination of more than qualified health care professionals to provide these services.

Physicians frequently choose and trust Certified Athletic Trainers to care for and provide services to their Medicare patients. Physicians are aware that they are legally responsible for all care ordered to their Medicare patients, and they would be greatly limited if Certified Athletic Trainers, who are more than qualified to administer the prescribed protocols, were not available to treat their Medicare patients.

This proposal is being done ONLY to please a single professional group so they can establish themselves as sole providers of therapy services. At this point in time no evidence has been offered as to the problem with the current situation. We as Certified Athletic Trainers have every right to pursue our careers and perform services we are more than qualified to provide without being threatened by a single interest group such as this. It has been researched and proven that the quality of care provided by Certified Athletic Trainers is equal to that provided by physical therapists.

The Ohio Physical Therapy, Occupational Therapy, and Athletic Training Board's States Practice Acts allow for Certified Athletic Trainers to provide rehabilitation services. Athletic Trainers are recognized and reimbursed by a number of insurance companies, as well as the Ohio Bureau of Worker's Compensation. Athletic Trainers work with all physically active populations in schools, universities, pro sports, Olympic athletes, industrial workers, many corporations, and with many physicians in their offices. Medicare patients are now more active than ever and are without doubt part of the "physically active" population.

Not allowing physicians to choose who may provide "incident to" services to their Medicare patients only further restricts already strapped physicians' ability to treat their patients.

This proposal only benefits the above mentioned single interests group and would greatly harm the care of our elderly community, which deserves better treatment by our government.

Sincerely,

Shawn M. Fahey, M.S., A.T.C.

Submitter :

Date & Time:

09/21/2004 11:09:39

Organization :

Category :

Individual

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

THERAPY - INCIDENT TO

Alissa Floyd
1475 Calle Tilo
Thousand Oaks, Ca 91360

September 21, 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.

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.

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.

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,
Alissa Floyd

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Subject:

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

Reference:

'Therapy - Incident To'

Please see attachement for complete comments.

Sincerely,

Casey B. Strunk, SPT
Texas State University - San Marcos
MSPT Class of 2005

Attachment #2453
Casey B. Strunk, SPT
5701 S. Mopac Expy. #1628
Austin, TX 78749

9/20/04

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

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

Reference: “Therapy – Incident To”

Dear Dr. McClellan:

My name is Casey Strunk and I am currently a student physical therapist in the Master of Science in Physical Therapy class of 2005 at Texas State University – San Marcos. I am writing this letter because I wish to make a public comment on the August 5 proposed rule on “Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005.”

I strongly support CMS’s proposed requirement that physical therapists working in physician’s offices be graduates of accredited professional physical therapist programs. In addition, hopefully at some future time this proposal can be strengthened to include the requirement of licensure as the standard. In fact, physical therapists must be licensed in the states where they practice. With this comes the responsibility and accountability of a healthcare professional.

Only with the realization of these prerequisites can the public be assured that only healthcare providers who have the background and expertise to offer physical therapy services (physical therapists and physical therapist assistants under the supervision of physical therapists) are providing and assuring the quality of their care. The supply of purported “physical therapy services” by untrained staff can put patients at risk for injury and/or death.

Physical therapists are highly educated individuals who now receive professional post-baccalaureate degrees at universities whose program is accredited by the Commission on Accreditation of Physical Therapy, an independent agency recognized by the U.S. Department of Education. In the course of this rigorous education, physical therapists obtain 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 while assuring that their care is of the highest quality.

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. Therefore, the services must be performed by individuals, who are graduates of accredited professional physical therapist education programs.

On a related note, a very strict financial constraint 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 immediate rehabilitation goals, overall quality of life and potentially increase costs for the patient and Medicare by necessitating additional medical care that may not have been needed if the patient had received adequate care from a physical therapist in the first place. Please consider repealing this cap for the welfare of the Medicare beneficiaries and the financial stability of the Medicare system.

Thank you, Dr, McClellan, for your consideration of my comments.

Sincerely,

Casey B. Strunk, SPT
Texas State University – San Marcos
MSPT Class of 2005

Submitter :

Date & Time:

09/21/2004 11:09:50

Organization :

Category :

Individual

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

THERAPY - INCIDENT TO

William Floyd
1475 Calle Tilo
Thousand Oaks, Ca 91360

September 21, 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.

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.

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.

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,
William Floyd

Submitter : Mrs. Sandra DelSignore Date & Time: 09/21/2004 11:09:22

Organization : ABMP

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do NOT pass this policy where physicians can only refer "incident to " services to physical therapist. All qualified healthcare providers,including medical massage therapists, should be allowed to provide these services to patients with a physicians prescription. THANK YOU!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Diane Nelson

Sports PT of NY PC

2540 Sheridan Drive

Tonawanda, NY 14150

September 21, 2004

Centers for Medicare and 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 / Madame:

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 services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service.

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 has 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. It is imperative that physicians continue to make decisions in the best interest of the patient.

Athletic Trainers are highly educated. All certified or licensed athletic trainers must have a bachelor's or masters degree from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness and exercise physiology. Seventy percent of all athletic trainers have a masters 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 any other mid-level health care practitioner. To allow only physical therapists, occupational therapists, and speech 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 does not have the statutory authority to restrict who can and cannot provide "incident to" a physician office visit. In fact, this action could be construed as an attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider for therapy services.

Sincerely,

Diane Nelson



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

The proposed changes regarding the "incident to" delivery of physical therapy services in a physicians office to Medicare recipients will improve the quality and safety of care those individuals require. Too often a patient will come into my office with crutches, canes and walkers that have not been sized properly or instructed in their proper use, or have been doing an exercise improperly that they were instructed in at the doctor's office by someone other than a Physical Therapist.

Only those who have been educated, trained, tested and licensed as a Physical Therapist should be allowed to provide physical therapy services and bill for the same. The delineation in a Physical Therapists office is very clear and mandated by Medicare that only a Physical Therapist perform billable procedures and the same should hold true in an MD's office.

Thank you

Joseph P. Carroll PT MS SCS
Director
Cape Cod Rehabilitation

Submitter : Mrs. Sandi Russ Date & Time: 09/22/2004 12:09:48

Organization : Mrs. Sandi Russ

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg you to NOT pass this policy whereby a physician can only refer 'incident to' services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physician's prescription or recommendation. Individuals should also be allowed to choose this service on their own. As a member of the American Massage Therapy Assn., and knowing the value of massage to the elderly (and all ages), I ask that you reconsider your decision here and research the value of massage therapy and other therapies as regards treatment options.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

It is my understanding that a vote will be taken this Friday on a rule which, if passed, will prevent all alternative health care professionals but Physical Therapists from being allowed to perform health services under physicians' "incident to" prescriptions for Medicare patients. This ruling, should it be passed, will prevent the many senior citizens who would otherwise not be able to afford such services as Therapeutic Massage -- which is a health care service qualitatively different from "Physical Therapy," most often with distinct treatment goals -- from continuing to benefit from those legitimate and badly needed services. Such a ruling will also damage the professional careers of nationally recognized and state-licensed and regulated health care professionals who are not Physical Therapists, including tens of thousands of professionally recognized Massage Therapists. As a Nationally Certified Massage Therapist, I would implore you to not pass such legislation. -- Marianna Maver, MAT, NCTMB

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Centers for Medicare and Medicaid Services:

I am writing in concern to the proposal that would no longer allow physicians to be reimbursed for therapy services administered by a certified athletic trainer. Certified athletic trainers are equally or more qualified than PTs, PTAs, Ots, and OTAs to provide rehabilitation services. Athletic training students receive classroom and hands on training during undergraduate studies. Many PT students will not touch a therapeutic modality or any rehabilitation service until graduate school. This allows for athletic trainers to become familiar with rehabilitation theories, services, and to have extensive hands on use throughout their studies.

According to the federal government the preparation of an athletic trainer is equivalent to a PT. Preparation is even more significant than that of an OT, OTA, and PTA. Athletic trainers have a specific vocational preparation rating of 8+, versus an Ots preparation at 7 to <8, and a 4 for OTAs and PTAs.

Athletic trainers provide therapy under the direction of a physician in athletic training room, physicians offices, sports medicine clinics, and other non athletic clinics. Please reconsider your proposal to change the Medicare regulation, and allow athletic trainers to continue to practice what they have been certified to perform.

Thank you,

Katherine Pullman

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

As a MediCare subscriber in Santa Cruz County, I urge you to update our classification from rural to urban. Average home prices are at \$700k levels, median at \$640+k, cost of living rivals that of San Francisco. We are losing qualified medical professionals who can't afford to buy homes in this area on incomes received in the current classification. Please carefully consider our predicament.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physician's prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I truly hope Massage therapists are being considered. It would be a great injustice to lose the use of a massage therapist by the public, for many physical therapist's refer patient's along with physicians due to the fact that we as massage therapist's have more extensive knowledge in the area of massage therapy.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please leave the parameters as is for mastectomy, do not make a change where the these ladies will have to continually go their Dr. to get a script for something that is a life time condition for them . These products will stay the same for a life time as a mastectomy is permanent. There should be no need to get a new script every year for these products. These ladies should not have to pay for an office visit to get a face to face prescription. Their Dr's retire and even move away sending these ladies to seek a new Dr. to write a script. This only makes sense to keep cost and burdens to a minimum for these ladies. Thank you for your time and consideration.
Resolutions II, Inc. Sharon Messinger President #611332780, 3018 championd Drive, Barboursville, WV 25504

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Sir/Madam,

I am currently an undergraduate student in an accredited Athletic Training Program at the University of Vermont. To complete this degree one must take many difficult classes including human anatomy, biomechanics/kinesiology, exercise physiology, nutrition, care and prevention of athletic injuries and statistics, just to name a few. Not only must one excel in all classes, but one is also required to complete a certain amount of hours in a clinical/field experience. In this experience each student works closely with physicians and other Certified Athletic Trainers (ATCs). Once a student passes the vigorous National Athletic Trainers Association Board Exam and becomes certified, they will most likely continue on to obtain a Master's Degree or higher. How does this put us in a position of being under qualified?

ATCs main goals are to prevent, assess, treat and rehabilitate injuries of the athletes. Athletics, however, is not the only venue one may find an ATC, many currently work with physicians or in rehab clinics. To take away this right by limiting providers' incident to services in physician offices and clinics is unjustifiable. As I stated before ATCs are just as qualified as PTs and OTs to administer care to patients who need it. If proposal CMS-1429-P is passed it will not only threaten the future of many ATCs, but it will also bring burden upon those seeking treatment they need by limiting their options. It may eventually lead to tax issues, which we have plenty of now, and it will also force physicians to limit the amount of Medicare patients they can accept. So in the end, who really will benefit?

In conclusion, this CMS proposal is not only unnecessary, but it also infringes on the rights of patients and health care providers to have options and to make choices.

Sincerely,
Amanda Hart
Athletic Training Student
University of Vermont

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

SECTION 303

I am an oncologist in a two-physician practice in northern Michigan who is extremely concerned about my Medicare patient's ability to get the care they need to treat their cancer next year due to the proposed cuts to reimbursement. These cuts will severely limit my ability to continue to provide them treatments in the office setting.

We have an outreach clinic in Cheboygan, near the Mackinac Bridge, staffed by a certified nurse practitioner. Reimbursement is already reduced by 15 percent because the services must be billed under the CNP provider number. Any further reduction to reimbursement of chemotherapy administration services could potentially force the closure of that rural office. Unfortunately, those patients will pay the highest consequences, as there will be no local facility to provide their treatment. They will have to travel one hour each way to Petoskey or Alpena, or come to our office in Traverse City, a two-hour drive, if that clinic were to close.

We have analyzed the ASP+6% data recently released by CMS in Table 28 for the 15 drugs we regularly use in our practice. We found that our cost for 11 of them (73%) during the first quarter of 2004 was higher than the ASP+6% figure released for the same time period. Among the drugs analyzed, the reimbursement next year will decrease by \$359,876 and the reimbursement for chemotherapy delivery services will decrease by \$172,672. As you can see, some serious decisions need to be made now relative services we will be able to offer next year. We are considering limiting or eliminating Medicare patients from being treated in the office, and reducing staff as there won't be enough work to keep the staff we currently have. Of importance, Medicare patients represent 60 percent of all our patients. In addition, other payers will likely follow the lead of Medicare.

In preparing for 2005, we began pre-certifying every chemotherapy treatment relative to a patient's insurance coverage and ability to pay. This causes patients extreme anxiety, financial hardship, the choice of getting their treatment at an inconvenient and less cost effective hospital setting, or delaying treatment while public assistance or pharmaceutical assistance is processed, and forcing some to choose Hospice prematurely. Under the proposed reimbursement for 2005, access to quality care will be severely jeopardized, as hospitals will be unable to absorb the patients and economic losses associated with cancer treatment. There are already two hospitals in our area that refuse to provide injections of supportive blood products such as Neupogen, Procrit, Aranesp, and Neulasta. Untreated, these patients will require more blood transfusions, hospital admissions, and suffer more medical complications than the rest of the population.

Providing chemotherapy in the office has proven to be the most cost effective setting. The office is more convenient for patients, especially those with difficulty ambulating, and care is better integrated. The toxicities of treatment can be better avoided when patients confer regularly with the same physicians and nurses. More problems occur as different providers see the patient but don't recognize problems early because they are not familiar with the patient. Patient satisfaction and quality of life are improved when care is better facilitated as it is in the office setting.

While the ASP-based reimbursement is evaluated, the reimbursement for cancer care services should remain at 2004 levels. As with any completely new complex reimbursement system, unanticipated effects will occur, and unfortunately, access to care will suffer in the interim with patients and families shouldering the burden. I support legislation introduced by Senator Stabenow to not adjust the ASP formula or the reimbursement percentage scheduled for 2005 but would leave the administration fees at 2004 levels for 2005. This would allow time to evaluate the ASP-based formula and make adjustments as necessary.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

SECTION 303

Please see attached Word document

CMS-1429-P-2468-Attach-1.doc

Attachment #2468

Comments regarding file code CMS-1429-P Section 303

I am an oncologist in a two-physician practice in northern Michigan. I am extremely concerned about my Medicare patients being able to get the care they need to treat their cancer next year due to the proposed cuts to reimbursement. These cuts will severely limit my ability to continue to provide them treatments in the office setting.

We have an outreach clinic in Cheboygan, near the Mackinac Bridge, staffed by a certified nurse practitioner. Reimbursement is already reduced by 15 percent because the services must be billed under the CNP provider number. Any other reduction to reimbursement of chemotherapy administration services could potentially force the closure of that rural office. Unfortunately, those patients will pay the highest consequences, as there will be no local facility to provide their treatment. They will have to travel one hour each way to Petoskey or Alpena, or come to my office in Traverse City, a two-hour drive, if that clinic were to close.

We have analyzed the ASP+6% data recently released by CMS in Table 28 for the 15 drugs we regularly use in our practice. We found that our cost for 11 of them (73%) during the first quarter of 2004 was higher than the ASP+6% figure released for the same time period. Among the drugs analyzed, the reimbursement next year will decrease by \$359,876 and the reimbursement for chemotherapy delivery services will decrease by \$172,672. As you can see, some serious decisions need to be made now relative services we will be able to offer next year. We are considering limiting or eliminating Medicare patients from being treated in the office, and reducing staff as there won't be enough work to keep the staff we currently have.

The Medical portion of the Consumer Price Index shows the cost of delivering medical care is rising by 4% per year. This increase is even greater for oncology because the business of administering chemotherapy is both more labor intensive than other specialties, and uses more supplies than other specialties.

In 2004, we incurred a new cost of pre-certifying every chemotherapy treatment relative to a patient's insurance coverage, anticipated patient balance, and ability to pay. This causes patients extreme anxiety, financial hardship, the choice of getting their treatment at an inconvenient and less cost effective hospital setting, or delaying treatment while public assistance or pharmaceutical assistance is processed, and forcing some to choose Hospice prematurely. Under the proposed reimbursement for 2005, access to quality care will be severely jeopardized, as hospitals will be unable to absorb the patients and economic losses associated with cancer treatment. There are already two hospitals in our area that refuse to provide injections of supportive blood products such as Neupogen, Procrit, Aranesp, and Neulasta. Untreated, these patients will require more blood transfusions, hospital admissions, and suffer more medical complications than the rest of the population.

While the ASP-based reimbursement is evaluated, the reimbursement for cancer care services should remain at 2004 levels. As with any completely new complex reimbursement system, unanticipated effects will occur, and unfortunately, access to care will suffer in the interim with patients and their families shouldering the burden. Alternatively, a cancer management/treatment code could be reimbursed separately as an add-on code to reimburse the additional expenses of chemotherapy delivery. These additional expenses include inventory, pharmacy, storage, waste, etc. This would only be acceptable if it was not bundled into any other service, and no other service is bundled into the cancer management code. I wholly support legislation introduced by Senator Stabenow to not adjust the ASP formula or the reimbursement percentage scheduled for 2005 but would leave the administration fees at 2004 levels for 2005. This would allow time to evaluate the ASP-based formula and make adjustments prior to patients suffering and practices closing or eliminating chemotherapy services.

Please contact me if you'd like to discuss any issues in more detail. I can be reached at my Traverse City office on Mondays, Tuesdays, and Wednesdays at 231 947 3070.

Sincerely,

Robert C. Schwert, D.O.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg you to NOT pass this policy whereby a physican can only refer "incident to" services to physical therapists. All qualified health care providers including massage therapists, should be allowed to provide services to patients with a physicians prescriptions or under their supervision.

Submitter : Mrs. Shayne Sanderford Date & Time: 09/22/2004 12:09:37

Organization : Mrs. Shayne Sanderford

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I DO NOT want PT's to be the only health care professionals allowed to provide medically related care to physician's patients. ALL QUALIFIED HEALTH CARE PROVIDERS SHOULD BE ALLOWED TO PROVIDE SERVICES TO PATIENTS WITH A PHYSICIANS PRESCRIPTION OR UNDER THEIR SUPERVISION.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not pass this policy, all qualified health care provider should allow therapy services to a doctor's patients to provide services with physician's prescription or under their supervision.Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Attachment #2472

Jason Hand
1348 Apt. C Hunters Rd.
Harrisonburg, VA 22801

August 30, 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,

Jason Hand

Submitter : Miss. Sarah Firebaugh Date & Time: 09/22/2004 12:09:19

Organization : National Athletic Trainers Association

Category : Individual

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

The proposal put forth by the Centers for Medicare and Medicaid Services (CMS), stating that physicians will no longer be reimbursed for therapy services administered by athletic trainers within a physician's office, does not take into consideration the skills and qualifications of certified athletic trainers. As stated by the National Athletic Trainer's Association (NATA) it is within a certified athletic trainer's scope of practice to prevent, evaluate, manage (treat), and rehabilitate injuries. Athletic trainers are not limited to working in athletic settings but also are qualified to provide therapy, under the direction of a physician, in corporate settings, sports medicine clinics, physician's offices, and other venues.

If the CMS proposal were to pass reimbursement for therapy services in a physician's office would only occur for therapy administered by a physical therapist, physical therapy aide, occupational therapist, or occupational therapy aide. Athletic trainers are as equally qualified to administer therapy as any of the above mentioned occupations. The federal government's U.S. Department of Labor, which rates jobs according to level of education, preparation required, and duties, has stated that the educational preparation taken by athletic trainers to pass the national certification exam is equal to that of a physical therapist and more significant than that of an occupational therapist, occupational therapy aide, and physical therapy aide. Athletic trainers are also required, by the NATA, to complete continuing education requirements to keep them up to date with new and important health information related to the field of athletic training. Physical therapists, in several states, do not have to complete continuing education requirements in order to maintain their certification.

In the college setting athletic training students must graduate from a national athletic training board certified program. These programs must meet specific educational requirements in order to pass certification. Often physical therapy students sit side by side athletic training students taking the same classes. Unlike most undergraduate physical therapy students undergraduate athletic training students are required to gain clinical experience outside of the classroom throughout their schooling. To achieve a well rounded education and prepare the students for working in many different environments, athletic training students complete clinical rotations in athletic training facilities, high school athletics, and in sports medicine and physical therapy clinics.

If the CMS proposal were to pass Medicare patients and eventually patients covered by other forms of insurance would lose the option of having an equally if not more qualified individual administer their therapy within a physician's office. Not only do athletic trainers lose an occupational venue but patients in need of therapy lose a choice.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

September 21, 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,

Matthew Triebisch
1625 Moynelle Drive
Pittsburgh Pa, 15243

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

CMS-1429-P-2475-Attach-2.doc

CMS-1429-P-2475-Attach-1.doc

Attachment #2475 (1 of 2)
Toshimitsu Ishizuka
4917 Chicago Street
Omaha, NE 68132

September 21, 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 authorize 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.

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. In addition to having academic education, student athletic trainers who will be certified athletic trainers have clinical experience average 25 hours per week in the athletic training room, team practice, and team competitions. Through this educational process, students athletic trainers will be knowledgeable and practical to provide health care in various setting.

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,

Toshimitsu Ishizuka

Attachment #2475 (2 of 2)
Toshimitsu Ishizuka
4917 Chicago Street
Omaha, NE 68132

September 21, 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 authorize 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.

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. In addition to having academic education, student athletic trainers who will be certified athletic trainers have clinical experience average 25 hours per week in the athletic training room, team practice, and team competitions. Through this educational process, students athletic trainers will be knowledgeable and practical to provide health care in various setting.

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).

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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,

Toshimitsu Ishizuka

Submitter : Date & Time:
Organization :
Category :

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

THERAPY - INCIDENT TO

September 21, 2004

To Whom It May Concern:

I am writing this letter in regards to the proposal made by the Centers for Medicare Services. The proposal suggested that athletic trainers working in a physician's office will no longer be reimbursed for their therapy services. The only health providers that would receive reimbursement would be the physical therapists, physical therapists assistants, occupational therapists, and the occupational therapists assistants. This proposal should not passed for many reasons. The main reason being that an athletic trainer's skills and knowledge is equal to a PT's and more significant than an OT, OTA, and PTA.

Just like PT, PTA, OT, and OTA, Certified Athletic Trainers are highly educated and skilled professionals that specialize in athletic health care. An athletic trainer's responsibilities include prevention of athletic injuries, recognition and evaluation of immediate care of athletic injuries, and rehabilitation and reconditioning of athletic injuries. The athletic trainer works as an integral member of the athletic health care team in secondary schools, colleges and universities, sports medicine clinics, professional sports programs and other athletic health care settings. In most of these settings, the athletic trainer is already providing therapy under the direction of a physician.

Educational preparation to become a Certified Athletic Trainer is very similar to a physical therapist's curriculum. Student athletic trainers are enrolled in many of the same classes that a physical therapists student takes such as anatomy and health classes. Certified Athletic Trainers also participate in extensive clinical affiliations with athletic teams under appropriate supervision throughout their four years in undergraduate school and most continue to receive a masters degree.

Other qualifications that a Certified Athletic Trainer must undergo is fulfillment of the requirements for certification established by the National Athletic Trainers' Association Board of Certification, Inc. (NATABOC). The certification examination administered by NATABOC consists of a written portion with multiple choice questions; an oral/practical section that evaluates proficiency of skills, and a written simulation test, consisting of real-life situations that an athletic trainer may see on the job.

Certified Athletic Trainers are as qualified or if not more qualified than physical therapists, physical therapists assistants, occupational therapists, and the occupational therapists assistants. It seems unreasonable to think that other health related professions would receive reimbursement for their care in a physician's office whereas an athletic trainer that can provide the same kind of care is not being reimbursed. This proposal offered by the Centers for Medicare and Medicaid Services should not be approved.

Sincerely,

Julie Walsh ? student athletic trainer

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 21, 2004

University of South Carolina
Student Athletic Training Program
Columbia SC 29208

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

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

Sincerely,

Claudia Branum

Athletic Training Student at University South Carolina, Columbia SC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

MANAGING PATIENTS ON DIALYSIS

Fayetteville Nephrology Associates
Fayetteville, North Carolina 28304
September 19, 2004

RE: File Code CMS1429-P
Section: II. Provisions of the Proposed Regulation Related to Physician Fee Schedule
D. Coding Issues
6. Venous Mapping for Hemodialysis

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

To Whom It May Concern:

I am writing in response to the proposed new G-code that permits reimbursement for venous mapping. It is well documented that vein mapping is beneficial in identifying and increasing the number of native arterial-venous fistulas. a??Vein mappinga?? is misleading and should be replaced with vessel mapping since the arterial vasculature may be evaluated during an examination. Furthermore, vessel mapping should not be restricted to Doppler mapping, since under certain circumstances the procedure should be performed with contrast. The current proposal limits the service to the operating surgeon. Vein mapping is being performed by well trained Nephrologists, Radiologists, and diagnostic vascular laboratories. This should be revised and not founded on either the performing facility or specialist. Hemodialysis access care is changing and nephrologists are now active in dictating hemodialysis shunt type, timing, surveillance, and maintenance. Fayetteville has seen an increase in native arterial-venous fistulas since the nephrologists have controlled the vascular access team and access decisions. Limiting reimbursement to the surgeon could potentially hinder the Fistula First initiative. Thank you for taking the steps to improve the care of patients with chronic kidney disease.

Thank you,

Mark A. Kasari, M.D.

CMS-1429-P-2478-Attach-1.doc

CMS-1429-P-2478-Attach-2.doc

Attachment #2478 (1 of 2)

Fayetteville Nephrology Associates

Fayetteville, North Carolina 28304

Day Phone: 910-222-1592

September 19, 2004

Re: RVUS for CPT Code 36870-Percutaneous Thrombectomy

Centers for Medicare & Medicaid Services

Department for Health and Human Services

Attn: CMS-1429-P

P.O. Box 8012

Baltimore, MD 21244-8012

To Whom It May Concern:

I am concerned that the non-facility RVUs for 36870 is reduced to 32.39. The reduction of 27.7% will negatively impact practices dedicated in performing the procedure. The National Vascular Access Improvement Initiative will increase the number of fistulas as well as thrombosis. A percutaneous thrombectomy performed in an office setting allows the patient to return to dialysis without missing a treatment or needing hospitalization. Our procedural center has improved patient satisfaction, reduced patient access related hospitalization, and increased the native arterial-venous fistula percentage. The practices face significant costs associated with staff, supplies and equipment. The cost in performing a percutaneous thrombectomy remains largely unchanged, although supply costs are continually negotiated. I am concerned that such a fee schedule may affect non-facility centers dedicated to patients with chronic kidney failure. I would like to request that the RVUs be adjusted prior to the final ruling. Thank you for your consideration.

Thank you,

Mark A. Kasari, M.D.

Attachment #2478 (2 of 2)

Fayetteville Nephrology Associates

Fayetteville, North Carolina 28304

Day Phone: 910-222-1592

September 19, 2004

Re: RVUS for CPT Code 36870-Percutaneous Thrombectomy

Centers for Medicare & Medicaid Services

Department for Health and Human Services

Attn: CMS-1429-P

P.O. Box 8012

Baltimore, MD 21244-8012

To Whom It May Concern:

I am concerned that the non-facility RVUs for 36870 is reduced to 32.39. The reduction of 27.7% will negatively impact practices dedicated in performing the procedure. The National Vascular Access Improvement Initiative will increase the number of fistulas as well as thrombosis. A percutaneous thrombectomy performed in an office setting allows the patient to return to dialysis without missing a treatment or needing hospitalization. Our procedural center has improved patient satisfaction, reduced patient access related hospitalization, and increased the native arterial-venous fistula percentage. The practices face significant costs associated with staff, supplies and equipment. The cost in performing a percutaneous thrombectomy remains largely unchanged, although supply costs are continually negotiated. I am concerned that such a fee schedule may affect non-facility centers dedicated to patients with chronic kidney failure. I would like to request that the RVUs be adjusted prior to the final ruling. Thank you for your consideration.

Thank you,

Mark A. Kasari, M.D.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Attachment #2479
September 16, 2004

John Cotter
7 Ellsworth Street
Rye, New York 10580

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 of this fall I will be entering my senior year at Sacred Heart University in the Athletic Training Education Program. I feel I should voice my disagreement in light of the proposal CMS-1429-P. I believe that it is the duty by all health care providers to provide the best quality of care to every patient they encounter. This proposal will significantly decrease quality of care that certified athletic trainers provide in clinics and physician offices. By placing the care of “incident to” patients solely in the hands of physical therapist, the providing of care will be delayed, and an increase in cost of care will also be seen.

As a student in the Athletic Training Education Program, I have witnessed first hand how useful certified athletic trainers are to physical therapy clinics, physician offices, hospitals, universities, high schools, and much more, all while under the direction of a physician. Athletic Training programs educate their students to master the skills of preventing, assessing, treating, and rehabilitating not only the athletic population, but the general public, including the Medicare population. Over the last four years at Sacred Heart University I have taken numerous classes with physical therapy students. At the end of my senior year I will sit for a nationally accredited certification exam which will not only test my practical application but also my critical thinking skills. Furthermore, to maintain our certification, athletic trainers are required to take continuing education classes every year. The American Medical Association has recognized Athletic Training as an allied health care profession, due to the fact that certified athletic trainers are highly skilled and more than qualified to act as physician extenders.

I have worked extremely hard over the past four years to earn my bachelor degree and certification. I would hope that in the coming year I will be able to practice and aid who ever needs my help, and not just a selected view. It is my understanding that the CMS-1429-P proposal will tie the hands of well skilled health care providers, affectively decreasing the quality of care the public deserves and needs.

Sincerely,

John Cotter

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

It is not appropriate to grant exclusive rights to PTs to provide "incident to" medical professional services to patients.

As a Licensed Massage Therapist, I receive many referrals from DRs who find that Massage Therapy services are important for their patients. I oppose this attempt to eliminate everyone except PTs from providing these services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Walter S Robinson, ATC
744 Andrews Dr
Thomaston, Ga 30286

9/21/04

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.

Sincerely,

Walter S Robinson

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

The use of technicians for neuropsychological assessment has become mainstream and widely accepted throughout many neuropsychological settings including such facilities as Duke University Medical Center. Psychologists are responsible for ensuring the integrity and competency of their technicians. The technicians are given no power to interpret tests; they can only administer them as directed word-for-word. Many tests are as simple as: 'When I tell you to begin, name as many ____ as you can name until I say stop.' To not allow psychologists to use technicians will keep the mainstream population from being able to get access to these services in many places. I sit on the board that board certifies neuropsychologists. Many of the work samples that pass certification are from neuropsychologists who use technicians. Ultimately, they are responsible for any errors, etc.

Please feel free to contact me at my office (910) 681-3880, by pager (910) 341-6728, or by e-mail (nuronerd@attglobal.net) if you have any questions.

Thank you for your consideration,

Christy L. Jones, Ph.D., ABPN
Diplomate, American Board of
Professional Neuropsychology

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am an athletic training student and I am worried about the changes that are pending, involving Medicare, Medicaid and the athletic training profession. An athletic trainer is not just qualified to provide rehabilitation for injuries to athletes, but also any person that is injured and needs rehabilitation. We evaluate, treat, rehabilitate, and prevent injuries on the athletic field but are not limited to the playing field. Many of my classmates in my undergraduate program are Physical Therapy students. We learn many of the same disciplines and techniques along side them daily. Athletic trainers also must undergo continuing education. Many states do not require this of even their physical therapists. The U.S. Department of Labor rates ATCs Specific Vocational Preparation as a 8+. Occupational Therapists are rated less than 8 and occupational therapy assistants and physical therapy assistants are both 4. A higher rating should mean more professional skills and should mean that ATCs are more than qualified to work under a physician and provide rehabilitation and care to Medicare and Medicaid patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

William L. Hayes Jr. , ATC
2140 Meadowood Lane
Longs, SC 29568

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:

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

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. The Commission on Accreditation of Allied Health Education accredits academic programs through an independent process. 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 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. For CMS to even suggest that athletic trainers are unqualified to provide services to Medicare beneficiaries that goes to their local physician for treatment for an 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,

William L. Hayes, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a LMT, I have provided relief to car accident victims and those with any type of skeletal/muscular issues. I have seen clients that Doctors nor chiropractors were able to even touch do to muscle and tissue trauma, yet I was able to institute the healing process through massage. To eliminate massage from Medicare as a bonifide modality and vehicle by which patients can receive lasting relief, is an atrocity. I have many friends and clients that get relief from massage. I have worked for chiropractors in the past and have worked on clients under a Dr.'s prescription and have gotten amazing results.

Please DO NOT remove massage as a bonifide resource where patients, under a Dr's or chirpractors prescription, can receive the care they need and the relief from pain that they can get through massage.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 21, 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:

? As a Professor who instructs both Athletic Training undergraduate and Physical Therapy Graduate Students, I firmly reject the premise holding Physical Therapists as better prepared Health Care Providers.

? ?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.

? 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. 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).

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

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

deterrent.

Sincerely,

Thomas Buckley
Assistant Professor of Athletic Training
Adjunct Professor of Physical Therapy
Dominican College
470 Western Highway
Orangeburg, NY 10962



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly support the proposed requirement that individuals providing physical therapy in physicians offices meet the standards proposed. Not holding these individuals to a professional standard does not protect the public. Our Medicare dollars may be spent to deliver substandard care. Unqualified personnel should not be providing physican therapy. Physical therapists are trained in physiology, pathology, and contraindications to treatment. The reason physical therapists are licensed is to protect the public--continuing to allow physicians to employ individuals who are not qualified physical therapists does not protect the public

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am writing in response to the proposal to limit who can and cannot provide certain health care services. If this proposal passes, it would limit the scope of practice of certified athletic trainers in the clinical setting. This would be a big mistake, for several reasons.

First of all, athletic trainers are knowledgeable, qualified individuals who are skilled in prevention, treatment, and rehabilitation of injuries. They are required to receive at least a bachelor's degree from an accredited university and to sit for a certification examination by the National Athletic Trainer's Association Board Of Certification. The athletic training major requires courses such as anatomy, physiology, evaluation, rehabilitation, and biomechanics.

Secondly, athletic trainers are employed in locations such as physical therapy clinics, college athletic departments, high schools, professional sports clubs, and even the Olympics. Millions of athletes trust these health care providers with their care.

Clearly, athletic trainers are fully capable of providing care in clinics. This proposal would negatively effect the care of patients everywhere.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I don't approve of passing this policy whereby a physician can only refer "incident to" services to physical therapist. All licensed qualified health care providers, should be able to provide patients with services with a physician prescription or under their supervision.

Submitter : Mrs. Rebecca Mokolke Date & Time: 09/22/2004 01:09:10

Organization : In Touch Therapeutic Massage, Inc.

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

In my opinion if Medicare decides to only allow physical therapists to be referred to by physicians, Medicare is greatly limiting the care given to their clients. Yes, I do agree that Medicare needs to make sure that their clients are well taken care of, so why not make sure that all massage therapists being referred to are approved or licensed with a minimum of 500 hours training. (The minimum for most state licensing.) Allowing only physical therapists to do the job of a well trained massage therapist, also, eliminates an important scope of practice. Massage therapists not only look to reduce hypertonic areas of restriction and/or balance biomechanics but also tend to be much more in tune with the clients emotional responses. Obviously we are not psychological therapists but we definately tend to this aspect of a clients needs more than your average physical therapist.

In general physical therapists look to strengthen areas which appear weak with their sometimes inaccurate testing of muscles. When in actuality massage and physical therapy are best done in congunction with one another. Massage therapists look to decrease hypertonic areas and physical therapists look to strengthen hypotonic areas.

Please look into a more well rounded approach of health care for seniors, and look away from the one sided approach of only using physical therapists.

Thank you

Submitter : Date & Time:

Organization :

Category :

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

THERAPY - INCIDENT TO

Hello,

I am a physical therapy student at Marquette University and I am in my last year of graduate school working on my doctor of physical therapy degree (DPT).

I am in support of the August 5th proposed rule on 'Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005.' Interventions that are called and billed under physical therapy should naturally be performed by physical therapist. The American Physical Therapy Association (APTA), the professional organization for physical therapy believes this also. Unqualified personnel that provide 'physical therapy' incident to a physician's professional services should not be allowed. This puts patients safety directly in harms way, because those unqualified personnel don't have the academic and clinical knowledge that a physical therapist has.

Physical therapists working in the field have a minimal education of a bachelor's degree in physical therapy. Currently, any accredited program nation wide, whether its through a college or university, requires at least a master's degree post-graduate education. The majority of the programs nation-wide have now moved to a doctoral level education. This makes physical therapists uniquely qualified to work with patients.

Every physical therapist must take and pass a national licensure exam. Along with this, every physical therapist must be licensed in the state in which they practice. This makes the licensed physical therapist responsible and liable for their actions. This sets a minimum requirement that is set at the national level that all physical therapist must meet. This leads to a high quality of care, which our patients have come to expect from us.

Throughout my education as a physical therapist, I have received extensive class work in anatomy, physiology, kinesiology, orthopedics and neurology. This is just a few of the areas we take multiple classes in. Unqualified personnel will not have this extensive academic background and the necessary skills to accompany it. I will have to complete 30 full weeks of clinical experiences in different areas of physical therapy just to graduate so I can get a good idea of the full spectrum of the pathology my patients can have. This allows me to be effective and efficient in the rehabilitation I provide. This education allows me to treat the elderly population (Medicare recipients) well, even though they have the added complexity of the natural aging process.

If unqualified personnel deliver 'physical therapy services' incident to a physician's professional services, it could lead to serious patient harm. They have not had the educational background to know the proper indications and contraindications to physical therapy. They could miss real subtle signs that the patient may display and could lead to serious harm or injury.

Thank you for taking your time and reading this letter. Sincerely,

Chris Barczak
6th year physical therapy student
Marquette University
Milwaukee, WI 53233

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg you to NOT pass this policy whereby a physican can only refer " incident to" services to physical therpists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

All qualified healthcare providers should be allowed to provide services to patients with physicians prescription or under their supervision. A qualified massage therapists is a well trained health care professional who's professional opinion should not be disregarded. Please do not fall pray to the one sided evaluations of only referring to physical therapists, it can and will only hurt those who are seeking help.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

It is imperative you allow professionally trained Massage Therapists to continue to provide the service they are most qualified to do which is to provide massage therapy in any medical facility which finds it beneficial to its patients. This right must not be taken away from these therapists

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am attaching comments in opposition to proposed changes in the Regulations regarding this field.

Attachment #2497

The Physical Therapist lobby, a special interest group, is again proposing to prevent the Certified Athletic Trainers, who are highly qualified, certified and licensed professionals from providing the services that are requested of them by the Orthopedic Surgeons they serve.

Certified Athletic Trainers minimum qualifications are a **Bachelors degree** in their discipline, and in most cases, the reality is that they possess **Masters degrees**, and have also put in many extended hours of education through the Continuing Education programs that are part and parcel of their profession.

The **Physical Therapists lobby's proposal will lower the quality of service** being provided by **limiting Doctors' ability to select** qualified service providers of their choice.

The proposal is that only people of the following designations be allowed to be appointed by Doctors to serve their patients: Physical Therapists, Physical Therapist *Assistants*, Occupational Therapists, Occupational Therapist *Assistants* and Speech and Language Pathologists.

Omitted are the **currently recognized and highly qualified Certified Athletic Trainers** who, by the nature of their professional requirements, are qualified with independent medical knowledge, but are being eliminated from the Doctors' field of choice.

Physical Therapy *Assistants* and Occupational Therapy *Assistants* do have training in their fields, but are required to have *only two years* of schooling and training.

This, of course, will benefit those in the Physical Therapist field by eliminating highly trained professionals from competition, and **giving the Physical Therapists virtually exclusive control over this segment of the Health Service field**. Doctors would no longer be able to choose to use the best professionals available as their service providers, thus preventing the Athletic Trainers from being able to earn a living in their chosen field, for which they have studied and trained long and hard.

Please, Please see that this highly discriminatory and totally unfair ruling is not allowed to go forward.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file



**Department of Health and Human Services
Centers for Medicare and Medicaid Services (CMS)
Offices of Strategic Operations and Regulatory Affairs**

The attachment to this document is not provided because:

1. The document was improperly formatted.
2. The submitter intended to attach more than one document, but not all attachments were received.
3. The document received was a protected file and can not be released to the public.
4. The document is not available electronically at this time. If you like to view any of the documents that are not posted, please contact CMS at 1-800-743-3951 to schedule an appointment.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am asking you NOT to pass this policy where only a Dr. can refer "incident to " services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.