

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg of you to not pass this policy whereby Physicans can only refer "incident to" services to Physical Therapist. All qualified Health Care providers should be allowed to provide services to patients with a Physicans prescription or under 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 physicians prescription or under their supervision.



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Dr. McClellan:

I find it discouraging that the CMS has decided to decrease reimbursement for cancer medications which Urologist buy and administer to their patients which is scheduled to go into effect January 1, 2005.

At this time of increasing practice expense, how can we continue to treat patients when we don't know how much we will be reimbursed for the medicines we purchase for bladder and prostate cancer patients.

There are those Medicare patients that will not or cannot pay their co-pay. We cannot continue to treat patients if our reimbursement is less than the cost of these medications. If this happens we would have to shift their treatment to the more expensive hospital setting in order to avoid financial loss.

I request that you cancel the proposed decreased payment policy or at least delay it for a year so that I can re-evaluate my business and patient care plan.

Thank you for your consideration.

William G. Johnston, Jr., M.D.
Urology Associates of Cape Cod, P.C.
110 Main Street
Hyannis, MA 02601
Office: 508-771-9550
Fax: 508-790-9304

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I would like to state my opposition to the possibility that only PT's will be allowed to administer therapy to patients under physician's care. I have been a professional massage therapist for over twenty years, and I can whole heartedly vouch for the value of massage and its tremendous therapeutic benefit to individuals suffering from musculoskeletal injuries and pain. The rigors of our credentialing process from State to State assures clients the highest quality and standards in care and treatment. Please reconsider this issue and the profound impact it will have on those who need our services. Thank you, Deborah Brigham

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 strongly support the proposed personnel standards for physical therapy services that are provided incident to physician services in the physician's office. Interventions should be represented and reimbursed as physical therapy only when performed by a physical therapist or by a physical therapist assistant under the supervision of a physical therapist. I strongly oppose the use of unqualified personnel to provide services described and billed as physical therapy services. Effective and cost efficient therapy services can only be provided by persons expertly trained to provide those services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I ask 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 oppose this measure tht would only allow PT's to do medical treatments. We need a variey of health professional including massage Therapists to be able to provide medical hands-on therapy to patients in Doctor's offices or referred by a Doctor

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - 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:

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

Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified. These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept. In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I beg of 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 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 physicians prescription or while 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 physicians prescription or under their supervision

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Brent Irvin Smith
PO Box 2
Athens, PA 18810

23 Sept. 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,

Brent Irvin Smith, ATC
PO Box 2
Athens, PA 18810

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

By allowing only Physical Therapists to work in Doctor's offices you are leaving out a whole host of other complementary therapies. There are endless other modalities that address certain disorders far more effectively than physical therapy. This law would deny patients access to those modalities and give Physical Therapies a monopoly.

Submitter : Miss. Michelle Lewis Lewis Date & Time: 09/23/2004 05:09:59

Organization : Athletic Training Student

Category : Other

Issue Areas/Comments

GENERAL

GENERAL

To whom it my concern:

This letter is concerning the Center for Medicare and Medicaid Services that are recommending a change in the regulations that would no longer allow physicians to be reimbursed for therapy services administered by a Certified Athletic Trainer in a physician's office. My stand as a senior in an accredited Athletic Training program at Saginaw Valley State University, Michigan, is that an Athletic Trainer is more qualified then an Occupational Therapist or Occupational Therapy Aide. In most of our classes at Saginaw Valley, we attend class with the OT students; however, we have a more practical and hands on curriculum. Our program is geared towards hands on education and learning by experience.

Our learning environment also includes working directly with the team physician, in the over seeing of athletes, their injuries, and their treatments. Not only do we accompany the athletes to the physician's office, we also attend the exam, and as students we assist in the protocol of injuries, with the over seeing of the doctor.

All of the experience gained, whether in the classroom, in the practical setting or assisting with the team physician all aid in the process of preparing us students for the certification exam. A national level exam, which must be passed in order to practice in the field of Athletic Training, determines that every professional must attain a certain level of education. Because the Athletic Training profession has such high standards, each certified must continue their education by attending seminars, conventions, and higher educational classes which are required to maintain proper certification for each individual to practice.

Overall, Certified Athletic Trainer are qualified to be reimbursed for therapy services. With the over seeing of physician I can't see why these guidelines should be placed over any professional care taker.

Sincerely ~ Michelle Lewis

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please note the differences between physical therapist and massage therapist. The PT addresses muscle weakness, the MT addresses muscle strain and soft tissue injury. Omitting massage therapy from Medicare revisions is an injustice to patients as well as therapists who devoted years to study actual remedies for patients' manual disorders. So often, people remarked how months or years of PT gave almost no relief, while one or two sessions with a massage therapist gave immeasurable relief to complaints. Don't deny the ailing patient relief! Don't deny sincere and talented therapists our livelihood.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I 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 physician's 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 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 physicians prescription or under their supervision.



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I beg that you do NOT pass this proposed policy whereby a phsician can only refer 'incident to' services to physical therapists. ALL qualified health care providers should be allowed to provide services to paitents with a physician's prescription or under a physician's supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I oppose this revision. Save our rights to work with or for medical doctors or chiropractors as massage therapists!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

i beg you please do NOT pass this policy whereby physician can only refer "incident to" services to physical therapist. 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

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 strongly urge you to NOT pass the policy limiting "incident to" referral services made by a physician to only physical therapists. Patients should have access to all qualified health care providers with a prescription from their physician. In addition to being specifically skilled in their areas of expertise these individuals are often more cost effective. They should NOT be eliminated from the system.

Thank you for your attention to this matter,
Mari Ellingsen, DC LMP

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attached letter.

September 23, 2004

Mark B. McClellan, M.D., 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

Dear Dr. McClellan,

My name is Robert Czarnecki and I am currently a student in the Physical Therapist Assistant program at Linn State Technical College in Linn, Missouri. I am writing to you because I wish to comment on the August 5 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005". I wish to express my strong support for CMS's proposed requirement that those providing physical therapy services while working in physician's offices be graduates of accredited professional physical therapist programs. Physical therapists and physical therapists assistants under the supervision of physical therapists are the only practitioners who have the education and training to furnish physical therapy services. Unqualified personnel should NOT be providing physical therapy services.

Physical therapists are professionally educated at the college or university level in programs accredited by the Commission on Accreditation of Physical Therapy, an independent agency recognized by the U.S. Department of Education. As of January 2002, the minimum educational requirement to become a physical therapist is a post-baccalaureate degree from an accredited education program. All programs offer at least a master's degree, and the majority will offer the doctor of physical therapy (DPT) degree by 2005. Physical therapists must be licensed in the stated where they practice. As licensed health care providers in every jurisdiction in which they practice, physical therapists are fully accountable for their professional actions. Physical therapists receive significant training in anatomy and physiology, have a broad understanding of the body and its functions, and have completed comprehensive patient care experience. This background and training enables physical therapists to obtain positive outcomes for individuals with disabilities and other conditions needing rehabilitation. This education and training is particularly important when treating Medicare beneficiaries.

A financial limitation on the provision of therapy services (referred to as the therapy cap) is scheduled to become effective January 1, 2006. Under the current Medicare policy, a patient could exceed his / her cap on therapy without ever receiving services from a physical therapist. This will negatively impact patient's outcomes. Section 1862(a)(20) of the Social Security Act clearly requires that in order for a physician to bill "incident

to” for physical therapy services, those services must meet the same requirements for outpatient therapy services in all settings. Thus, the services must be performed by individuals who are graduates of accredited professional physical therapist education programs.

Thank you for your time and consideration of my comments.

Sincerely,

Robert M. Czarnecki, S.P.T.A.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Dear Dr. McClellan:

It is with great pleasure that Lash Group Healthcare Consultants present you with comments to the Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2005 [CMS - 1429- P] Fed. Reg. 47488 (August 5, 2004). We appreciate CMS' efforts to move the Medicare Program forward with these changes. Please feel free to contact us if you have any comments or concerns about our attached comment letter.

Sincerely,

Nancy J. Davidson



Comment [TS1]: Stacie to work with admin on eliminating the shading when printed.

| September 23, 2004

Deleted: 4

Mark McClellan, MD, PhD
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2005 [CMS - 1429 - P] Fed. Reg. 47488 (August 5, 2004)

Dear Dr. McClellan:

On behalf of Lash Group Healthcare Consultants, I am writing to respond to the recent Centers for Medicare & Medicaid Services ("CMS") request for comments regarding its proposed rule on Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2005. Lash Group wishes to express concern regarding the comments made in the proposed rule on the average sales price (ASP) drug reimbursement methodology, the impact it will have on Medicare beneficiaries' continued access to quality medical care, and the effect of inadequate reimbursement of drug administration codes on continuous treatment.

We support your efforts to align costs and payments regarding the reimbursement for Part B drugs and have provided the following in hopes that the final rules will consider all issues created by the Medicare Prescription Drug, Improvement Modernization Act of 2003 (MMA) that could affect patient access to care for potentially life saving treatments.

Lash Group is a health care consulting and advocacy group that works to facilitate appropriate patient access to health care services, focused largely on specialty products and other new treatments from pharmaceutical, biotechnology, and medical device companies. In addition to the health policy and economic components of our business, we work directly with health care providers and patients who are uninsured or have inadequate health care insurance for the treatments and services they need.

LASH GROUP HEALTHCARE CONSULTANTS
CORPORATE CENTER FIVE
3735 GLEN LAKE DRIVE CHARLOTTE, NC 28208
TEL 704 357 8869 FAX 704 357 0036
WWW.LASHGROUP.COM

Comments

Our comments emphasize several key issues specifically related to patient access to reasonable and necessary physician care, including the medication required for their treatment. In addition, our comments address the need for widespread outreach programs to explain the effect of the new payment methodology on patient care. Since the MMA requires a new payment methodology—a shift from average wholesale price (AWP) to ASP—Medicare beneficiaries should be made aware of how this will affect their overall care.

Based on our experience working with patients, providers and patient advocates, we hope that CMS understands that the use of ASP for Medicare beneficiaries is seriously flawed because it is based on non-Medicare patient experience. We believe that Congress was not aware of this and selected ASP since it was a tool suggested and used by the Inspector General (IG) when manufacturers did not pass on dollar savings to the Federal Programs.¹ Our specific requests for consideration follow.

- 1. We strongly suggest that CMS consider defining ASP from a Medicare beneficiary utilization and treatment perspective.** Of particular concern to Lash Group and the provider community is the definition of ASP. By incorporating private commercial and managed care organizations' utilization information into the ASP calculation, Medicare reimbursement will be affected by not only the private payer utilization patterns, but also drug pricing that is available to private health plans through discounts and rebate agreements but not available to the general physician community. Thus, these private payer contracting methodologies and historical trends and activities will affect ASP calculations directly, and to differing degrees, across many different drug types and specific NDCs. Due to differences in utilization patterns across patient populations, it is likely that different therapeutic classes and individual drugs will experience different levels of private payer influences on the final ASP figure used for reimbursement.
- 2. We implore that CMS understand that ASP is currently driven by private plan utilization patterns and not reflective of treatment patterns for Medicare beneficiaries.** One of the concerns with ASP derives from the impact the entire healthcare marketplace has on each drug and therapeutic class. Utilization patterns of certain products by members of private plans are often not the same as those of the Medicare population. Coverage and payment for drugs by Medicare are determined by statute as well as other policy making processes. Drug utilization is controlled by private payers through the use of formularies and other mechanisms, based in part on various contracting arrangements with manufacturers. Formulary placement is determined by these voluntary contractual agreements between private payers and manufacturers.

Based on a typical beneficiary profile, Medicare market shares for certain drugs and therapeutic classes would be very different than those of private payers and even Medicaid. Medicare beneficiary eligibility is defined by statute. As set forth in Title XVIII of the Social Security Act, Medicare provides coverage for specific segments of the population, and unlike private insurers,

¹ Department Of Justice Press Release: Bayer Agrees to Settle Allegations That It Caused Providers to Submit Fraudulent Claims to 47 State Medicaid Programs; September 19, 2000.

can not exclude coverage based on pre-existing conditions. Based on demographics and health condition, the profile of a Medicare beneficiary is very different than that of a patient with private health insurance.

- 3. We request that CMS recognize that using a reimbursement system that is not based on treatment patterns for a particular group can only result in inequitable reimbursement for services provided to them.** Moving to an ASP based payment methodology potentially penalizes physicians for the services they currently provide to Medicare patients. The analysis of private health insurance contracting practices reveals many aspects of the contracting transactions that are not applicable to the general physician community. These health plans have access to special pricing discounts and concessions not available to all physicians. As a result, reimbursement for certain physician-administered drugs is adjusted without an appreciation of the level of service physicians provide to their patients because CPT payments for the procedures related to drug administration are inadequate. Current drug administration codes do not consider physician treatment for and consideration of possible severe drug reactions. The likelihood of Medicare patients experiencing a higher level of adverse effects is high based on their co-morbidities. Using evaluation and management (E&M) visit codes to capture this experience is also inadequate since the basis of an E&M visit is for decision making purposes, with a focus on patient history and physical information, not necessarily medication or disease management.
- 4. We request that CMS realize that ASP will create unknown co-insurance liability for the Medicare beneficiary.** With the transition to ASP, not only will drug reimbursement rates be adjusted each quarter, but patient coinsurance amounts will be subject to the same change, since they are based on a percentage of the drug's allowable in the Medicare program. Thus, while there are serious implications for the financial health of physician practices and for patient access, the full impact of this payment methodology change still remains to be seen.
- 5. We recommend consideration of patient outreach and communication to educate the Medicare beneficiary on these MMA changes since they have a significant impact on them.** It is critical that beneficiaries hear why these changes were made from the agency that is implementing the changes. In order for Medicare beneficiaries to gain a perspective on these changes and the impact to them, it is important for Medicare to explain the why and how behind the changes. The beneficiaries need a forum to ask questions and feel confident that these changes were made for their benefit and they had a voice in this process. In addition, CMS needs a feedback mechanism to get a sense of how the beneficiaries may feel about the possible negative effects of the changes in the way their physicians are reimbursed for their care.
- 6. We request that CMS report back to Congress regarding the population basis of ASP and how this could adversely affect Medicare patient treatment needs.** We understand the need to control spending and the need to protect the Trust Fund. However, this should be done with an understanding of the treatment patterns and utilization of services for Medicare patients. The intent of ASP is appropriate, and seeks to provide reimbursement at a level consistent with reasonable acquisition costs for such products. To accomplish this goal, ASP should not include rebates, discounts, or fees that providers can not access – specifically rebates

associated with private payers, managed care organizations, and wholesalers, including specialty distributors. These particular rebates and discounts are not passed onto the physician, and should not be part of the ASP calculation. If the definition of ASP includes such discounts, the likely result will be a change in the purchasing mechanism which these physicians use to acquire products, which may have a negative effect on the overall health of their practice. In addition, rather than minimize or reduce drug cost expenditures, it is possible that these costs would increase over time, creating new cost burdens on both the Medicare program and its beneficiaries.

We understand that MMA requires implementation of the ASP payment methodology, but we request your consideration of our comments in light of the impact it may have on Medicare beneficiaries' continued access to quality care. It might be practical to suggest to Congress that CMS conduct a more in depth analysis on the type of payment mechanism that would be more reflective of Medicare treatment patterns and still manage to adequately reimburse physicians for their treatment of beneficiaries.

We appreciate the opportunity to offer these comments on this very critical issue. If you have any questions about the information we have provided, please do not hesitate to contact me or Nancy Davidson, M.Ed., at 704-357-8869. We would be pleased to share additional details regarding these issues.

Sincerely,



Peyton Howell, MHA
President

Deleted: 1

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

See attachment.

CMS-1429-P-3085-Attach-1.rtf

Aaron Haselhorst
1516 North 84th
Omaha NE, 68114

September 20, 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

To Whom It May Concern:

I'm writing to you to voice my opinion on the "incident to" proposal. If this proposal is adopted I feel that it will be hurting, first and for most, patients that are seeking quality rehabilitation care. It would also hinder a group of quality health care professionals in doing what they are trained to do.

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

- A certified athletic trainer has many advantages over a physical therapist when it comes to sports related injuries. Often times an ATC is there to witness the injury and may be the one to perform the initial assessment. Physical therapists will only have the information about the injury that was collected by the ATC, in most cases. ATC are also involved in the pre-surgical rehabilitation of the athlete and overall will have a better understanding of where the athlete is at compared to a physical therapist.
- ATC's have already been performing therapy in many settings, such as, athletic training rooms and clinics. If this proposal is accepted then many ATC's in the clinics will be let go and this will add to the shortage of credentialed allied and other health care professionals. This will only add further delays to a patient getting the therapy they need and deserve. This will especially be the case in rural areas where the shortage is felt the most. With the added demand on PT's the price for therapy will rise and cause unnecessary increases in the patients recovery time from delays in health care. It will also hinder the quality of care provided to the patient, because they may not get as much hands on time with a quality care professional.
- 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.

- This has never been an issue with physicians before and it shouldn't be now. They should be allowed to choose a credentialed allied and other health care professional based on the best interest of the patient. If Medicare has trusted the physician's judgment for so long, why are they now deciding to remove that responsibility? Physicians know what is in the best interest for the patient and need to be able to choose accordingly.
- ATC are qualified to handle many cases because we often times take many of the same core classes with PT students while obtaining our degrees. According to the federal government an ATC's preparation is rated the same as a PT's, and is significantly higher than that of an OT, OTA, or PTA. With this preparation an ATC is more than qualified to handle many different forms of rehabilitation. 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. Also, in order to become certified an athletic trainer must pass a certification exam, much like a physical therapist. But an ATC must follow the continuing education requirements to stay certified, unlike PT's, where in many states they require no continuing education requirements. 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.

Please take these points into consideration while looking at the "incident to" proposal and realize that it is not in the best interest of the patients.

Sincerely,
Aaron Haselhorst

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, (i.e. LMT and CranioSacral Therapist)

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am opposed to the idea of having Physical Therapists be the only healthcare professionals allowed to provide medically related care to physician's patients. I think there is every advantage to the patient both in terms of treatment available and reduced cost for needed therapies that can be provided by other professionals such as massage therapists and athletic trainers.

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

RE: Therapy- Incident To.

My name is Blaire Burton; I am a senior Physical Therapy Student at Northeastern University. I am writing to you concerning proposed revisions to the Payment Policies under the Physician Fee Schedule for calendar Year 2005. I fully support the proposed requirement that persons providing physical therapy services in physicians offices must be graduates of an accredited physical therapy program. I support this for many reasons.

First of all it concerns me that anyone without proper training can be reimbursed for services that I have spent 6 years in school learning how to provide. Physical Therapists are NOT technicians just fulfilling instructions from someone else. They are a specialized part of the medical team who are educated specifically to be able to examine patients, analyze the results of this examination to prescribe and carry out specialized treatments. Physical Therapists are educated for 5-6 years in universities. To practice they are required to have at the very least a masters degree and the majority of PT schools have now switched to a doctorate program with the transition to the DPT. Only Physical Therapists with this level of education and Physical Therapy Assistants under the supervision of a PT are truly qualified to provide patients with QUALITY care. Quote, unquote physical therapy services that are provided by anyone else are potentially harmful to the patient. No one else is qualified to know how to prescribe appropriate, and more importantly safe, treatments for patients.

For example, someone who is not extremely familiar with the intricacies of the anatomy of the spine would be unable to give a patient with a back disorder a home exercise program that takes into account for their condition while achieving appropriate goals. The patients problems could become worse if each exercise is not specifically designed to be appropriate for their needs. The patient also needs to be educated by a qualified professional on how to perform each exercise properly for maximum benefit. This should include making sure that they are able to correctly perform the exercise and demonstrate retention of that technique.

The only way to make sure that patients receive quality care, thereby preventing further unnecessary medical costs, is to make sure that a qualified Physical Therapist or Physical Therapy Assistant are providing ALL PT services. I also urge you to increase your standards to a LICENSED Physical Therapist, since this is the standard of qualification used by the states for PT practice. This would further ensure the quality of care received by patients. Thank you for reviewing my comments.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I appeal to your senses 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 physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am writing to express my concern over the recent proposal that would limit providers of ?incident to? services in physician clinics. I believe this area needs further investigation before any final decision is made. It would not be prudent to rule out qualified providers due to a lack of understanding of what our profession could provide. I also feel that it would not be financial responsible to limit this area to a single group of allied health care providers. I appreciate your attention and consideration in this matter.
Sincerely,

Michael J. Guerrero, M.Ed., ATC

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

<Michael J. Guerrero, M.Ed., ATC>
<204 E. Parker St.
<Smithfield, NC, 27577>

<9/23/04>

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. I believe this area needs further investigation before any final decision is made. It would not be prudent to rule out qualified providers due to a lack of understanding of what our profession could provide. I also feel that it would not be financial responsible to limit this area to a single group of allied health care providers. I appreciate your attention and consideration in this matter.

Sincerely,

Michael J. Guerrero, M.Ed., ATC

Cc: incidentto@nata.org.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please reconsider this policy of physician's only referring 'incident to' services to Physical Therapists. All interventions provided by licensed/qualified professionals either prescribed or supervised by a physician should be allowed. It would be a disservice to the public to deny all but Physical Therapy treatment.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

All licensed Health care Providers, that includes Licensed Massage Therapists, should be allowed to provide services to patients provided they have a referring physicians prescription, indication of Medical Necessity, Diagnosis, and duration of therapy. I am in opposition to any regulation that restricts the rights of a qualified , licensed health care provider. Please do not pass the policy whereby a physician can only refer "INCIDENT TO" services to a Physical Therapist. Thank You. Dennis Farretta L.M.T. AMTA, FSMTA 16 years owner of The Center For Massage Therapy Inc.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Marcus W. Osborne, ATC-L
102 Brandywine Dr. #Z-3
Conover, NC 28613

9/20/04

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

Re: Therapy – Incident To

Dear Sir/Madam:

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

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

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

- CMS does not have the statutory authority to restrict who can and cannot provide services “incident to” a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.
- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.
- Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.
- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

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

Sincerely,

Marcus W. Osborne, ATC-L
102 Brandywine Dr. #Z-3
Conover, NC 28613

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am concerned that the limiting of providers for these services to the those individuals associated with the physical therapy lobby will severely limit the quality of care that young athletes could receive by cutting the talents of Athletic Trainers out of the financial loop. Furthermore, this suggested policy change appears to be nothing more than a cheap ploy by hacks of these lobbyists to pad the wallets of their cronies and constituents at the expense of more highly qualified individuals--namely the athletic trainers--and the welfare of the patient. Please continue not to regulate who physicians choose to provide services to their patients. I have no doubt that doctors will make better decisions for their patients than either the government, or paid political lobbyists with ulterior motives.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I think that limiting payment for "incident to" treatment is an enormous mistake financially for you and a mistake regarding the health of Medicare recipients.

I work part time as a massage therapist and full time in behavioral health. I work with individuals who receive Medicare and know that they will suffer if you restrict their choices regarding TX.

Why would you limit payment to only one discipline? Aren't you setting yourselves up to be overcharged at some stage by creating a monopoly in this area? I am a citizen and taxpayer, I DO NOT approve of this proposed change! I urge you to reconsider the limitation on TX and services that this would represent! Do not limit those of us who are elderly, disadvantaged, and/or poor from getting the variety of services available to others.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Comments in attachement refer to 'Therapy-Incident To' rule.

September 23, 2004

Daniel Curtis, PT
2173 Lake Debra Dr
Apt 625
Orlando, FL 32835

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

My name is Daniel Curtis, a licensed physical therapist in both Florida and New York, currently practicing in Florida. I currently work in the outpatient orthopedic rehab setting and have been in practice for almost four years.

The following comments will be in regard to "Therapy-Incident To."

Purpose: I wish to comment on the August 5 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005." In this rule, CMS discusses establishing requirements for individuals who furnish outpatient physical therapy services in a physician's office. CMS is proposing that individuals who provide physical therapy services "incident-to" a physician should have to meet certain qualifications. My comments below are intended to fully support this rule as proposed by CMS.

While it cannot be fully conveyed in letter format I whole-heartedly applaud CMS for this proposed rule. This is another step taken toward protecting the public from unlicensed and unqualified personnel from receiving services they expect to be delivered at the highest level.

I fully support that personnel providing physical therapy "incident-to" a physician be a licensed physical therapist. Physical therapist, and a physical therapist assistant under the supervision of a physical therapist, are the only practitioners who have the education and training to furnish physical therapy services. Unqualified personnel, should as medical assistants, nurses, techs, etc, should not be providing physical therapy services!

A physical therapist must be licensed in the state where they practice. The requirement of licensure holds the professional fully accountable for their actions. The licensure requirement is one action that state government takes to ensure the safety of the public from unqualified personnel providing services in which they have no training or education. Why should an individual be exempt from this requirement just because they are providing services “incident-to” a physician. When someone unqualified is providing a service for which they are not educated and licensed to provide that puts the person receiving those services at great risk for further injury. Even worse, the person receiving those services (patient/client) expects that the individual that is treating them to be fully educated and trained in what they are doing. The public at large is unaware that an unlicensed individual can, at this time, provide them with services that should be provided by a licensed and fully qualified individual just because they are being provided “incident-to” a physician. That is why I fully support this CMS proposed rule. This rule would not allow unqualified personnel to provide physical therapy services to the public who expects to receive the services they seek from the most qualified individual, which would be a fully trained a licensed physical therapist.

I look forward to this proposed rule becoming a full rule. This is a huge step toward protecting the public from unqualified personnel providing services that the public at large would think would be provided by fully trained, educated and licensed physical therapist.

Sincerely,

Daniel Curtis, PT

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 1-9

PRACTICE EXPENSE

DIAPULSE NON-THERMAL ELECTROMAGNETIC THERAPY TREATMENT FOR CHRONIC WOUNDS G0329

Issues 10-19

SECTION 952

DIAPULSE NON-THERMAL ELECTROMAGNETIC THERAPY FOR CHRONIC WOUND TREATMENT G0329

Issues 20-29

THERAPY - INCIDENT TO

DIAPULSE NON-THERMAL ELECTROMAGNETIC THERAPY FOR CHRONIC WOUND TREATMENT G0329

CMS-1429-P-3099-Attach-1.doc

CMS-1429-P-3099-Attach-2.doc

CMS-1429-P-3099-Attach-1.doc

CMS-1429-P-3099-Attach-2.doc

CMS-1429-P-3099-Attach-2.doc

CMS-1429-P-3099-Attach-1.doc

**PUBLIC COMMENT CMS-1429-P
PHYSICIAN FEE SCHEDULE JULY 2005
RE: HCPCS G0329**

July 1, 2004, CMS began Medicare coverage for Diapulse® Non-Thermal Electromagnetic Therapy for chronic wounds, however the payment is low in relation to the cost of the equipment, clinical labor, treatment time and supplies. Therefore we are submitting the following information to help you to determine a fair provider reimbursement amount under the Physician's Fee Schedule for January 1, 2005.

Equipment Cost

The price of the equipment depending on the model is \$25,000.00, \$30,000.00 and \$35,000.00.

Clinical Labor

Clinical labor constitutes positioning a patient for treatment by rotating a patient with the help of an aid. The Diapulse® Operation Procedure states waiting approximately 1 minute until the STANDBY light illuminates and the unit is ready for operation. (additional time)

Under guidelines, application of Diapulse® is typically prescribed for in-patient wound treatment at a prescribed Pulse Frequency and Peak Power setting, for 30 minutes per treatment customarily BID or TID with a four to five hour interval between treatments to each wound site. Note: The length of treatment and number of treatments per wound, per day, exceeds the 20 minutes once a day to only one wound site that was used to calculate the current reimbursement rate. (additional time)

Outpatient treatment is typically prescribed 30 to 60 minutes to each wound site two - three times per week. (additional time)

Supplies

For infection control, the treatment head must be cleaned with an alcohol prep pad, saniwipe or other disinfectant and again repeated at conclusion of treatment. Before placing the treatment head over the wound site, if there is exudate around the dressing, a chux should be used as an intermediary layer. There are also disposable Diapulse® Asepticaps™. Price: \$69.00 per box of 100. (additional time, additional cost)

TREATMENT PROTOCOL

- Method of Treatment: The Diapulse® treatment head is applied directly over each wound site in light contact with wound dressing surface.
- Frequency and Duration: Treatment is applied twice per day (BID), three times per day (TID) or four times per day (QID) per the treating physician's order. Diapulse® has been shown to be most beneficial when used every four to six hours for 30 minutes per treatment. If more than one wound is present, each wound site receives the same treatment. Frequency of use will vary depending upon the condition of the wound, the resident's clinical condition and other considerations of his/her welfare and comfort. Due to the inherent safety of Diapulse®, the physician has latitude in making clinical judgments with respect to maximizing the dosage for optimal results.
- Settings: Typically, treatments for chronic wound care should be set at 6 Peak Power and 600 Pulse Frequency over dense areas such as the bony prominence of the hips, sacrum, coccyx, scapulae, heels, elbows, etc. (physician's discretion)

A Physician Brochure details directions for use.

There are recommended baseline blood work up clinical profiles suggested prior to the use of Diapulse®. Surgical or chemical debridement should be performed before the initial treatment application. (additional time)

Analysis and evaluation is kept by using a Diapulse® Wound Treatment Record Chart (DWTRC) and photographs taken by a digital camera using a disposable Diapulse® Centimeter Grid Measuring Card (DCGM) for weekly photographs of patient's wounds to document wound progression and added to Progress Notes. (additional time, additional cost)

To insure compliance and health outcome, each Diapulse® *Wound Treatment System*™ has a built-in Digital Compliance Meter (CM) to document treatment time. CM readings should be recorded weekly. (additional time, additional cost)

There is also a special Diapulse® Calibration Meter Model DPM-97C (\$975.00) to check the unit. (additional cost)

The Company also provides comprehensive clinical Diapulse® in-service programs on the proper use and care of the system along with proper follow up to insure positive outcomes.

Since there are additional costs that have not been considered, the information provided herein should justify a fair increase in reimbursement for Diapulse® Electromagnetic Therapy to Medicare providers in the January 1, 2005 Physician Fee Schedule.

Sincerely,
Abraham Jaeger, MD

**PUBLIC COMMENT CMS-1429-P
PHYSICIAN FEE SCHEDULE JULY 2005
RE: HCPCS G0329**

July 1, 2004, CMS began Medicare coverage for Diapulse® Non-Thermal Electromagnetic Therapy for chronic wounds, however the payment is low in relation to the cost of the equipment, clinical labor, treatment time and supplies. Therefore we are submitting the following information to help you to determine a fair provider reimbursement amount under the Physician's Fee Schedule for January 1, 2005.

Equipment Cost

The price of the equipment depending on the model is \$25,000.00, \$30,000.00 and \$35,000.00.

Clinical Labor

Clinical labor constitutes positioning a patient for treatment by rotating a patient with the help of an aid. The Diapulse® Operation Procedure states waiting approximately 1 minute until the STANDBY light illuminates and the unit is ready for operation. (additional time)

Under guidelines, application of Diapulse® is typically prescribed for in-patient wound treatment at a prescribed Pulse Frequency and Peak Power setting, for 30 minutes per treatment customarily BID or TID with a four to five hour interval between treatments to each wound site. Note: The length of treatment and number of treatments per wound, per day, exceeds the 20 minutes once a day to only one wound site that was used to calculate the current reimbursement rate. (additional time)

Outpatient treatment is typically prescribed 30 to 60 minutes to each wound site two - three times per week. (additional time)

Supplies

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TREATMENT PROTOCOL

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- Settings: Typically, treatments for chronic wound care should be set at 6 Peak Power and 600 Pulse Frequency over dense areas such as the bony prominence of the hips, sacrum, coccyx, scapulae, heels, elbows, etc. (physician's discretion)

A Physician Brochure details directions for use.

There are recommended baseline blood work up clinical profiles suggested prior to the use of Diapulse®. Surgical or chemical debridement should be performed before the initial treatment application. (additional time)

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The Company also provides comprehensive clinical Diapulse® in-service programs on the proper use and care of the system along with proper follow up to insure positive outcomes.

Since there are additional costs that have not been considered, the information provided herein should justify a fair increase in reimbursement for Diapulse® Electromagnetic Therapy to Medicare providers in the January 1, 2005 Physician Fee Schedule.

Sincerely,
Abraham Jaeger, MD

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

why should massage therapist who have worked so hard have to submit to these laws. They are very good at they jobs they do and they have to be lisenced. Why should we sent PT to school for this when we have an entire association who has already trained and had many hours of actual hands pn training and practice.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

There should be a significant increase in the reimbursement amount to providers for G0329 Diapulse nonthermal electromagnetic therapy for treatment of chronic wounds. Presently it is unfairly low.

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

Issues 20-29

THERAPY - INCIDENT TO

September 16, 2004

Cheryl Beaulieu
5151 Park Avenue
Fairfield, Connecticut 06825

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 an avid student of Sacred Heart University's Athletic Training program and the Student Athletic Training Organization, I am concerned about my future as an Athletic Trainer. The CMS-1429-P proposal is in danger of reducing my future scope of practice as an ATC by limiting my abilities to provide adequate care for the active aging population. Currently Certified Athletic Trainers (ATC) provide basic life saving skills as well as preventative and rehabilitative treatments in regards to orthopedic and environmental injuries. The role of the ATC is to work under a physician in the hospital, clinic, or school setting to prevent, educate, and rehabilitate patients with injuries. Changes in the role of the ATC imposed by the CMS-1429 proposal will increase medical care costs, increase burdens on other sections of the healthcare system and hinder our movement toward being a healthy America.

With such a wide knowledge base and wholesome clinical experience, athletic trainers understand mechanisms of injury, evaluate problematic posture and biomechanics, and employ preventative measures for patients that may be at risk for specific pathologies. ATC's have similar course work to physical therapists and are required to maintain Continuing Education Units (CEU) for their National Athletic Training Association (NATA) Certification. By utilizing ATC's, healthcare costs can be cut immensely. There will be a reduction in the number of diagnostic tests such as x-rays and MRI's due to the manual tests that ATCs can use to assess and rule out injuries. There will be a reduction in the number of doctor visits, emergency room visits, referrals, and follow-up appointments. These reductions will further unburden the healthcare system financially and decrease the load for healthcare providers.

In today's obese America we should be promoting athletic involvement with the entire population, including aging individuals who need specific guidance with starting an exercise program. Instead of taking ATC's out of the general health care system, we should be utilizing their knowledge to educate the active aging population and prevent future injuries, thus lowering Medicaid bills.

In conclusion, I believe that the CMS-1429-P proposal is a counter productive proposal which will further increase medical costs, increase the burdens of other medical care providers, and reverse the beginning of a movement to an active and healthy America.

Sincerely,

Cheryl M. Beaulieu

Cheryl M Beaulieu, EMT-Intermediate, SAT

CMS-1429-P-3104-Attach-1.txt

Submitter : Mrs. Rebecca Cordell Date & Time: 09/23/2004 01:09:04

Organization : AMTA

Category : Individual

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. There are many qualified health care providers that should be allowed to provide services to patients with a physicians prescription or under their supervisions.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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 believe it is imperative that massage therapy remain in as a health care procedure for PATIENT. If MEDICARE were to drop massage therapy it would be a loss for the people who need it - the PATIENT! Is that not what medical is all about, ensuring that the patient needs come first? We live in a world driven by finances, and needless waste, maybe we should look at what is important, and that is our HEALTH, which includes yours - the lawmakers for MEDICARE. This new proposal will ruin it for EVERYONE!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

The policy stating a physician can refer only "incident to" services to physical therapists should not be passed. All qualified health care providers should be allowed to provide services to patients with a physician's prescription or under his/her supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Concerns about the proposed reduction in work RVU's for CPT Code 36870.

See attached word document.

CMS-1429-P-3110-Attach-2.doc

CMS-1429-P-3110-Attach-1.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please consider omitting or revising the policy stating that a physician can only refer "incident to" services to physical therapists. Physical therapist are not as equally well trained as other specialists. The decision of the best qualified health care provider should be made by the doctor, in consultation with their patient. Further, writing this limitation into medicare policy will stifle competition for various professionals, and result in increased expenses, with lesser benefits to patients.

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 physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Do NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should have the freedom to provide services to patients and clients with a physician's prescription or under a physician's supervision. Do NOT limit an individual's potential to be healed.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

In some cases massage therapy is a preferred course of treatment over physical therapy. Therefore, all qualified and licensed health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.

CMS-1429-P-3116

Submitter : **Date & Time:**

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

To Whom it May Concern.

I have attached a letter detailing our comments and concerns regarding several issues pertaining to the proposed changes for Docket CMS-1429-P.

CMS-1429-P-3116-Attach-1.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Physical Therapists should NOT be the only health care professionals that are permitted to provide service as recommended from other health care professionals. ("incident to") Massage Therapists have been trained and are qualified to handle this part of health care. Many Physical Therapists do not have anywhere near the specific training that Massage Therapists do. DO NOT eliminate Massage Therapists from this part of health care that they are so qualified to do. DO let the profession of Massage Therapy be able to service patients through medicare.

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.

Thank you

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I OPPOSE the Proposed Changes to Incident to billing,
and I PROMOTE the Certified Athletic Trainer as a provider of such
services.

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

David Gallegos
1893 Coyote Ridge
Las Cruces, NM 88011

September 22, 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

To Whom It May Concern:

I am writing to express my concern over the proposed changes to the ?incident to? physician services. As a Certified Athletic Trainer who has worked in the clinical setting for numerous years, I have had the opportunity to assist in the treatment of many Medicare patients. Many of these patients sustained musculoskeletal injuries as a result of physical activity. The athletic training educational background is geared at treating these exact types of injuries. Additionally, the quality of services athletic trainers provide have been demonstrated, by an independent research institution, equivalent to those of other mid-level physical rehabilitation providers (physical therapy, etc.). If adopted, the proposed changes would impact the ability of the patient to receive quality health care from professionals trained for such needs. In addition, physicians would lose their ability to determine which professional is best suited to address the needs of the patient. In effect, the needs of the patient would lose focus to the intricacies of provider regulation.

In summary, the proposed changes will only deter quality health care accessibility.

Sincerely,

David Gallegos, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not pass this. This is crucial for all health care practioners not only Physical Therapsists. We beg you not to pass this policy whereby a physician can only refer "incident to" services to PT's.

Submitter : Sarah Boesel Date & Time: 09/23/2004 01:09:40

Organization : Sarah Boesel

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

This comment is in support of the proposed rule referenced above. In this proposal, CMS discusses establishing requirements for individuals who furnish outpatient physical therapy services in physicians' offices that comply with personnel qualifications for physical therapy specified in 42 CFR 484.4. Essentially, physical physical therapy providers must be graduates of an accredited professional physical therapist program or must meet certain grandfathering clauses or educational requirements for foreign trained physical therapists.

I am writing as a board certified physical therapist (PT) with close to 20 years of experience. I have devoted countless hours and personal resources to developing my skills, furthering my education and even having my own practice at one point. It is my personal opinion that physical therapists and physical therapist assistants should not be working in physician offices, as it severely and negatively impacts the ability of other physical therapists to establish their own businesses and compete for patients based on the quality of care provided and the outcomes obtained. However, I realize that this scenario will not improve so long as there are PTs who are willing to work for doctors. What is absolutely intolerable is that some physicians employ persons who are not physical therapists, yet bill for physical therapy, or they may have a therapist on staff, but a significant portion of so-called physical therapy is not being delivered by the therapist. The consumer and insurance carrier being billed under these conditions are being cheated.

Physical therapists are educated at the college/university level in programs accredited by the Commission on Accreditation of Physical Therapy, an independent agency recognized by the U.S. Department of Education. Today, the minimum educational requirement to become a PT is a master's degree and within the next few years, the majority of educational programs will offer the Doctor of Physical Therapy (DPT) degree. We receive extensive training in anatomy, physiology neurology, and medical and surgical conditions. We complete comprehensive patient care internships. Section 1862(a)(20) of the Social Security Act requires that for a physician to bill "incident to" for physical therapy services, those services must meet the same requirements for out patient physical therapy services in ALL settings. Therefore, therapy must be provided by individuals who are graduates of accredited professional physical therapist education programs.

Simply put, physical therapy is a PROFESSION, not a list of modalities and exercises. Physical therapy requires the integration of often complex information and physical findings with decision making capabilities based on documented medical evidence and the ability to efficiently recognize when changes to treatment are warranted. PTs must be licensed in the states in which they practice and are held accountable for their professional actions. No massage therapist, athletic trainer, exercise physiologist, nurse, technician, chiropractor or physician has the right to say he/she is delivering physical therapy unless he/she has a license to practice physical therapy. Thank you for your consideration of my comments on this issue.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

It is critical that you do NOT pass this policy whereby a physician can only refer "incident to" services to physical therapist. A physician should have the right issue a prescription to any qualified health care provider if it is merited and that service would be of benefit to his patient. I do not understand the need to limit the scope of who could be referred. Thank you for your consideration in this matter.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

i am a certified licensed massage therapist and i went to school and received my license so i can be a massage therapist and help the healthcare industry, not to be overlooked by another healthcare professional who you think can provide better healthcare then I can. I say No to this bill...

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a student at Sacred Heart University and it is in my opinion and I am sure that many more agree with me that this new proposal is not in the best interest of the Medicare Patient. This new proposal in regards to "incident to" billing will eliminate that physicians right to choose another individual or individuals whom he believes are qualified to administer the care the patient needs. If this right is taken away and certified ATC's for example can no longer administer care to the patient under the physicians recommendation then the physician will have to take care of the patients treatments and care himself.

Physicians are already busy enough so that If this bill passes it will only take longer for the Medicare patient to get the care that they need because the physician can no longer send them to an ATC and then bill after. The physician will be forced to do everything himself.

Knowing this and taking the best interest of the Medicare patient and everyone else into consideration, you must see that the best choice for everyone and especially the patient would be to not pass this revision in regards to "incident to" billing and to continue trusting the physician to use the resources he has and trusts to get the patient that best care possible.

This proposal in regards to "incident to" billing can only make it harder for the Medicare patient to receive the proper care in a timely fashion instead of having to wait weeks or a month to get into a physician who will have a much increased workload if this bill goes through. Just think about the Medicare patient and you will see that this proposal does not benefit them and it hurts others such as ATC's already practicing in the field.

Submitter : Mrs. Abbie Mercurio Date & Time: 09/23/2004 02:09:23

Organization : Abbie Mercurio Acupuncture Physician

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I ask you NOT to pass this policy whereby a physician can only refer "incident to" services to physical therapist. This would severely limit the types of services a patient would be able to receive. All qualified health care providers should be allowed to provide services to patients.

Submitter : Mrs. Karen Paxton Date & Time: 09/23/2004 02:09:07

Organization : Mrs. Karen Paxton

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I beg you, please DO NOT PASS the bill where all the physician can refer "incident to" services to physical therapists. There are many qualified health care providers that 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

see attachment



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir/Madam:

Physicians should continue to make decisions in the best interest of the patients and not to be limited or restricted in any way to CMS independent selection of providers.

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 attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of therapy services.

To mandate that only these practitioners may provide "incident to" outpatients 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.

Certified Athletic Trainers are professionals qualified to provide health care services. For CMS to even suggest that athletic Trainers are unqualified to provide these services to a medicare beneficiary is outrageous and unjustified.

In summary the changes proposed by CMS will only increase health care cost, profiting selected professions. It will also further strain our health care system by limiting patient care to fewer providers and delaying health care in rural areas.

This CMS recommendation is a health care access deterrent.

Sincerely,

Howard Arciniegas

Submitter : Ms. margery summerfield Date & Time: 09/23/2004 02:09:55

Organization : amta, iaahp

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

I have been a massage therapist for over 20 years. In that time I have seen 1,000s of people who had billed Medicare or insurance for physical therapy treatments which aggravated or did nothing to alleviate problems in soft tissue/pain syndromes which I was able to resolve in as little as 2-\$65/hour treatments. The lobby against massage therapists' work is to the financial detriment of policy holders, insurance companies, and our government sponsored Medicare insurance. If the intention is to save money for Medicare AND provide relief to subscribers, I suggest keeping massage therapy as a firstline treatment, under physician supervision, or as stand alone practioners, as we are most qualified to understand soft tissue injuries, and other physical impairments due to our training, experience, dedication, and amount of time. I was injured in a car accident, was sent to physical therapy and had to demand to see the charges through the hospital accoutning office. My insurance company was charged \$45 for a hot pack (5 minutes) and \$65 for "neuro-muscular massage" (5 minutes of poor work)plus ice pack, exercise, and evaluation for a total of \$700 for one visit. My insurance would not cover the 2 \$65 massage treatments I received from private practioners which resolved my back pain and allowed me to go back to work. I have worked with women with lymphedema who were able to use their arms again post mastectomy after 3 sessions of MLD which Medicare would not cover but it had paid thousands to Physical therapy departments with no results. I have used Cranial-Sacral therapy to restore people's ability to work in several sessions, again under \$200 in costs, which no insurance company would cover, however they paid again thousands of dollars for surgery and other PT modalities which did not help the problem or the person. Physical therapy is a wonderful profession and often required to help people regain muscle strength and coordination etc. However, time spent with patients who are suffering is a valuable healing aspect and the impersonal nature of medicine is in part made up for by a caring relationship with a good massage therapist. In Europe, massage therapy is part of most hospital programs. Please reconsider eliminating a cost effective (!!!) and useful modality from payment, in fact investigate whether or not massage might not save millions of dollars in medicare bills by testing out my claims in a supervised study.

Margery Summerfield
906 229-5051

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

CMS-1429-P-3132-Attach-2.doc

CMS-1429-P-3132-Attach-1.pdf

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

SEE ATTACHED LETTER



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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 physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

please see attachment

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am writing on behalf of the membership of The Endocrine Society to comment on the Notice of Proposed Rulemaking (NPRM) for the 2005 Physician Payment Schedule, published in the August 5, 2004 Federal Register.

Founded in 1916, The Endocrine Society consists of more than 11,000 physicians and scientists who are dedicated to the advancement, promulgation, and clinical application of knowledge related to endocrinology. The diverse membership represents medicine, molecular and cellular biology, biochemistry, physiology, genetics, immunology, education, industry, and allied health.

Society members represent the full range of professionals that are dedicated to the research and treatment of endocrine disorders: diabetes, reproduction, infertility, osteoporosis, thyroid disease, obesity/lipids, growth hormone, pituitary tumors, and adrenal insufficiency.

The Society's comments cover the following issues:

- Practice Expense for CPT 78070
- Coding-Telehealth List of Covered Services
- Section 611-Initial Preventive Physical Examination
- Section 613-Diabetes Screening Tests
- Section 612-Cardiovascular Screening Blood Tests

Issues 1-9

CODING-GLOBAL PERIOD

Coding-Telehealth

CMS proposes to NOT add inpatient hospital care, inpatient psychotherapy, hospital observation services, and emergency department visits to the Medicare telehealth list.

CMS also denied requests to add medical team conferences, as identified by CPT codes 99361 and 99362, and physician supervision (CPT codes 99374 and 99375) as telehealth services because they are already covered Medicare services that do not require face-to-face encounters with the beneficiary. CMS provided further explanation for not adding these services to the list, stating that under the Medicare program, the use of a telecommunications system in furnishing a telehealth service is a substitution for the face-to-face requirements of a service.

COMMENTS

The Endocrine Society supports the CMS conclusion that the aforementioned services should not be added to the Medicare telehealth list. While our members are supportive of the emerging technology of telehealth medicine and the benefits it can bring to patients, they prefer more conclusive data regarding the efficacy of this technology before adding the specific services cited to the list.

PRACTICE EXPENSE

Practice Expense-Other Practice Expense Issues

For Parathyroid Imaging, CPT 78070, CMS proposes to crosswalk charge-based RVUs from CPT 78306, whole body imaging, to this procedure. CMS received comments that the PEs for 78070 were too low because the procedure involves multiple imaging sessions. CMS agreed with commenting organization suggestions that CMS use a difference charge-based RVU to more appropriately value the service.

COMMENTS

The Endocrine Society supports CMS's decision to crosswalk charge-based RVUs from CPT 78306 to more appropriately value CPT 78070.

SECTION 611

Section 611-Initial Preventive Physical Examination

Based on this section of the Medicare Modernization Act of 2003 (MMA), review of the medical literature, current clinical practice guidelines, and United States Preventive Services Task Force recommendations, CMS proposed an interpretation of the term, 'initial preventive physical examination,' for purposes of this new benefit.

COMMENTS

The Endocrine Society supports CMS's interpretation of Section 611 of the MMA on the condition that adequate RVUs are provided for the service. The current preventive service codes are not nearly as comprehensive as CMS proposes in its interpretation of Section 611. The Endocrine Society asks CMS to consider the RUC's recommendation on the valuation of RVUs for these services.

Our members suggest adding the calculation of BMI to the vital signs portion of the service. We support a review of the individual's comprehensive medical and social history; functional ability and level of safety; education, counseling, and referral based on the results of the first elements of the examination; and education, counseling, and referral, including a written plan provided to the individual for obtaining the appropriate screening and other preventive services, which are separately covered under Medicare Part B benefits.

SECTION 612

Section 612-Cardiovascular Screening Blood Tests

Section 612 of the MMA provides for Medicare coverage of cardiovascular screening blood tests for the early detection of cardiovascular disease or abnormalities associated with an elevated risk for that disease.

COMMENTS

In this section, CMS references the 2001 recommendations of the United States Preventive Services Task Force regarding screening for lipid disorders associated with cardiovascular disease. item 'd' in this section is as follows: 'Screening for lipid disorders should include measurement of total cholesterol (TC) and high-density lipoprotein cholesterol (HDL-C).' Our members suggest this item include triglycerides so LDL can be calculated.

In addition, our members request that the frequency limit for lipid testing of five years should be waived if the patient develops a risk factor, such as diabetes, a marked weight gain, etc. in the interval.

The Endocrine Society supports the remainder of CMS's proposals regarding cardiovascular screening

SECTION 613

Section 613-Diabetes Screening Tests

The term 'diabetes screening tests' is defined in section 613 as testing furnished to an individual at risk for diabetes, including a fasting plasma glucose test. CMS proposes that Medicare cover a fasting plasma glucose test and a post-glucose challenge test; either an oral glucose tolerance test with a glucose challenge of 75 grams of glucose for nonpregnant adults, or a 2-hour postglucose challenge test alone.

COMMENTS

The Endocrine Society supports CMS's proposed list of diabetes screening tests. Our members also support the use of the equivalent of a 75 gram load of glucose and the inclusion of testing with 2-hour glucose tolerance test for glucose and insulin to look for impaired glucose tolerance and insulin resistance. We also suggest adding C-peptide as it is often useful in defining Type 1 or Type 2 diabetes or even Type 1 1/2, which may become a new category.

Regarding the proposed rule's reference to the statutory provision describing individuals at risk for diabetes, item four in this section states the following: 'Previous identification of an elevated impaired fast glucose.' Our members suggest changing this reference to the following: 'Previous identification of impaired fasting glucose.'

CMS-1429-P-3136

CMS-1429-P-3136-Attach-1.doc

CMS-1429-P-3136-Attach-1.doc

CMS-1429-P-3136-Attach-1.doc

CMS-1429-P-3136-Attach-1.doc

CMS-1429-P-3136-Attach-1.doc

CMS-1429-P-3136-Attach-1.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

20-29

Issues 20-29

THERAPY - INCIDENT TO

Please allow qualified massage therapists to keep working within the medical community. For Many of my clients came to me after trying all other medical modalities. Massage has been the only procedure that relieved pain and suffering. I often see people from the medial community for pain. Ironically, I've even had anesthesiologists! We deserve a piece of the pie!
Carla Green NCTMBW

Submitter : Susan Tulloch Date & Time: 09/23/2004 02:09:13

Organization : AMTA

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 physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 10, 2004

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

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

I am a physical therapy student at Marquette University and am in the final year of their 6-year doctorate of physical therapy program. I am writing to request that you support the proposal that would require that physical therapy services provided in a physician's office incident to a physician's professional services must be furnished by personnel who meet certain standards. Specifically, that these services could only be furnished by an individual who is a graduate of an accredited professional physical therapist education program or must meet certain grand fathering clauses or educational requirements for foreign trained physical therapists.

Physical therapy is more than just turning on a machine and following the directions or giving someone a basic exercise program. Physical therapists must receive extensive training in several knowledge areas. We now must attend 6 or 7 years of education in anatomy, physiology, exercise physiology, kinesiology, orthopedics, cardiopulmonary, neurology, as well as modalities like ultrasound. We do not blindly memorize parameters for using the machines and specific exercises, but we learn how they physically affect the patient as well as the contraindications for those modalities and exercises. Physicians also have extensive training and education in many similar areas but their education is more focused in diagnosing and treating diseases with different methods. One of those methods is to refer that patient to a physical therapist who specializes in the type of rehabilitation that they feel their patient needs. I believe it is important to the safety of the patient that the person who has received the most specific training and knows the safety concerns is the only person who can deliver those services.

This distinction of what qualifies as physical therapy will become even more important as more limitations are placed on the amount of physical therapy a patient can receive. If a physician is able to bill for physical therapy services a patient would be more limited on the actual number of times a licensed physical therapist could treat them and they may have received no actual physical therapy in the past denying patient the full benefits they should get.

Submitter : Mrs. Renee' Amico-Taback, LMT Date & Time: 09/23/2004 02:09:04

Organization : Mrs. Renee' Amico-Taback, LMT

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 physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

TO: CMS

FROM: PETER F. DE LUCA, M.D., CLINICAL ASSOCIATE PROFESSOR, ORTHOPAEDIC SURGERY DEPARTMENT, DREXEL UNIVERSITY COLLEGE OF MEDICINE
245 N. 15TH STREET ~ MS #420, PHILADELPHIA, PA 19102

DATE: SEPTEMBER 23, 2004

RE: CMS 1429-P

TO WHOM IT MAY CONCERN:

This letter is regarding CMS-1429-P - Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005, ISSUES 20-29. As I understand it, with this proposal, Medicare Part B would NO LONGER reimburse for 'Therapy-Incident to' charges, performed in the office, when that care is provided by any health care worker except a physical therapist or occupational therapist. This would eliminate 'therapy-incident to' charges for other health care workers, such as athletic trainers-certified (ATC). As a physician, I find it disturbing that the federal government wants to regulate who is best to provide therapy services for patients. I would think that the physician treating the patient would be the best one to make that decision. By limiting this access to physical therapists and occupational therapists, you are doing the patients a disservice. You are once again taking the decision-making ability away from the physicians and effectively tying our hands. The ones who will pay in the end are the patients.

ATC's provide a great service to patients and to the community at large. In our community, many practices could not function without ATC's and the services that they provide on a daily basis with skill, education, and expertise. This is not to mention the services that many ATC's provide to our regional and private high schools, as well as many community clubs and organizations. They are trained in injury evaluation AND treatment, unlike physical therapists. Athletic trainers' education and scope of practice ensure they are expert providers of outpatient therapy services. It is a function they perform many times each day.

I urge you to shelve this proposal. Limiting 'therapy-incident to' charges to physical therapists and occupational therapists will limit the options that physicians have for the proper treatment of their patients. Once again, the ones that will pay in the end if your proposal goes through are the patients. Don't let this happen.

Peter F. DeLuca, MD

Submitter : Miss. Alison Riley Date & Time: 09/23/2004 02:09:32

Organization : Sacred Heart Athletics

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 17, 2004

Sacred Heart University
Department of Athletic Training
5151 Park Avenue
Fairfield, CT 06824

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 in concern to the recent proposal of proposal CMS-1429-P. I am a student of athletic training and I am concerned about how this proposal will limit the quality and promptness of care that we provide to many patients in various setting. We as certified athletic trainers (and for myself becoming one in the near future) are the first line of defense to many individuals in areas such as sports, clinics, or hospital settings. This proposal also has a monetary component to it as well. Limiting the people that we are able to treat, under the supervision of a physician in such settings as a hospital or clinic will cost the facility money, resulting in the facilities to employ other allied health care professionals which will both be costly and not time effective due to the shortage of health care professionals today. This will in turn further cost the Medicare patients. Certified athletic trainers are often employed through physician's offices as physician extenders. They also work in colleges/ universities and high school settings to aid in the care of the athlete since the doctor cannot be there. This would be a great loss to many individuals to not have a certified athletic trainer at these sites. It would be financially impossible to employ a doctor at all of the sites all the time (the time that the certified athletic trainer would be there). Employing physical therapists instead of certified athletic trainers (who take many of the same classes) would increase cost for the institution and therefore cost of services for the patients. This would increase the cost of Medicare and many of these active patients would not be able to afford the cost increase.

This proposal would affect the athletic training profession drastically. It will limit in vast amounts, where we can practice and who we can practice with. It would affect more than us as professionals but as the patients and athletes that we treat, as well. As athletic trainers we specialize in prevention, management/treatment, and rehabilitation of injuries and illnesses to the athletic and physically active population. Athletic trainers are knowledgeable in areas of nutrition, psychosocial issues, therapeutic modalities and exercises, pharmacology, assessment and evaluation of pathological conditions as well as risk management and acute care. We most often deal with orthopedic injuries in nature but as a component to our education we also are trained in general medicine. We are the primary health care provider to athletes and the active population. Athletic trainers are the people that athletes seek when they are hurt orthopedically but also when they ?don?t feel good?. Athletic trainers are certified by the Board of Certification (BOC) and recognized by the American Medical Association as a member of the allied health care profession, with the necessary medical training. Athletic training has a continuing education component which physical therapy does not have in many states and certifies that we keep up to date on new medical break through and conditions that affect the active population. This proposal will delay the medical response to many athletes in need of their expert assistance.

In conclusion I feel that this proposal CMS-1429 would be very detrimental to the allied health care profession as a whole and to Medicare patients who seek the assistance of certified athletic trainers under the care and direction of a physician.

Sincerely,
Alison K Riley

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 physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Microsoft Word File of Comments from Peter Pardoll, M.D., FACG are attached.

Submitter : Mrs. Michele Kierski Date & Time: 09/23/2004 02:09:46

Organization : American Massage Therapy of America- member

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 physicians prescription or under their supervision

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

SECTION 302

The attached document contains the comments of the American Society for Surgery of the Hand.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

TO: CMS

FROM: PAUL A. MARCHETTO, M.D.
ASSOCIATE PROFESSOR
ORTHOAEDIC SURGERY DEPARTMENT
DREXEL UNIVERSITY COLLEGE OF MEDICINE
245 N. 15TH STREET ~ MS #420
PHILADELPHIA, PA 19102

DATE: SEPTEMBER 23, 2004

RE: CMS 1429-P

TO WHOM IT MAY CONCERN:

This letter is regarding CMS-1429-P - Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005, ISSUES 20-29. As I understand it, with this proposal, Medicare Part B would NO LONGER reimburse for 'Therapy-Incident to' charges, performed in the office, when that care is provided by any health care worker except a physical therapist or occupational therapist. This would eliminate 'therapy-incident to' charges for other health care workers, such as athletic trainers-certified (ATC). As a physician, I find it disturbing that the federal government wants to regulate who is best to provide therapy services for patients. I would think that the physician treating the patient would be the best one to make that decision. By limiting this access to physical therapists and occupational therapists, you are doing the patients a disservice. You are once again taking the decision-making ability away from the physicians and effectively tying our hands. The ones who will pay in the end are the patients.

ATC's provide a great service to patients and to the community at large. In our community, many practices could not function without ATC's and the services that they provide on a daily basis with skill, education, and expertise. This is not to mention the services that many ATC's provide to our regional and private high schools, as well as many community clubs and organizations. They are trained in injury evaluation AND treatment, unlike physical therapists. Athletic trainers' education and scope of practice ensure they are expert providers of outpatient therapy services. It is a function they perform many times each day.

I urge you to shelve this proposal. Limiting 'therapy-incident to' charges to physical therapists and occupational therapists will limit the options that physicians have for the proper treatment of their patients. Once again, the ones that will pay in the end if your proposal goes through are the patients. Don't let this happen.

Paul A. Marchetto, MD

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

TO: CMS

FROM: JAMES A. TOM, M.D.
ASSOCIATE PROFESSOR
ORTHOPAEDIC SURGERY DEPARTMENT
DREXEL UNIVERSITY COLLEGE OF MEDICINE
245 N. 15TH STREET ~ MS #420
PHILADELPHIA, PA 19102

DATE: SEPTEMBER 23, 2004

RE: CMS 1429-P

TO WHOM IT MAY CONCERN:

This letter is regarding CMS-1429-P - Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005, ISSUES 20-29. As I understand it, with this proposal, Medicare Part B would NO LONGER reimburse for 'Therapy-Incident to' charges, performed in the office, when that care is provided by any health care worker except a physical therapist or occupational therapist. This would eliminate 'therapy-incident to' charges for other health care workers, such as athletic trainers-certified (ATC). As a physician, I find it disturbing that the federal government wants to regulate who is best to provide therapy services for patients. I would think that the physician treating the patient would be the best one to make that decision. By limiting this access to physical therapists and occupational therapists, you are doing the patients a disservice. You are once again taking the decision-making ability away from the physicians and effectively tying our hands. The ones who will pay in the end are the patients.

ATC's provide a great service to patients and to the community at large. In our community, many practices could not function without ATC's and the services that they provide on a daily basis with skill, education, and expertise. This is not to mention the services that many ATC's provide to our regional and private high schools, as well as many community clubs and organizations. They are trained in injury evaluation AND treatment, unlike physical therapists. Athletic trainers' education and scope of practice ensure they are expert providers of outpatient therapy services. It is a function they perform many times each day.

I urge you to shelve this proposal. Limiting 'therapy-incident to' charges to physical therapists and occupational therapists will limit the options that physicians have for the proper treatment of their patients. Once again, the ones that will pay in the end if your proposal goes through are the patients. Don't let this happen.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Athletic Trainers are highly trained and skilled rehabilitation specialists. Unlike Physical Therapists, athletic trainers perform in numerous venues outside of the clinical environment and equally as well in clinical situations. As a director of Sports Medicine at a major medical center in Northern Illinois, I have seen the advantage of ATCs and PTs working side by side. It's really all about the patient and outcomes here. Let us prioritize the goals at hand and place political issues where they belong.

Professionally Yours

Lawrence Scire ATC/L
Director, Condell Sports Medicine
Libertyville, Illinois

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I respectfully request you NOT pass regulations so that a physician may refer ONLY to PTs for massage therapy services. There are many qualified and duly licensed health care professionals besides PTs who can administer these services with expertise. The benefits of massage therapy extend to more than moving muscles. The reduction of stress and ensuing decrease in catacholemines brought about by massage therapy is so beneficial to many people. Our health care system is moving toward a more holistic approach so why not advance this approach by allowing qualified health care professionals to provide services? Thank you for your consideration.

Submitter : Mrs. Mary Vojtas Date & Time: 09/23/2004 02:09:05

Organization : Mrs. Mary Vojtas

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a person who goes to a chiropractor for a massage and therapy, please do not pass this policy where by a physician can only refer "incident to" services to physical therapists. There are too many other qualified health care providers that should be permitted to provide services to patients with a physicians prescription or under their supervision.
Thank you

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 physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

CMS-1429-P-3153-Attach-2.doc

CMS-1429-P-3153-Attach-1.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please Please do not pass this policy allowing a physician to only refer "incident to" services to physical therapists. There are many wonderful qualified health care providers who would be excluded from the referrals and many people would be excluded from the benefit of their skills.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

To whom it may concern:

I am a certified athletic trainer licensed by the State of Florida to provide musculoskeletal evaluations, apply modalities and develop rehabilitation plans under the direction of a licensed physician. The American Medical Association recognizes our profession and our abilities. It is my understanding that those are the same abilities of a licensed physical therapist. While athletic trainers are targeted more toward athletes it is very hard for me to see the difference between a 25 year old rotator cuff tear patient and a 65 year old rotator cuff patient. There may be a difference in age and of course there will be a different approach with each patient but the goals are the same. The goals are to make a person functional. I feel that it would be wrong for the CMS to state that physical therapy must be provided by a physical therapist. As I see it the term physical therapy is a verb meaning the act of providing rehabilitation. It is not used as a noun stating physical therapist. Athletic trainers provide physical therapy to athletes and when a person turns 65 should that athletic trainer not be allowed to continue rehabilitation with their patient.

What I am trying to say is that Athletic trainers across the country should not be restricted from providing the services they are educated to perform.

The AMA has accepted athletic trainers as allied health care professionals and refer to them every day. Why is it that the APTA feels they should be the only providers on this issue?

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a physical therapists with 17 years of experience. I strongly urge support of CMS's proposed requirement that physical therapist (PTs) working in MDs' offices be graduates of an accredited PT program. This will ensure that Medicare recipients will receive the care from a qualified licensed professional, which they deserve and for which they pay. The public expects to receive physical therapy from a physical therapist. Safeguards are in the Medicare regulations as well as the State (Board of Physical Therapy Examiners) to ensure safety, effectiveness and quality. When an unlicensed aide provides physical therapy services in a physician's office, it misleads the patient and prevents the state board from acting on complaints (not in their jurisdiction). This is the very reason why Medicare requires physical therapists to be licensed and graduates of accredited programs...accountability. As of 2002, all PT programs are at a master's level and majority are now at the doctorate level. It is unfair to the public to allow unlicensed personnel to treat patients as a physical therapist. This is especially true if the therapy cap returns (1590 cap - 2006). A patient could exhaust therapy benefits without seeing a bonafide PT! I have seen patients who received "physical therapy" at their doctor's office for months before being referred to a PT. If the cap was in place, their benefit would have been exhausted. I have also spoken with receptionists who "do therapy" for their patients. Usually, it is palliative modalities, which is ineffectual and has no long lasting effects. Lastly, Section 1862 (A) (20) of the Social Security Act requires "incident to" physical therapy services must meet the same requirements for outpatient therapy services in all settings in order to bill. This would require PTs alike in all other settings. I would question why anyone would argue to allow unlicensed personnel provide physical therapy.

Sincerely,

Timothy O'Kay, PT, OCS

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. It is physicians, not lawmakers, who are qualified to make the determination of what forms of health care are necessary for the treatment of their 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

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

Massage Therapists should be authorized to treat patients.

Submitter : Mrs. Meghan Antinarelli Date & Time: 09/23/2004 02:09:18

Organization : Norfolk State University Sports Medicine

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached document.

Submitter : Mrs. Yvonne Garst Date & Time: 09/23/2004 02:09:58

Organization : Mrs. Yvonne Garst

Category : Health Care Industry

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Massage therapy is an important part of chorpactic and should not be limited to PT,s

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

SECTION 623

Re: CMS-1429-P Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005; Proposed Rule (69 Federal Register No. 150), August 5, 2004.

Dear Sir:

We are writing in response to the above-referenced proposed rule on the behalf of the Rice Memorial Hospital in Willmar, MN. The Rice Memorial Hospital owns and operates a hospital-based end stage renal dialysis (ESRD) facility with 12 beds serving 50 patients per month in rural West Central Minnesota. Our program will not be able to continue to provide dialysis services to Medicare beneficiaries if Medicare's reimbursement causes financial losses to occur. The following comments are on section III. H. Section 623 ? Payment for Renal Dialysis Services.

Section 623 comments:

1. Wage Index.

We propose the wage index values used for the final rule be updated to match the most current wage index values available for the inpatient acute care hospitals, including any geographic reclassification. As noted on page 47534 of the proposed rule, the current wage index is a blend of two wage indexes, one based on hospital wage data from fiscal year 1986 and the other from 1980 hospital wage and employment data from the Bureau of Labor Statistics (BLS). The 1986 hospital wage index data is blended at 40% and the 1980 BLS data is blended at 60%. We believe CMS would achieve more accurate wage index values by using the inpatient wage index values as published in the August 2, 2004 Federal Register and not blend these wage index values with the current BLS employment data. CMS has stated it does not propose to update the wage index values from the 1986/1980 blend due to the June 6, 2003 Office of Management and Budget bulletin 03-04. In the August 2, 2004 Federal Register, CMS has stated its position in regard to the June 6, 2003 Office of Management and Budget bulletin 03-04. Therefore, we believe using the wage index values from the August 2, 2004 Federal Register would allow CMS to appropriately adjust the geographic index values for renal dialysis services per the Medicare Modernization Act. The reason we are requesting CMS not to blend the August 2, 2004 wage index values with the current BLS employment data is that the BLS data is not subject to audit by the Medicare fiscal intermediaries. The wage index values in the August 2, 2004 Federal Register have been audited by the fiscal intermediaries and would more accurately reflect the current labor costs than the 1986 hospital wage index data

2. 11.3% Drug Add-On

We propose that CMS not apply the 11.3% drug add-on to hospital-based ESRD facilities and to reimburse hospital-based ESRD facilities based on acquisition cost for separately billable drugs (including EPO). The reason we request this change to the proposed rule is that hospital-based ESRD facilities are currently reimbursed at a rate of \$10 per 1,000 units for EPO and at cost for other separately billable drugs. CMS has noted on page 47527 of the proposed rule that because hospital-based ESRD facilities are paid at cost for separately billable drugs, the hospital-based facilities have not made the profits from drug payments that the independent facilities have enjoyed. Therefore, we propose that CMS reimburse hospital-based ESRD facilities for separately billable drugs (including EPO) at acquisition cost.

We believe the Secretary has the authority to reimburse hospital-based ESRD facilities at cost for separately billable drugs. On page 47526 of the proposed rule, the provision per the Medicare Modernization Act (MMA) for the drug add-on states:

3.b. Section 623(d)(1) ? Section 1881(b)(13) of the Act, as added by MMA section 623(d)(1), provides for a revision to the current AWP pricing of separately billable drugs and biologicals; payment will be based on acquisition costs as determined by the OIG's study mandated under section 623(c) of the MMA. Insofar, as the OIG has not determined the acquisition cost

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

My name is Jennifer Smithers, MSPT. I am a physical therapist working in Vermont at Associates in Physical and Occupational Therapy, Inc. We are a non-profit rehab agency providing pediatric and out-patient Physical Therapy (PT) services for people of all ages. I have been a practicing physical therapist for nearly 7 years. In addition, I am the Chief Delegate for Vermont to the American Physical Therapy Association's House of Delegates, and thus, also represent the VT Chapter of the American Physical Therapy Association (APTA).

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I oppose federal laws that would prevent locally licensed practitioners of therapeutic and medical massage from receiving Medicare reimbursements, when they are working under the direct supervision of a medical practitioner or by order of a doctor's prescription.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am a Certified Athletic Trainer and am finding it difficult to believe that athletic trainers are not considered qualified to provide certain health care services. Anyone who believes that we do not have adequate training has not looked into the number of hours it takes to become certified. These hours are gathered in the field, in addition to the accredited courses we must take to become certified. After we have worked very hard to become certified, we must maintain our status through continuing education, as do other health care professionals. We have a very high standard for continuing education, requiring 80 credit hours every three years, which is higher than many other fields. Where in this equation does a lack of knowledge or ability fit in? We work hard, we have high standards, we maintain and build our knowledge base, and have provided quality care for years. We rarely get recognition or acknowledgement for our hard work and sacrifice, which is something that I can deal with. We are not in this career for glory. However, it is another story when someone tells us that we are not qualified or adequate to provide care. We most certainly are, and will continue to be, qualified. We have the knowledge, the abilities, and the desire to continually help those who are in need of injury prevention, treatment, or rehabilitation. I beg you to look into our requirements for certification, for maintaining certification, and for our career as a whole. And I beg you to reconsider removing us as qualified care givers. We work very, very hard to get where we are, please don't take that away from us.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not pass the policy whereby physicians can only refer "incident to" services to physical therapist. Services to patients with a prescription or under a physician's supervision should be permitted by ALL qualified health card providers.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Code 77427.The changes here must be an error.A weekly charge is generated when patients are assessed weekly while under treatment.There must be confusion with the 90 day rule AFTER completion of treatment.The global period is only for the 99000 series of codes.
This needs to be put back to previous wordind

The G codes 0242,0243,0173,0251,0338,0339,0340 should be able to be used in freestanding facilities (not only hospitals).The free standing facilities give the same or better care with same equipment expenses and should be allowed to bill for the same services.

I would appreciate your attention to these obvious mistakes or omissions.
Ron Krochak MD

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

IWe 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 physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

The proposed policy that would required that individuals providing outpatient physical therapy services to Medicare beneficiaries in physicians' offices have graduated from a physical therapy curriculum that has been approved is a step in the right direction to ensure that Medicare beneficiaries are receiving the highest quality of care. Therapists and therapists assistants are the experts when it comes to performing those specific services and the public is intitled to receive those services from those most qualified to deliver them. This also assists with appropriate billing of those specific codes.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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 : Mrs. Elizabeth LaLonde Date & Time: 09/23/2004 02:09:52

Organization : Medical Shoppe of marco

Category : Nurse Practitioner

Issue Areas/Comments

Issues 1-9

PRACTICE EXPENSE

Mastectomy products should be excluded from the face-to-face prescription requirements. As a fitter for over 25 years I can say from experience mastectomy products are a necessity for lifetime. This requirement would place an undo burden on Physicians, beneficiaries, suppliers as well as Medicare. Please consider these issues when making any changes or decisions. We all have the patient in mind and will support their Physician prescription for these medical needs.

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 patients deserve the right to chose, as well as, 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 opposed to excluding massage therapy as a covered treatment. I have worked many times with patients who have palpable muscular tension problems who can be immediatly helped by massage therapy. These patients are NOT BEING HELPED by the medical models followed by their physicians. It is standard practice for a physician to prescribe muscle relaxants and bed rest only. This treatment often does not address the root causes of the muscular problems clients face. Proper treatment for many muscular disorders MUST rely on trained Massage Therapy practitioners who understand the underlying causes of mucular problems and who are skilled in the manual techniques necessary to effectively treat muscular disorders.

Patients with muscular imbalances and disorders treated only with muslce relaxants and bed rest will very often return frequently to their primary care physician looking for some type of relief when treatment fails. This causes unnecessary expenditures by the healthcare system. Muscular disorders can be quickly and permanently treated with massage therapy.

Therefore I encourage the medicare system to include massage therapy as a treatment option available to patients when prescribed by their primary healthcare provider.

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 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. There is NO reason to pass this policy whereby a physician can only refer "incident to" services to physical therapists. All licensed, qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Miss. Kate Koep Date & Time: 09/23/2004 03:09:04

Organization : Lebanon Valley College

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 23, 2004

We, as students of Physical Therapy, would like to comment on the August 5 proposed rule on 'Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005'. We would like to show our support for this proposed rule by bringing attention to the negative effects of allowing unqualified personnel to administer physical therapy treatments. For example, at a particular fitness facility, a gym member approached a front desk employee of the facility about receiving some ice after her workout. The unqualified employee was unaware of the physiological effects that something as simple as administering ice can have on a person. As a result, the member developed blisters due to overexposure to the ice. Had a qualified Physical Therapist been present to administer treatment with the knowledge of the necessary precautions, this incident could have been avoided. Though this situation did not result in a fatal injury, it is meant only as an example of what can happen at the smallest possible level. Other billable Physical Therapy treatments administered by an unqualified person could result in much more serious conditions than blisters. They could result in permanent deformity, disability, or even death of a patient. It is in the public's best interest and safety that this rule be implemented and strictly enforced. Thank you for considering our comments. We wish you the best of luck with your endeavors in the implementation of this rule.

Sincerely,

Kate Koep, Eileen Dwyer, Becky Brake
Physical Therapy Students of
Lebanon Valley College
Annville, PA

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Dr. McClellan,

We are students enrolled in the physical therapy program at Lebanon Valley College in Pennsylvania and we are writing in support of the CMS proposed revision regarding Therapy-Incident To. We strongly support this proposed revision for multiple reasons. This revision affects not only the physical therapy practice, but also the patient. Allowing less than qualified individuals to provide physical therapy services to patients not only undermines the credibility of the profession, it also can lead to harmful effects on the patient's health. Individuals who are not qualified are not aware of the implications of their actions or recommendations and are not equipped to deal with the consequences. Physical therapists undergo many years of college or university level education which gives them a thorough knowledge of the human body, physical therapy procedures and contraindications for these procedures. Therapy provided by less qualified individuals can not only lengthen the recovery time of the patient, but it can also exacerbate their condition leading to increased medical bills and decreased productivity. As a result of other medical personnel using physical therapy codes, patients are forced to limit their time with an actual licensed therapist. Finally, the licensure examination that physical therapists are required to pass confers upon them a sense of responsibility for their actions which is unmatched by those less qualified. Thank you for your considering our comments on this matter.

Sincerely,
Marius Bodi
Jennifer Stover
Alina Gottschalk

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am against allowing only PT's to provide therapy for patients. Physical Therapists are not trained in all types of therapies and there have been times when they have not helped the patient at all. All patients should have the right to choose the profession that helps the problem the most. To limit the right to choose is unfair to the people.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Certified Athletic Trainers (ATCs) have been helping physicians care for their patients by providing services detailed in the CPT Codes for Physical Medicine and Rehabilitation and per physician needs for the best care possible for their patients. ATCs DO NOT seek to provide "therapy" services that are provided by physical therapists, occupational therapists, or speech therapists. ATCs seek to provide services as delineated in their own practices. Preventing these wonderful professionals from helping patients would LIMIT ACCESS to their services for patients - and no one wants to LIMIT ACCESS to qualified health care providers.

Please see attached file. Thank you!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

We want to express our support for the 'Therapy-Incident To'. As DPT students our education level and quality is important to us to provide adequate, professional health care. We have dedicated our money and, most importantly, our lives to becoming an integral part of the physical therapy profession. It is disconcerting to know that people outside the physical therapy realm are performing procedures that only a licensed physical therapist or physical therapist assistant should provide. For instance, we know of a woman who was burned on her upper anterior shoulder and posterior shoulder from a person applying a hot pack directly to the skin without a barrier in between. This person was working in a physician's office and was not licensed in physical therapist. For the protection of our patients, our profession and its reputation, people not licensed in physical therapy should not be permitted to apply physical therapy protocol. We would not expect a physical therapist to read a patients x-rays because we were not properly educated to do so. By lending our support to the 'Therapy-Incident To' we hope to create a voice for our generation of physical therapists. Thank you for hearing our voice.

Sincerely,
Casey Burall
Nate Creznic
Kim Shank
DPT Class of 2007
Lebanon Valley College

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 23rd, 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

To Whom It May Concern:

As a Certified Athletic Trainer (ATC) currently working in the social service field at a homeless shelter, I am writing this letter in opposition of proposal CMS-1429-P. The settings where ATC's work is rapidly growing and I am concerned that this proposal would limit future patient access to qualified health care providers of ?incident to? services in locations where Medicare and Medicaid services are provided. Currently, ATC's working in physician's offices and sports medicine clinics will be adversely affected if CMS-1429-P passes. Also affected will be the physically active patients who will see a reduction in the quality of health care they receive. 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. 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 health care professional.

Sincerely,
Mark Nienhuis ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a Certified Neuromuscular Massage Therapist , 40% of my bussiness is referrals from D.C.'s and other Medical Doctors. Physical Therapist do not do medical massage. It would be a shame to take away our right to provide therapy to insurance patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

"Incident to Services"

As a Physisian in a eleven Doctor Orthopedic practice, i fell it is not appropriate that the proposal will not permit the use of Athletic Trainers for incident to services. The Athletic Trainer is a well educated health care practitioner. Their knowledge not onlt relates to providing home exercise programs, but is well within their scope of knowledge.

The other main problem i foresee is that the Medicare patient will have a great inconvenience in needing to go and set up additional appointments to have these services provided to them. This will not permit the service to be provided in a timely manner.

Thank you for your attention on this matter.

Samuel O. Matz, MD

Submitter : Mrs. Alyssa Barnes Date & Time: 09/23/2004 03:09:01

Organization : National Athletic Trainers' Association

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Therapy-Incident To

To whom it may concern,

This letter is in response to the August 5th proposed rule on 'Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005.' There are many concerns that have been raised to by Physical Therapists about the current (2004) Fee Schedule. Under the current Fee Schedule physicians are allowed to bill Medicare and Medicare for services that only licensed physical therapists should perform. However, in physician offices, qualified personnel do not always perform the services that are being billed for, which has many implications and deterrents for the patient.

It is imperative, for the safety of the patient, that the person administering Physical Therapy treatments have acknowledge of the implications of the treatment as well as a knowledge of the affects the treatments have on a physiological level. To achieve this, a person must be aware of all possible harmful side affects and the reasons why various treatments are being administered, through an adequate education at an accredited Physical Therapy institution. Healthcare needs to be administered in an effort that is most beneficial to the patient. If it is not then the healthcare practitioner is in breach of ethical codes that govern their practice. Not only are physicians bound by a code of ethics, but so is the profession of Physical Therapy. Within this Code of Ethics it states that we are supposed to provide adequate and quality care. If competent, qualified individuals do not provide the therapeutic treatment that is being billed for, then that treatment has a greater risk of being determined inadequate or of poor quality. This can tarnish the professional integrity of Physical Therapy, and discourage individuals who may have received poor therapeutic treatment from a physician; to utilize the profession when a physical ailment arises that is within the scope of practice of Physical Therapy.

As physical therapy students it is of great importance that our profession continues to be viewed by the population as one that provides quality healthcare to it's patients, which will guarantee the usefulness and growth of our profession. We need to be assured that the educational process that we are currently enduring is one that is taken seriously, and that our techniques and interventions are not being misused by fraudulent individuals.

At this time we would like to greatly thank the Administration for considering our remarks on this issue, and hope that you come to a decision that is in the best interest of the patient population.

Sincerely,

Josh Anderson
Jolee Warrenfeltz
Gina Morenzi
Lebanon Valley College
DPT Class of 2007

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I oppose the proposed policy to eliminate any provider except physical therapists from providing "incident to" medical professional's services to patients. In particular, massage therapy professionals should be allowed to provide medically related care to physician's patients.

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.

The complete Medicare document (all 467 pages) is located at http://www.cms.hhs.gov/regulations/pfs/2005/master_background.pdf.

Submitter : Mrs. Susan Felix Date & Time: 09/23/2004 03:09:20

Organization : Lebanon Valley College

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Therapy Incident To

We are writing as doctorate of physical therapy students to express our concerns about the issue of improper use of physical therapy CPT 9700 codes by non-PT practitioners. Physical therapists must be graduates of an accredited physical therapy program, meet certain grandfathering clauses, or meet educational requirements for foreign trained physical therapist to practice physical therapy. These individuals are the only qualified healthcare providers able to perform physical therapy services in a knowledgeable and safe manner. Therefore, they should be the only healthcare providers receiving reimbursements for these services rendered. The following are a few of our major concerns:

X Physical therapists are required to pass a state licensure exam proving their competency in their field, as well as graduate from an accredited program. Others who do not follow these criteria, but continue to perform physical therapy services, are falsely claiming the title of physical therapist. Many dangers can occur with unqualified personnel performing various physical therapy procedures without proper training or supervision.

X A major issue which concerns us is the safety of the patient. Physical therapists are trained, in the classroom and hands on during clinical rotations, how to properly execute all physical therapy treatments; including, modalities, exercises, and pertinent home care techniques. Patients are not safe in the hands of unqualified individuals because they lack appropriate education and skills.

X Another issue of major concern involves insurance reimbursement. Patients that require valuable services may not be eligible because of prior non !V physical therapy services billed as physical therapy. What is upsetting about this occurrence is that the patient may not even be aware of their physical therapy usage because they have never seen a licensed physical therapist.

These points are a few of our many concerns about the unqualified usage of the physical therapy CPT 9700 codes. Thank you for your time in reviewing this matter.

Sincerely,

Jody Faust, Susan Felix, and Amy Adkins
DPT students at Lebanon Valley College

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of "incident to" services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services.

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. 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. 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.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do NOT pass a policy that limits a physicians choice to only refer "incident to" services to just physical therapists. Any qualified health care providers should be allowed to provide their services to patients with a physicians prescription.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY STANDARDS AND REQUIREMENTS

SUBJECT: PTA Supervision Provisions in the Proposed 2005 Medicare Physician Fee Schedule Rule.

Dear Dr. McClellan,

I would like to give my full support of CMS's proposal to replace the requirement that physical therapists provide personal supervision (in the room) of physical therapist assistants in the physical therapist private practice office with a direct supervision requirement. I can assure you that this would not diminish the quality of physical therapy services. It will uphold state licensure requirements of supervision and be consistent with the previous Medicare supervision requirement for assistants that physical therapist in independent practice (PTTPs) were required to meet prior to 1999.

Since my graduation and licensure in 1969, I have seen the inception of physical therapist assistants into our profession and helped write rules and regulation on the state level to set a 2 assistant to one physical therapist ratio. This is true for the majority of states in establishing supervision ration limits. The supervision standard would make such standards consistent with the supervision that applies to physicians, who use other practitioners in their offices. It would make supervision standards consistent with all other practice settings where physical therapy assistants are employed.

Since I have personally worked in making different practice settings over the years, I can attest to the Private Practice setting. It is the most stable and accountable supervision site to supervise and provide the highest in professional standards and ethics. The inconsistent supervision requirement is unfair to the PTs and PTAs practicing in their private practice setting.

I would want to support CMS in replacing the requirement that the physical therapists supervision of the PTA be 'personal' (i.e., in the room) with language allowing 'direct' supervision (i.e., in the office suite).

Sincerely

David Van Brunt, PT, CHT
Executive Director

Submitter : Date & Time:

Organization :

Category :

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 healthcare providers should be allowed to provide services to patients with physicians prescription or under their supervision.

Submitter : Cathy Snyder Date & Time: 09/23/2004 03:09:01

Organization : l.m.t.

Category : Other Health Care Professional

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

GENERAL

GENERAL

Massage therapy, including Craniosacral Therapy still needs to be covered. Proper use could end up saving us all money! I have seen how important this is in the healing of many clients.

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

Greetings,

We are students enrolled in the newly established Doctor of Physical Therapy program at Lebanon Valley College in Annville, Pennsylvania. The intent of this letter is to display our concern over adequate payment policies for received physical therapy. We support the Centers for Medicare and Medicaid Services and their proposed requirement of allowing only graduates of an accredited professional physical therapist education program or persons who have met certain grandfathering clauses or education requirements, to perform physical therapy services in a physician's office. Our questions and concerns that we propose are as follows:

Why are we enrolled in a doctorate physical therapy program if our services can be rendered by an individual with less or inadequate schooling. Why be an expert in the field if someone who is not, is going to be performing our services?

What about the safety reasons for the provider giving therapy (i.e. liability) and the practice where they are employed? Or more importantly, what about the safety of the individual receiving treatment? The patient is our utmost concern.

Due to the cap on visits determined by the insurance companies, proper therapy services may not be obtained because visits were previously exhausted on what was perceived to be physical therapy. How can physical therapists provide their skills and knowledge to improve the patient, if there are very few, if any, treatments left in which to work?

Physical therapists have significant education with human anatomy and physiology. They are taught that knowledge in school for a reason and that is to be able to properly and safely perform their treatments to advance the health of their patients who are again, the primary focus of this letter.

If a provider outside the realm of physical therapy were to apply treatments or modalities improperly, it could be very detrimental to the patient's health, possibly causing or initiating a problem itself. Again, the patient's safety needs to be regarded. This is why physical therapists are specifically trained for these modalities and treatments.

The reputation of the profession and clinic could be harmed, if health services provided were less than adequate, giving the patient a false idea of what physical therapy is and how it is properly performed. No one wants to see their reputation or profession degraded through the improper or misuse of services that were rendered by an untrained professional.

In summary, we are writing this letter to address the safety of patients themselves. Services being provided by untrained professionals can be very detrimental to the patient. In addition, we want to secure the reputation of physical therapists around the world and not have them tarnished due to the uneducated use by individuals not qualified. Please address the aboved mentioned issues and help us to better help our patients who so desperately need physical therapy from licensed individuals. Thank you.

Sincerely,
Marcus Nauman, Jonathan Rill and Benjamin Teyssier

Submitter : Date & Time:

Organization :

Category :

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

THERAPY - INCIDENT TO

Dear Sir or Madam,

This bill will serve to limit a highly qualified pool of care-givers, nationally board-certified Athletic Trainers, from being able to continue to practice under the direct supervision of a physician. Athletic training is geared towards the prevention, immediate care, and rehabilitation of athletic injuries. My fellow professionals can be found in settings from professional, college, and high school sports to the rehab clinic, work hardening setting, and in physician offices. We are highly qualified health care professionals. To restrict our ability to practice our trade would deny services to thousands of athletes and patients throughout the country. Speaking for myself, I have seen over one hundred fifty new injuries in my high school within the first month. Removing me from this setting in favor of a physical therapist would result in massive increased costs to Medicare and other insurance agencies, as the school would no longer pay for the services, but everything would be billed as a third party coverage to the insurance. To date this year alone, I have provided over five hundred instances of treatment or rehabilitation to my athletes.

Please continue to allow certified athletic trainers to continue their role as physician extenders in private practice. If the physicians feel strongly enough about their skills to hire them, then they should be considered qualified enough to render and bill for care without being considered a glorified physical therapy aide. As a reminder, the qualifications required to become a physical therapy aide generally consist of a two-year course of study at a community college. Athletic training is a four-year course of study with required practicum hours and a culminating national board examination. Furthermore, after passing the exam, the certified athletic trainer must pass the registration or licensure process within the state where they will practice. The physical therapy aide must simply register the completion of their academic program with the state in which they plan to practice.

Hopefully I have made it clear how restricting the practice of athletic trainers would impact the insurance fields, as well as the patients and athletes we work with. Please revise this act to allow certified athletic trainers to continue to practice and bill as a physician extender.

Submitter : Mrs. Patricia Costello Date & Time: 09/23/2004 03:09:25

Organization : Mrs. Patricia Costello

Category : Other Health Care Provider

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

PLEASE DONT PASS "INCIDENT TO" It would be unfair and discriminate against other heathcare providers. All license and quailified persons should be allowed to treat patients with a physican referral not just phyisical therapist.

Thank you,
Patricia A Costello, LMT,NCTMB

Submitter : Miss. Stephanie Kraft Date & Time: 09/23/2004 03:09:55

Organization : Lebanon Valley College

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

'Therapy-Incident To'

We wish to comment on the August 5 proposed rule on 'revisions to payment policies under the physician fee schedule for calendar year 2005.' We strongly support the proposed requirement that physical therapists working in physician's offices be graduates of accredited professional physical therapist programs. The delivery of so-called 'physical therapy services' by unqualified personnel is harmful to the patient and could be detrimental to the reputation of the profession of physical therapy. The public opinion of the profession of physical therapy will be negatively impacted because of inadequate services provided by nonprofessionals. As future doctors of physical therapy, we understand the specialized training and education necessary to effectively treat and administer quality health care. Therefore, allowing unqualified personnel to falsely claim to provide physical therapy is an issue that needs to be rectified. Thank you for considering our comments.

Sincerely,

Stephanie Kraft
Erin Keiper
Pamela Brockwell,
Lebanon Valley College PT Class of 2007

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

"Please see attached file."



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

SECTION 623

Attached please find the National Renal Administrators Association's comments regarding Section 623

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am writing to ask that Medicare's final 2005 physician fee schedule protect physician-administered infusion therapies. I am a rheumatologist practicing in Bryn Mawr, PA with three other rheumatologists. We perform in-office infusions of Remicade for our patients with rheumatoid arthritis. Remicade has truly been a life-altering medication for many of our patients. It has been exciting and heartwarming to see the dramatic improvement in quality of life that so many patients have experienced on Remicade.

I am concerned that proposed changes in reimbursement for Remicade infusions will greatly hamper my ability to administer this drug to patients. The proposed change of ASP+6% for drug reimbursement is unreasonable. The average selling price for Remicade is far below the actual price that rheumatologists pay to purchase product. In addition, infusion of Remicade should be reimbursed at a level equal to chemotherapy administration. Remicade infusions are associated with many potential, serious events. On multiple occasions I have evaluated and treated reactions such as hives, shortness of breath, chest pain and hypotension in patients receiving Remicade infusions.

It is my sincere hope that changes made in infusion services reimbursement and drug reimbursement will maintain overall reimbursement at a level no less than the current year, 2004. If changes lead to inadequate total reimbursement, I will be unable to continue to administer Remicade in my office. Patients would have to be sent to the hospital to receive infusions at a much greater cost and without the on-site supervision of a rheumatologist.

Thank you very much.

Submitter : Mrs. Sally Sneider Date & Time: 09/23/2004 03:09:25

Organization : Retiree

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a retiree and on Medicare. I also go to a chiropractor and receive massages and other types of therapy. Please do not pass this policy that only a physician can only refer "incident to" services to physical therapists. There are too many other qualified health care providers that can provide services to patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I urge you not to limit doctors ability to choose therapist of their choice.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a senior at Rowan University. My major is athletic training. This will ultimately effect my peers and I, and the way we are able to practice in the future. This concerns me, because as it is, jobs in my field are limited. If this proposal is passed, then the number of jobs available will never go up. As it stands, in New Jersey, we are not allowed to practice in the clinical setting. If this is passed, then the chances of us ever being allowed to practice in this setting will be slim. Even if we get the approval to practice in the clinical setting, we will not be able to be reimbursed for our services. I feel that if this is passed, it is not only unfair to us in the athletic training field, but it is also unfair to those seeking treatment. If we are qualified to treat athletes, then how are we not qualified to treat other individuals? Why can't the patient have say in where they would like to seek treatment? An athletic trainer we treat active individuals. Active individuals are not limited to athletes in the school, collegiate, and professional settings. Athletic trainers are employed by industries, the military, schools, professional teams, and even some recreational sports. We are qualified to treat numerous individuals, not just athletes. Anyone who is active should be able to be treated by and athletic trainer. Not just athletes. This is why, this can not be passed. If this is passed, active individuals willnot have a choice in their healthcare. They will be forced to go wherever their insurance tells them they can go. Individuals should be able to choose their treatment.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 16, 2004

Cheryl Beaulieu
5151 Park Avenue
Fairfield, Connecticut 06825

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 an avid student of Sacred Heart University's Athletic Training program and the Student Athletic Training Organization, I am concerned about my future as an Athletic Trainer. The CMS-1429-P proposal is in danger of reducing my future scope of practice as an ATC by limiting my abilities to provide adequate care for the active aging population. Currently Certified Athletic Trainers (ATC) provide basic life saving skills as well as preventative and rehabilitative treatments in regards to orthopedic and environmental injuries. The role of the ATC is to work under a physician in the hospital, clinic, or school setting to prevent, educate, and rehabilitate patients with injuries. Changes in the role of the ATC imposed by the CMS-1429 proposal will increase medical care costs, increase burdens on other sections of the healthcare system and hinder our movement toward being a healthy America.

With such a wide knowledge base and wholesome clinical experience, athletic trainers understand mechanisms of injury, evaluate problematic posture and biomechanics, and employ preventative measures for patients that may be at risk for specific pathologies. ATC's have similar course work to physical therapists and are required to maintain Continuing Education Units (CEU) for their National Athletic Training Association (NATA) Certification. By utilizing ATC's, healthcare costs can be cut immensely. There will be a reduction in the number of diagnostic tests such as x-rays and MRI's due to the manual tests that ATCs can use to assess and rule out injuries. There will be a reduction in the number of doctor visits, emergency room visits, referrals, and follow-up appointments. These reductions will further unburden the healthcare system financially and decrease the load for healthcare providers.

In today's obese America we should be promoting athletic involvement with the entire population, including aging individuals who need specific guidance with starting an exercise program. Instead of taking ATC's out of the general health care system, we should be utilizing their knowledge to educate the active aging population and prevent future injuries, thus lowering Medicaid bills.

In conclusion, I believe that the CMS-1429-P proposal is a counter productive proposal which will further increase medical costs, increase the burdens of other medical care providers, and reverse the beginning of a movement to an active and healthy America.

Sincerely,

Cheryl M. Beaulieu

Cheryl M Beaulieu, EMT-Intermediate, SAT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I think that massage therapist should be able to provide services to medicare patients under the supervision or referral of a physician or chiroprator. And have seen the positive and great outcome of such therapy. Why should PTs be the only ones to perform such services when we are trained and certified to do such. I say allow us to do our job!!!!!!!!!!!!!!!!!!!!Please do not pass this policy.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a licensed massage therapist and I do NOT want this policy passed 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

Brian Robinson ATC/L MS
 Head Athletic Trainer
 Glenbrook South High School
 Glenview, Illinois
 September 23, 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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

It would not be a good decision to limit "incident to" services to physical therapists. There are many health care providers that can perform beneficial therapies for the patient at the physician's discretion; refusal of these would restrict the positive expansion of the health care system.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision. Please consider the human beings that are healing through massage, human touch. The benefits to the individual, companies, and society.

Submitter : Mrs. Kristi Holt Date & Time: 09/23/2004 03:09:11

Organization : ABMP

Category : Other Health Care Provider

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a MASSAGE THERAPIST, I am trained and able to provide manual therapy, massage therapy, cranialsacral, deep tissue, to my physician's patients. I should be able to provide this service under a physician, chiropractor or physical therapist directions, referral or perscription.

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.

Many Thanks - Kristi

Submitter : Mrs. Susan Davis Date & Time: 09/23/2004 03:09:38

Organization : Physical Therapy Clinic of Paris

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Susan D. PT
Paris, Texas 75462

September 22, 2004

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

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

Dear Sir:

I am a practicing physical therapist in Paris, Texas and I have been in practice for 22 years. I am currently working in several aspects of PT from acute care to inpatient rehab to outpatient and have been involved with all types of patients, especially Medicare patients.

I want to explain to you situations that our Medicare population has to deal with here in Paris, Texas. Once you understand these situations, you will then understand why I STRONGLY SUPPORT the proposed personnel standards for physical therapy services provided 'incident to' physician services in the physician's office. We have several physician's offices in our small community that have purchased electrical stimulation machines for 'pain control'. These machines are being used by untrained staff to 'treat' everything from low back pain, to arthritis, to headaches. Patients have shown us bills they have received and these treatments have been billed using physical therapy CPT codes for attended electrical stimulation, neuromuscular re-education, and therapeutic activities. These patients tell us that they are hooked up to the machine and left in a room by themselves until someone comes back in to turn off the machine. The description of that treatment does not meet the requirements for attended therapy services. Obviously, we then see these patients in our clinics because they did not receive benefit from their treatment that was provided by unlicensed staff in the physician's office. Many times, by the time they are seen in our office, they have used up most, if not all of their benefits and have never received a proper evaluation of and treatment for their problem.

Physical therapist are educated at the university level and must be licensed in the state where they practice. They have comprehensive patient care experience in developing individual programs specific to patient needs. Other untrained personnel, at best, can only provide service that is not helpful; at worst, untrained personnel can cause great harm if services are not appropriate to diagnosis. Finally, if this trend continues, and the therapy cap becomes effective, many patients in this area could potentially reach their capped limit BEFORE ever being seen and evaluated by a Physical Therapist.

Thank you for your consideration.

Sincerely,

Susan D. PT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Physical Therapist should not be the only health care professionals allowed to provide medically related care to physician's patients. This action would limit the cost-effective, quality-of-life enhancing options available to each individual patient. For example, massage therapy and cranio-sacral therapy have been demonstrated to reduce client's pain, increase range of motion and client functionality with much less cost than medication, surgery, and other methods. Physical Therapists are only one group that has advanced, specialized training that can assist patients. Do not eliminate access to other specialists who can provide cost-effective, life changing treatments.

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 am opposed to allowing only PTs to provide services under this revision. As a massage therapist, certified and licensed in the state of Arizona, I have many qualifications that allow me to provide services to Medicare patients with positive outcomes.

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

See attached file.

CMS-1429-P-3217-Attach-1.rtf

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am opposed to this policy. A physician should not be the only one who can refer a pt. for incident services. Physicians are not always the ones that discover a pt.'s need for these services. All qualified healthcare providers should be allowed to provide services to patients with a physician's prescription and/or supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments**GENERAL**

GENERAL

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

I am writing to you regarding the proposed personnel standards for Medicare 'incident to' physical therapy services. I support the proposed personnel standard for physical therapy services that are provided 'incident to' physician services in the physician's office. These interventions should be reimbursed as physical therapy only when performed by a physical therapist or by a physical therapist assistant under the supervision of a physical therapist.

Therefore, I am excited to see that something may finally be done about what I consider Medicare fraud. I am a physical therapist that has practiced in Paris, TX for 30 years. I enjoy my practice and hold myself in high ethical standards in all of my practice procedures. In the state of Texas there are many physician's offices charging for physical therapy procedures that are being performed by unlicensed personnel and are not following the strict guidelines by Medicare, particularly as it relates to physical therapist one on one attendance, and or, physician one on one attendance. It is common practice in our community by some physicians to use an electrical stimulator and charge for one on one attendance and this is being done by a non-professional and it is not following within the guidelines of definition of treatment. The cap of physical therapy which is now in moratorium until January 1, 2006 will be definitely affected as far as patient care and patient outcome when these type of practices continue to go on. When the cap was in place in the past I saw numerous patients whose Medicare benefits were already exhausted and they had never been seen by a licensed physical therapists. I am proud to say that we were able to help all of those patient's that were aforementioned, but payment came out of their own pocket and as you will know so may seniors are on fixed incomes and this was very hard on them financially. It is without a doubt that unqualified personnel should not be providing physical therapy services. Physical therapists are educated in undergraduate schools pre-physical therapy programs and after acceptance into a qualified medical school of Allied Health Sciences they are then able to take state boards after graduation from physical therapy school. The normal school for physical therapy degree is between 6 1/2 and 7 years of college. During that time the therapist studies in depth anatomy, physiology, kinesiology which allows us a vast knowledge and understanding of patient's dysfunction.

Submitter : Mrs. Melva Wicklund Date & Time: 09/23/2004 03:09:05

Organization : Mrs. Melva Wicklund

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

By limiting massage therapy to Physical Therapists, you are making it even more tough for Seniors to get the help they need. LMP's are capable of providing these services and should not be excluded. My daughter who is a LMP, continually keeps up on current classes to provide quality care for her clients. I have been to PT's and to LMP's and see no difference for the medical care I received. Except the LMP's were more personable.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I request that you 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 clients with a physicians prescription or under their supervision. I am a PhD student currently working on my thesis which is manual therapy can help decrease the symptoms and increase the quality of life for people with Parkinson's disease.

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 physicians prescription or under their supervision. Thank you for taking this into consideration.

Submitter : Mrs. Jennifer Johnson Date & Time: 09/23/2004 03:09:03

Organization : Jennifer Johnson, CMT

Category : Individual

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 not to pass this provision as it will deny patients the benefits of items such as massage therapy, Craniosacral Therapy, etc from which they may benefit highly. As a nurse for 39 years and a Cranioscaral/Massage Therapist for four years, I see remarkable benefits from the CST and massage. To only allow PT people to treat muscle damage and spasms, when so many other gentle, effective therapies are available is to do a great disservice to the recipients of Medicare, including myself in a few more years. PLEASE DO NOT LET THIS PROVISION BE PASSED!!!! Thank you. JMR

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

To Whom It May Concern:

I am a college senior at Rowan University. I am in the athletic training specialization and plan to get my certification this spring. I am writing in support of all the athletic trainers and other health care providers that will be affected by this proposal, including myself. I strongly disagree with this proposal and feel that the choice of where one can receive therapy for their injuries should be left up to their physician. Why should there be only a choice of physical therapy or occupational therapy? Why should the long developed relationship of the physician and patient be removed? This proposal is a slap in the face of physician and to athletic trainers. I was able to work in a physical therapy clinic for three years and observed and learned a lot. I can tell you what I learned in that clinic was no different from what I have learned as a student studying to become a certified athletic trainer. If you look at the facilities they are nearly identical and the treatment and rehabilitation performed at the physical therapy clinic and in the athletic training rooms are no different from each other. Athletic trainers are extremely well educated in their scope of practice and are well respected by physicians, specialists, athletes and parents. Why should the choice of a physician to allow the treatment of one of their patients by an athletic trainer be taken away from them? Professional athletes who make their money by being able to perform and stay healthy entrust their career in the hands of athletic trainers. When that professional athlete is injured it is the athletic training staff that performs the treatment and rehabilitation of the athlete. This is also true for semi professional athletes, collegiate athletes, high school athletes, and so on. Why can't the people have the same choice as those professional athletes? I for one, along with many others feel this is an unfair proposal and it needs to be thrown out.

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

Please do not pass this policy whereby a physician can only refer "incident to" services to a physical therapist. ALL qualified health-care providers - massage therapists specifically - should be allowed to help patients with a physicians prescription or under their supervision.



Submitter : Mrs. Mary Jo Harris Date & Time: 09/23/2004 03:09:11

Organization : Radiation Oncologists South East, P.C.

Category : Physician

Issue Areas/Comments

Issues 1-9

CODING-GLOBAL PERIOD

Attached is a letter regarding the Coding-Global Period. Thank you for your consideration.

Mary Jo Harris

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a nurse who works very hard. Please DO NOT pass a policy whereby a physician can only refer incident to services to physical therapists. I go to a well trained massage therapist thru my chiropractor and would be very upset not to have this available to me.
Thank you

Submitter : Mrs. valerie broas Date & Time: 09/23/2004 03:09:54

Organization : florida school of massage

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

we disagree with the passing of this policy whereby a physition can only refer "incident to" services to physical therapists.all qualified health care providers should be allowd to provide services to patients with a physicians prescription or under their supervision.We urge you to reconsider the passing of this policy

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not pass the policy which does not allow physicians to refer patients to only physical therapists. Physicians should be able to refer their patients to any qualified health care provider.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Health Care needs have not been met by only the areas of Physical & Occupational Therapy. The Certified Athletic Trainer or in many states that require Licensure, the Liscensed Athletic Trainer has proven to be qualified and skilled professional that is significantly contributing to Health Care in the U.S.A. While the areas of Physical & Occupational Therapist plus Certified Athletic Trainer do share common ground, each profession brings to Health Care special skills and abilities which demnostrate why the various professions have developed and continue to evolve. I have witnessed and been part of paitent health care were all 3 professions have utilized their training and skill effectively plus in a responsible and cost effective manner. I have seen and worked as a Physical Therapist and a Liscensed/Certified Athletic Trainer in the Urban and Rural setting with doctors to provide effective and timely paitent care.

My 31 years of practice and experience supports my strong belief that the skill and knowledge of the Certified Athletic Trainer is as important to Health Care in the U.S.A. as that of the Physical & Occupational Therapists plus other Allied Health Care Professionals.

I strongly, urge you to not allow passage of this measure which would eliminate Certified Athletic Trainers fro Medicare & Medicaid Services.

Respectfully,

Richard H. Grenell, LAT, PT

Submitter : Mrs. Nicole Irlbeck Date & Time: 09/23/2004 04:09:40

Organization : Midwest Orthopaedics at Rush

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

To Whom It may Concern:

I would like to inform you of the roles and responsibilities, as well as the education and training for the Athletic Training profession. It has come to my attention that the 'incident to' billing code has come under scrutiny as it applies to Athletic Trainers. I specifically work in an Orthopaedic Physician's office as a Physician Extender and perform duties very similar to that of a Physician assistant. I am specifically educated in sports medicine and rehabilitation techniques and therefore provide a unique and broad expertise to our practice. I also am able to improve quality of care and reduce patient and practice fees. I would appreciate your review of the attached document.

Thank you for your time,
Nicole Irlbeck, MS, ATC

Submitter : Mrs. Gloria reza Date & Time: 09/23/2004 03:09:05

Organization : Mrs. Gloria reza

Category : Consumer Group

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 15, 2004

Centers for Medicare & Medicaid Services

Department of Health and Human Services

Attention: CMS-1429-P

P.O. Box 8012

Baltimore, MD 21244-8012

Re: Therapy ? Incident To

Dear Sir/Madam:

As a possible future patient, I feel compelled to write this letter in opposition of proposal CMS-1429-P. This proposal limits patient access to qualified health care providers of ?incident to? services, such as ATCs and others, in physician offices and clinics; thereby, reducing the quality of health care for physically active patients. Furthermore, limiting access to qualified health care providers cause health care delivery delays, which increases health care costs and tax an already heavily burdened health care system.

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

Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America. Dozens of athletic trainers served with the U.S. Olympic Team in Greece to provide health care services to our top athletes. For CMS to even suggest that athletic trainers are unqualified is outrageous and unjustified. Independent research demonstrates the quality of services provided by athletic trainers is equal to physical therapists.

'Incident to' has, since 1965, been utilized by physicians to allow others, with physician supervision, to provide services as an adjunct to the physician's services. A physician has the right to delegate patient care to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and qualified. There have never been restrictions in terms of who can provide ANY 'incident to' service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the physician's professional judgment to determine provider qualifications of a particular service. It is imperative that physicians continue to make decisions in the best interests of the patients.

If this proposal would pass, it would threaten the employment of many athletic trainers who are employed as physician extenders in clinics and physician offices. With this type of limitation artificially placed on the provision of 'incident to' services by qualified (through accredited academic programs in athletic training, a national board examination, and state practice acts) health care providers the CMS will only add to the skyrocketing health care costs, put qualified people out of work, and reduce the overall quality of health care in the United States.

In summary, CMS offers no evidence of a problem and the CMS-1429-P proposal must be rejected. This appears as an effort to appease a single professional group who seeks to establish themselves as the sole provider of therapy services. The proposed changes are unjustified, not necessary and will diminish health care in the US.

Respectfully,

Gloria Diana Reza

Submitter : Mrs. Karen LeFever Date & Time: 09/23/2004 03:09:05

Organization : FSMTA

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 physicians prescription or under their supervision

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I believe that Physical Therapists are licensed to deliver physical therapy..no other one else can do that. Occupational Therapists are licensed to deliver occupational therapy..no other should perform. Athletic Trainers are licensed to deliver athletic training..no one else should perform this.

All three groups have overlap in their services and professional training. All three should be able to use the same cpt codes (except for their specific evaluation codes). Their professional state practice act defines what they can perform in the clinic.

I support the new proposals and would ask that the above be spelled out so every group is clear on what they can do

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

My comments may not contain the correct "legalize" language but bear with me. It is my opinion and that of 2 physical therapists in my family, that the revisions set forth within CMS-1429-P would severely limit the public's access to affordable and qualified health care for the physically active.

Athletic Training is a allied health profession recognized by the AMA that specializes in the prevention, assessment, treatment, and rehabilitation of injuries to athletes and others who are engaged in everyday physical activities. Certified Athletic Trainers (ATC) are highly and multi-skilled who can and are making significant contributions to the health care of the physically active of all ages.

As per this proposal, even though I have been employed as an ATC in the secondary school setting for 28 years and licensed by the state of Illinois to practice, I would be deemed "non qualified".

Furthermore, this would give physical therapists, occupational therapists and physical therapist assistants exclusive access to Medicare reimbursement. I challenge you to examine the educational backgrounds of these professions against that of a Certified Athletic Trainer and find a reason to refer to the ATC as "non-qualified."

Obviously, the proposal would greatly hinder not only the public's access to qualified health care but it would also limit the ability of ATCs to earn a living. Again, a definite advantage for those groups of professionals that were previously mentioned.

To me, my wife and her sister who are PTs, this sounds like an attempt by physical therapists to exclude the Athletic Trainers from the market share as well as limiting the health care options for the athlete and physically active.

Thank you for your time. Please think carefully, morally, and ethically before approving this proposal.

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

IMPACT

We are writing to comment on the proposed rule that changes reimbursement for administration of REMICADE by rheumatologists. Under the proposed rule, rheumatologists administering the drug in their offices would be reimbursed at a lower rate than if the drug is administered in a hospital setting. The change in reimbursement will likely make this therapy less available to patients at the onset of a patient's disease, resulting in higher health care costs for that patient. Additionally, use of the ASP+6 rule to determine reimbursement for drug therapy results in physicians being reimbursed at dramatically different levels for what is essentially an identical service.

Under the rule, administration of REMICADE by a physician in a physician's office would be reimbursed at a lower level than if the drug is administered as a hospital service. The higher level of reimbursement at the hospital will result in a shift of service from the physician's office to the hospital. Additionally, the lower reimbursement rate will make it more difficult for physicians to offer the service to their patients at their office.

The use of REMICADE to treat rheumatoid arthritis should be encouraged. Early administration of REMICADE can prevent the onset of serious disease, a disease that frequently results in serious disability. Ultimately, the early treatment of rheumatoid arthritis will result in cost savings to the system.

When REMICADE is administered in a physician's office, the physician has the opportunity to examine the patient and determine whether the patient should receive treatment on that particular visit. When the drug is administered in a hospital, such an evaluation is not possible. Additionally, the physician's office is frequently a more convenient and more hospitable environment for the patient. Finally, the direct supervision of a physician in the administration of REMICADE will generally result in quicker infusion times, another benefit for the patient.

The ASP+6 reimbursement methodology is flawed, because it establishes a level of reimbursement based upon the cost of a drug (and indirectly, the nature of the disease) rather than upon the service being rendered. Infusion therapy, whether practiced by oncologists or rheumatologists, involves the same type of service and the same level of risk, and requires the same level of expertise. The ASP+6 reimbursement methodology is inconsistent with the RVU-based reimbursement philosophy of Medicare that services that are qualitatively similar should be reimbursed on a similar fashion.

Submitter : Mrs. Roberta Spanos Date & Time: 09/23/2004 03:09:14

Organization : Mrs. Roberta Spanos

Category : Other Technician

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a person that uses many different health care providers I think it very one-sided to even consider letting physical therapists be the only ones to provide the "incident to" services. That what makes our country so great. The freedom to choose!!! Please DO NOT PASS this policy.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Respectfully, I request you include licensed NURSE MASSAGE THERAPISTS as qualified for "incident to" service with a physician prescription. I have been treated for lymphedema by a nurse massage therapist and it is the only treatment that has benefitted me to reduce lymph fluid buildup due to a masectomy.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 15, 2004

Centers for Medicare & Medicaid Services

Department of Health and Human Services

Attention: CMS-1429-P

P.O. Box 8012

Baltimore, MD 21244-8012

Re: Therapy ? Incident To

Dear Sir/Madam:

As a possible future patient, I feel compelled to write this letter in opposition of proposal CMS-1429-P. This proposal limits patient access to qualified health care providers of ?incident to? services, such as ATCs and others, in physician offices and clinics; thereby, reducing the quality of health care for physically active patients. Furthermore, limiting access to qualified health care providers cause health care delivery delays, which increases health care costs and tax an already heavily burdened health care system.

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

Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America. Dozens of athletic trainers served with the U.S. Olympic Team in Greece to provide health care services to our top athletes. For CMS to even suggest that athletic trainers are unqualified is outrageous and unjustified. Independent research demonstrates the quality of services provided by athletic trainers is equal to physical therapists.

'Incident to' has, since 1965, been utilized by physicians to allow others, with physician supervision, to provide services as an adjunct to the physician's services. A physician has the right to delegate patient care to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and qualified. There have never been restrictions in terms of who can provide ANY 'incident to' service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the physician's professional judgment to determine provider qualifications of a particular service. It is imperative that physicians continue to make decisions in the best interests of the patients.

If this proposal would pass, it would threaten the employment of many athletic trainers who are employed as physician extenders in clinics and physician offices. With this type of limitation artificially placed on the provision of 'incident to' services by qualified (through accredited academic programs in athletic training, a national board examination, and state practice acts) health care providers the CMS will only add to the skyrocketing health care costs, put qualified people out of work, and reduce the overall quality of health care in the United States.

In summary, CMS offers no evidence of a problem and the CMS-1429-P proposal must be rejected. This appears as an effort to appease a single professional group who seeks to establish themselves as the sole provider of therapy services. The proposed changes are unjustified, not necessary and will diminish health care in the US.

Respectfully,

Lou Anthony Marachese

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see Word document.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly support the changes recommended. patients need to be treated by physical therapists that have the training, experience and licensure to protect them and get the best results.

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 physicians prescription or under their supervision.

Thank you!

Submitter : Mrs. Kathleen Sawyer Date & Time: 09/23/2004 04:09:14

Organization : Massage Therapy

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Massage therapy has been documented and is used in some hospitals as a recognized modality for promoting healing and enhancing healing as an adjunct to western medicine.

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 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 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.

Many people do not respond as well to physical therapy as they do to other therapies. It should be up to the patients and their physicians to decide what is best in each situation.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

proposal 1429

Athletic Trainers complete an extensive and comprehensive education and internship. They are experts in sports injuries and most physician defer to them on the athletic field. They must obtain 80 CEUs every 3 years and are very current on anything to do with their field. They should be allowed to continue to work in clinics and the clinics/Dr. offices should continue to be medicare/medicaid/ insurance reimbursed for their services. In today's rapidly increasing medical costs, it is rational and logical to continue to use these professionals and pay for their services as before. It makes no sense to me to change this now and allow the costs of medical care to continue to rise because of political spats that have nothing to do with the quality of care and professionalism of athletic trainers.

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 physicians prescription or under their supervision.



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Sir/Madam:

I am a Certified Athletic Trainer currently serving in the United States Navy. I have recently been advised of the Medicare proposal which would limit providers of "incident to" services in physician clinics. This proposal would force physicians to use limited sources for the care of their patients. It is my position that the health care of patients must be dictated by the physician and not an insurance company. I have attached a Word Document presenting my view in greater detail.

Respectfully,

Matt Lewis

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

We beg you NOT to pass this policy whereby a physician can only refer to "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 : Ms. Nancy Garland

Date & Time: 09/23/2004 04:09:36

Organization : Ohio Physical Therapy Association

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Administrator McClellan:

The Ohio Physical Therapy Association, which represents over 2,200 physical therapists and physical therapist assistants in Ohio, strongly supports the proposed personnel standards for physical therapy services that are provided "incident to" physician services in the physician's office. OPTA feels that interventions should be reimbursed as physical therapy only when performed by a physical therapist or by a physical therapist assistant under the supervision of a physical therapist. The Association strongly opposes the use of unqualified personnel to provide services described and billed as physical therapy services.

Physical therapists working in physicians offices should be graduates of accredited professional physical therapist programs. Even though we understand that current law prevents the agency from requiring licensure, the OPTA feels that licensure is the most appropriate standard to achieve the goal of patients receiving physical therapy from practitioners that are qualified to provide those services. Physical therapists must be licensed in the states where they practice. As licensed health care providers in every jurisdiction in which they practice, physical therapists are fully accountable for their professional actions.

Physical therapists and physical therapist assistants under the supervision of physical therapists are the only practitioners who have the education and training to furnish physical therapy services. Unqualified personnel should NOT be providing physical therapy services.

Physical therapists are professionally educated at the college or university level in programs accredited by the Commission on Accreditation of Physical Therapy, an independent agency recognized by the U.S. Department of Education. As of January 2002, the minimum educational requirement to become a physical therapist is a post-baccalaureate degree from an accredited education program. All programs offer at least a master's degree, and the majority will offer the doctor of physical therapy (DPT) degree by 2005.

Physical therapists receive significant training in anatomy and physiology, have a broad understanding of the body and its functions, and have completed comprehensive patient care experience. This background and training enables physical therapists to obtain positive outcomes for individuals with disabilities and other conditions needing rehabilitation. This education and training is particularly important when treating Medicare beneficiaries.

A cap 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. It would be very unfortunate if a patient who needs physical therapy does not receive services from a therapist who could improve their condition and then learns that they are no longer eligible for covered Medicare services when the cap is met.

Section 1862(a)(20) of the Social Security Act clearly requires that in order for a physician to bill "incident to" for physical therapy services, those services must meet the same requirements for outpatient therapy services in all settings. Thus, the services must be performed by individuals, who are graduates of accredited professional physical therapist education programs.

As the former Director of Government Affairs at APTA and now CEO of the Ohio Physical Therapy Association, I am very happy that CMS has recognized that fact that because of the "incident to" provision, patients are receiving services from unqualified providers which do not benefit the patient and drive up the cost of health care. We appreciate the opportunity to comment on this proposed rule.

Sincerely,

Nancy Garland

Nancy Garland

Executive Director/CEO

Ohio Physical Therapy Association

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of "incident to" physician clinics. If adopted, this would eliminate the ability of qualified health care professionals, such as myself, to render these important services. In turn, it would reduce the quality of health care for our Medicare patients ultimately increasing the cost associated with this service and place an undue burden on the health department. During the decision making process please consider:

- a physician has the right to delegate the care of his or her patient to trained individuals, including certified athletic trainers.
- it is imparative that physicians be allowed to make decisions in the best interest of their patients.
- In many cases the change to "incident to" services reimbursement would reder the physician unable to provide accessible health care. The patient would have to go elsewhere to get qualified services, costing both time and money to the patient.

Being employed in the state of Ohio as a licensed athletic trainer causes me confusion on this act. I am licensed by the same board: Ohio Occupational Therapy, Physical Therapy and Athletic Trainer Board by the state of Ohio, I have to maintain more continuing education requirements than the physical therapy section requires, and I have to abide by the State of Ohio athletic training ethics codes. I am further confused by the CMS actions since certified athletic trainers are recognized to provide patient care by the BWC in Ohio, Missouri and other states. I am further confused by the actions of the CMS since athletic trainers are employed by almost every U.S. post-secondary education institution athletic program and every professional sports team in America to work with athletes to provide medical treatment and rehabilitation to athletes of all ages and skill level. For CMS to even suggest that certified athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured during physical activities and sees their family physician is unjustified. It seems that the change "incident to" is to benefit the physical therapist only and add burden onto the general public.

The certified athletic trainer is recognized at both the state and national level as well as by the American Medical Association as a allied health professional. It is not necessary or advantageous for the CMS to institute the changes proposed. This recommendation is a health care access deterrent.

Professionally,

Albert Steven Goffinett, ATC, LAT

Submitter : Mrs. Amy Edmonds Date & Time: 09/23/2004 04:09:29

Organization : Watertown Memorial Hospital

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am writing to express my concern over the recent proposal that would limit providers of 'incident to services in physician offices and clinics. 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.

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.

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).

Thank you,

April Green, ATC/L

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

As a fifth year Physical Therapy student, I would expect nothing other than a standardized format for any person practicing physical therapy, albeit in a physician's office or not. I would hope that the APTA and CMS would approve the new provisions in the new physician fee schedule rule. I feel that my curriculum has heavily affected my way of thinking and analyzing clients. Although physicians are well educated, they are taught a different thought pattern. Even among specialties of medicine, they are taught differently, so I would expect that groups would recognize these differences with the profession of Physical Therapy. I also know that many physicians' offices have taken away a large proportion of the clients at a previous clinic I used to work at. This unfair, especially if the physician has not gone through the same education, six years of school, which a physical therapist has gone through. The patients are the ones to receive the ramifications of this, if these provisions are passed, the patients will receive better care. And that is what we all want.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Bryan Kuhlman, MPT
Physical Therapist
HealthQuest Physical Therapy
67962 S. Van Dyke
Romeo, MI 48065

Mark McClellan, MD, PhD
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS 1429-P

Dear Dr. McClellan:

I am a recent graduate and have read through the CMS proposal that clarifies no physical therapy services should be billed in a physician's office without having been treated by a graduate of an accredited physical therapy program.

The educational backgrounds of physical therapists allow us to gain creditable knowledge into patient's pathologies, biomechanical compensation tendencies, and common degenerative disorders. Physical therapists are the only ones trained in the rehabilitation of these specific involvements. Therapy done by any other would be ineffective and potential harmful to the patient.

I strongly support the actions needed to mediate that billed physical therapy services be performed by accredited physical therapists.

Thank you for your support I this matter

Sincerely:

Bryan J. Kuhlman

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Massage therapists provide a unique role in treating patients along with the supervision of a physician or chiropractor. It is important for the future of the healthcare system that both professionals continue to work together closely.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please DO NOT pass the policy whereby a physician may only prescribe "incident to" services to Physical Therapists
In order to best serve all patients, all qualified health care practitioners should be allowed to provide "incident to" services to all patients as long as a physician prescribes and supervises the treatment.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

It is my sincere hope that medicare will continue to cover the patient expense for massage therapy. It is not as expensive as some of the other modalities and in my practice, I have found that my clients benefit from the treatments. By making it available to those on medicare, treatments will enhance the well being of patients who otherwise would be limited to more expensive therapy.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 23, 2004

Re: ?Therapy-Incident to?

Dear Dr. McClellan:

I am writing in support of the CMS proposal that would require individuals performing physical therapy in physician?s offices to meet state education requirements equivalent to state licensure. I am a physical therapist with 28 year experience in the field. I have practiced in a variety of settings, and know that physicians typically refer patients with orders for ?evaluation and treatment as indicated, ? trusting the licensed physical therapist to choose and administer the procedures necessary. These include the use of heat, cold, ultrasound, electrical stimulation, and other modalities to relieve pain and muscle spasm. The therapist then provides medical exercise education that is graded appropriately for patient tolerance, as well as manual techniques such as joint mobilization and therapeutic massage administered by the physical therapist.

In order to chose and carry out these procedures safely and effectively, physical therapists have at least a master?s degree from an accredited university(as of 2002...many older therapists have bachelor?s degrees), with extensive course work in human anatomy, physiology and pathology. We are aware of the full range of medical problems that patients have that effect their ability to participate in and benefit from their physical therapy program and are trained to consider the whole patient when planning their treatment. Physical therapists are licensed in the states in which they practice and carry professional liability insurance. To allow unqualified individuals who are nominally under the physician?s supervision to carry out such treatment is endangering the public and may inappropriately use scarce rehabilitation dollars without the patient benefitting from the skilled services of a licensed professional.

My personal experience in such a situation was with a consulting position I took some years ago. A physician with a background in pain management, who was actually a psychiatrist opened a pain center locally. I was hired to provide education and limited direct treatment to his patients about 12 hours a week, with the understanding that he would have additional physical therapists and occupational therapists and assistants on staff. As time went on and he faced recruiting and financial problems, he eventually hired athletic trainers to work in the facility. These individuals had experience in weight-lifting and general fitness with healthy individuals, but no training or experience with the often severely injured patients that came to the center. The trainers were not on-site on the same days that I was at the facility, but I voiced my concerns to the medical director. I was concerned about the well-being of the patients, whether the trainer?s work was being billed as physical therapy (billing was done by an outside agency and I did not have access to that information), and who was responsible and professionally liable for supervision of the trainers. These questions were never answered to my satisfaction and I resigned. I know of other physicians in the area who use unlicensed personnel with various backgrounds to provide treatment that the patients call physical therapy. When the patients later come to my office for treatment, they are amazed at how much more their treatment includes, when they had been receiving only modality treatment with limited benefit at the doctor?s office.

I would also like to support the change to supervision of licensed physical therapists? assistants from ?in the room? to on-site supervision, consistent with their practice in hospital, nursing home or other settings. Thank you for your attention to these matters.

Sincerely,

Submitter : Mrs. Amy Edmonds Date & Time: 09/23/2004 04:09:06

Organization : Watertown Memorial Hospital

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Dear Mr. McClellan:

I have been a physical therapist for 25 years, and throughout my profession have seen the abuses of physicians providing "physical therapy" in their offices using a variety of unqualified personnel--ranging from office staff to athletic trainers to massage therapists, etc. Each of these occupations have education and may provide some benefit to clients in their own field, but their education does not prepare them to treat the wide range of dysfunction and problems that occur in the physical therapy rehabilitation setting.

I work in a small physical therapist-owned practice known for providing excellent manual orthopedic therapy. Most of our patients have been seen in one, two, or even three other facilities before finding their way here. Some of the patients have even been injured further in the facilities in which they were seen, because of inappropriate treatments applied by unlicensed, unqualified personnel.

We are able to assist most of these people in regaining their lives and alleviating much or all of their pain. It is shocking to me that this situation even exists. Most of these people have been treated by unqualified personnel, and that is the reason they did not improve. It wasted health care dollars, and the patients' time and money, and showed total disregard for the human aspect of their pain and suffering.

THE PROPOSED "INCIDENT TO" PROVISION IN THE "REVISIONS TO PAYMENT POLICIES UNDER THE PHYSICIAN FEE SCHEDULE FOR CALENDAR YEAR 2005" IS AN IMPORTANT STEP IN PROTECTING THE PATIENTS who need to receive physical therapy in order to be relieved of pain and regain function.

Please ensure that their trust is guarded by requiring proper education and training of the personnel who provide these services, regardless of the setting in which they work.

Thank you for your concern.

Patti L. Schwartz, PT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

It would be a great disservice to the general public to limit access and payment for massage therapy in any way. All health care, as it exists today, originated from the touch therapies because of the tremendous value for recovery, prevention and general health care. First Doctors practiced massage as their main method of treatment. Then the practice of physical therapy was created and they took over this practice because it was too time consuming for the Doctor and they also thought they had a better remedy in pharmacology. Now the physical therapist does very little hands-on/massage work because it takes too much individual time and they have developed machines that they use to take the place of manual therapies. While those same machines were never developed to replace manual therapies but to assist only, the practice of physical therapy has evolved to use them almost exclusively. (I have just experienced exactly this lack of manual therapy from physical therapists while trying to recover from a bad car accident. Even when specifically asked for and promised, they do not deliver.)We are now realizing that the drugs don't do all they had promised us they would do nor do the machines in the physical therapy facilities. If you make it more difficult for access to manual therapies, which is practiced almost exclusively now by those who study Massage Therapy, then you will be limiting the most cost-effective, beneficial and time-tested therapy available in this country to this day.

To eliminate or reduce easy access and payment for Massage Therapy practiced by Massage Therapists will be an exercise in politics without the benefit of care for 'We, The People'. I encourage you override any interference to access to and third party payment for Massage Therapy practiced by Massage Therapists.

There are very good reasons for this request. Massage Therapists specialize in manual techniques and devote all their education and contact with patients to the practice of manual therapies. This makes the Massage Therapist the only health care practitioner with the skills, knowledge and patience needed to accomplish the task of manual therapies. There are over 100 different techniques that comprise the field of massage therapy today. The Nurse, Physical Therapist, Occupational Therapist and Hospice Care Giver learn only rudimentary techniques and have limited time to improve their skills as the Massage Therapist does. This is our specialty and the public should have easy and ready access upon demand.

Massage has been practiced throughout the ages, in all cultures and still is practiced with beneficial and cost-effective results. We should encourage its growth. The growth of manual therapies in our health care system will ultimately decrease health care costs and improve our health care system.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

The Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA) revised payment for Medicare outpatient drugs, including inhalation drugs. On January 1, 2004 drugs were reduced by 15%, paid at 80% of AWP. In 2005, inhalation drugs will be reimbursed under a new formula, the Average Sales Price (ASP) plus a modest mark up of 6%. The Federal Register (August 5) lists this proposed pricing at 89% price reduction. The impact on the thousands of patients serviced by my company would be devastating. I cannot provide these drugs at this level.

This current proposed pricing for inhalation drugs at ASP plus 6% is inadequate to cover the operational and administrative costs of providing inhalation therapies and would eliminate my companys ability to furnish these therapies safely and effectively to beneficiaries homes.

In January of 2004 due to the 15% reduction in reimbursement I had to reduce staff by 35%. A total of 34 employees were without jobs. If this proposed pricing goes into effect there will be another staff reduction and 50-60 more people will be without jobs.

I urge CMS to find methods to modify the proposed ASP reimbursements (which are currently under my Pharmacy cost) and take into account the significant administrative costs associated with the delivery of this critically important therapy that is currently being provided to beneficiaries. Unless CMS moves swiftly to institute a reasonable service component to help cover the costs of these services, access to these much needed treatments may be drastically reduced by January 2005 when the new reimbursement methodology is scheduled to take effect.

I would also like to reference a study of inhalation drug therapy services, conducted by Muse and Associates from AA Homecare, provided to Medicare beneficiaries in their homes found the new 2005 Medicare reimbursements formula based on Average Sales Price (ASP) would under reimburse the actual cost of providing two key drug therapies (Albuterol and Ipratropium Bromide) by \$68.10 per month supply.

In order to continue providing this service to the thousands of beneficiaries CMS would need to increase the ASP to reflect accurate pharmacy acquisition price and provide adequate dispensing fee pricing to cover administrative, shipping, pharmacist and operational costs (as mentioned above in Muse and Associates study \$68.10)

Your help and assistance in this matter will be greatly appreciated by myself, my employees and the beneficiaries we will continue to service.

Sincerely,

George H. Massey, Jr.
President/CEO

Submitter :

Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

The Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA) revised payment for Medicare outpatient drugs, including inhalation drugs. On January 1, 2004 drugs were reduced by 15%, paid at 80% of AWP. In 2005, inhalation drugs will be reimbursed under a new formula, the Average Sales Price (ASP) plus a modest mark up of 6%. The Federal Register (August 5) lists this proposed pricing at 89% price reduction. The impact on the thousands of patients serviced by my company would be devastating. I cannot provide these drugs at this level.

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Your help and assistance in this matter will be greatly appreciated by myself, my employees and the beneficiaries we will continue to service.

Sincerely,

George H. Massey, Jr.
President/CEO

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

PTs should not be the only health care professionals allowed to provide medically related care to physician's patients. Massage is an integral part of the PT's tool kit, there is no reason an LMT should not be utilized by physicians as well. The course of study for an LMT dedicates a considerable amount of time to specific injury recovery, pathologies and the protocol for approaching clients with specific issues. The idea that massage is solely for relaxation is a misconception.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Attached is an Incident To response letter written on behalf of the Southwest Missouri State University's Student Athletic Trainers' Association.

Submitter : Mrs. Susan Jean Miller Date & Time: 09/23/2004 04:09:41

Organization : LMT

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 should be allowed to provide services to patients with a physicians perscription or under their supervision.

Thank you for your help!!

Sincerely and best wishes in all of your endeavors to help others
Susan Jean Miller LMT

If you wish to REPLY, reply to pansysjm7@wmconnect.com

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Re: Temporary Comment Number 8534 submitted 9/23/2004<p>

Below is contact information for the Federation of State Boards of Physical Therapy:<p>

FSBPT

509 Wythe Street

Alexandria, VA 22314

William A. Hatherill, Chief Executive Officer

(703) 299-3100, extension 225

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I have been a Physical Therapist for over 25 years. I am in strong support of the proposed rule that would require physical therapy services be provided in a physician's office incident to a physician's professional services must be furnished by physical therapists or physical therapist assistants not unqualified personnel. I have personal experience as a patient receiving ultrasound and electrical stimulation after surgery on my legs by onsite trained staff in a physician's office. These individuals had no understanding of the risks of poor administration of the treatment. They demonstrated poor technique throughout each session that put me at risk of injury and minimally I received little benefit. These services were billed under physical medicine yet provided by unqualified individuals that may have only had a high school education. It's fraud and it needs to stop to protect the public.

Physical therapists are professionally educated at the college or university level in programs accredited by the Commission on Accreditation of Physical Therapy, an independent agency recognized by the U.S. Department of Education . The minimum educational requirement to become a physical therapist is a post-baccalaureate degree from and accredited education program. Physical therapists are also licensed in the state where they practice and fully accountable for there professional actions. Physical therapists receive extensive training in anatomy and physiology. This gives therapists a broad understanding of the body and its functions. Therapists complete comprehensive patient care experience at part of their training. This enables physical therapists to obtain positive outcomes for individuals with disabilities and conditions requiring rehabilitation. This education and training provided safe, cost-effective treatment especially for Medicare beneficiaries.

Thank you for your consideration of my comments.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

SECTION 611

On behalf of Focus On Therapeutic Outcomes, Inc., (FOTO) and the approximately 1500 clinical sites using the valid and reliable methods to determine patient function, capability, impairment and response to treatment, I submit the attached comments relative to Section 611. FOTO commends the Agency for the proposal to implement Section 611, the Initial Preventive Physical Examination (IPPE). With specific respect to the functional screen element of the IPPE, FOTO strongly urges that CMS define and accept appropriate screening/assessment instruments as those being accepted or recommended by the United States Preventive Services Task Force (USPSTF) or by the National Quality Measures Clearinghouse (NQMC) of the Agency for Healthcare Research and Quality (AHRQ).

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - 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, like in western NYS. If physicians are no longer allowed to utilize a variety of qualified health care professionals working 'incident to' the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.

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

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

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

CMS, in proposing this change, offers no evidence that there is a problem that is need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services. In summary, it is not necessary for CMS to institute the changes proposed.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

The Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA) revised payment for Medicare outpatient drugs, including inhalation drugs. On January 1, 2004 drugs were reduced by 15%, paid at 80% of AWP. In 2005, inhalation drugs will be reimbursed under a new formula, the Average Sales Price (ASP) plus a modest mark up of 6%. The Federal Register (August 5) lists this proposed pricing at 89% price reduction. The impact on the thousands of patients serviced by my company would be devastating. I cannot provide these drugs at this level.

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I urge CMS to find methods to modify the proposed ASP reimbursements (which are currently under my Pharmacy cost) and take into account the significant administrative costs associated with the delivery of this critically important therapy that is currently being provided to beneficiaries. Unless CMS moves swiftly to institute a reasonable service component to help cover the costs of these services, access to these much needed treatments may be drastically reduced by January 2005 when the new reimbursement methodology is scheduled to take effect.

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Your help and assistance in this matter will be greatly appreciated by myself, my employees and the beneficiaries we will continue to service.

Sincerely,

George H. Massey, Jr.
President/CEO

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Mrs. Teresa Ramsey Date & Time: 09/23/2004 04:09:45

Organization : National Association of Nurse Massage Therapists

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

As nurse massage therapists, we are a highly qualified group of licensed or certified professionals able to administer therapeutic massage and related body therapy modalities with all patients that can be safely massaged or treated with body therapies. Our education in nursing gives us an even broader perspective in patient care than physical therapists receive.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

The Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA) revised payment for Medicare outpatient drugs, including inhalation drugs. On January 1, 2004 drugs were reduced by 15%, paid at 80% of AWP. In 2005, inhalation drugs will be reimbursed under a new formula, the Average Sales Price (ASP) plus a modest mark up of 6%. The Federal Register (August 5) lists this proposed pricing at 89% price reduction. The impact on the thousands of patients serviced by my company would be devastating. I cannot provide these drugs at this level.

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Your help and assistance in this matter will be greatly appreciated by myself, my employees and the beneficiaries we will continue to service.

Sincerely,

George H. Massey, Jr.
President/CEO

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a licensed and practicing massage therapist, I find the pending Medicare regulatory restriction on my profession to be both reprehensible and irresponsible. Massage therapy has a proven track record of rendering care, comfort and healing as successful as (and in some cases superior to) physical therapy. To arbitrarily exclude this potential course of treatment hurts only those that all medical and ancillary practitioners have committed to serve; the injured and ill. Please reconsider!!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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, including bodyworkers and massage therapists, should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Mrs. Kim L. Calhoun, NCTMB, LMT. Date & Time: 09/23/2004 04:09:39

Organization : Center for Therapeutic Arts

Category : Other Practitioner

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

This policy is retrogressive in the health care arena. As body workers and therapists, we can actually save the government money by providing some patients a better alternative to pain control and drug therapies. Some patients need an alternative way of healing, and by will only get better with specific therapies that we as bodyworkers can provide. Please DO NOT pass this backward policy. Thank you for understanding that massage and bodywork are necessary in today's health care world.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I would like to comment on, in strong support of, the August 5, 2004 proposed rule on 'Revisions to of your letter Payment Policies Under the Physician Fee Schedule for Calendar Year 2005.' I am a physical therapist that has been practicing for 6 years and currently co-own a physical therapy private practice with another physical therapist.

As you are well aware, in the proposed rule, CMS discusses establishing requirements for individuals who furnish outpatient physical therapy services in physician's offices. CMS proposes that qualifications of individuals providing physical therapy services 'incident to' a physician should meet personnel qualifications for physical therapy in 42 CFR 7484.4, with the exception of licensure. This means that individuals providing physical therapy must be graduates of an accredited professional physical therapist program or must meet certain grandfathering clauses or educational requirements for foreign trained physical therapists.

Physical therapists and physical therapist assistants under the direct supervision of a licensed physical therapist are the only qualified individuals capable of providing 'physical therapy' services.

The term physical therapy is not a junk term as many in other professions would like to believe. Physical therapists are college or university graduates from accredited institutions with a Bachelors degree or higher (all new accredited physical therapy programs only offer a Masters degree or higher). They are educated in anatomy and physiology, the functions of the body, pharmacology, and exercise sciences, to name a few and all have completed comprehensive patient care experiences during their schooling.

The use of unqualified personnel to provide physical therapy services is not only potentially harmful to the patient, but it is also irresponsible of those persons who knowingly employ those unqualified individuals to administer care they are not capable of safely providing. Just because a person can work with someone who is healthy does not mean that they have the same understanding of what to do when that person has a disease or condition that needs and requires special attention. Skilled physical therapists are trained in dealing with people in all stages whether it is prevention of or recovery from an injury or disease process.

To make my point even stronger I would like to point out Section 1862(a)(20) of the Social Security Act which clearly sets precedent and requires that in order for a physician to bill 'incident to' for physical therapy services, those services must meet the same requirements for outpatient therapy services in all settings. Thus, the services must be performed by individuals, who are graduates of accredited professional physical therapist education programs.

In closing, I would like to thank you for the opportunity to discuss my support of this proposed ruling. Physical therapy is a much needed service that when provided by qualified physical therapists and those physical therapist assistants under their direct supervision, has the potential to benefit many individuals most especially Medicare beneficiaries.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

To Whom It May Concern:

This letter is in regards to the proposed 2005 Medicare physician fee schedule rule. I am currently a student enrolled in the physical therapy doctorate program at the University of Medicine and Dentistry of New Jersey. I have recently read through the summary of the provisions in the proposed rule and I wanted to commend CMS on their commitment to ensuring that patients receive optimal care by setting personnel standards for physical therapy services that are provided ?incident to? physician services in the physician?s office.

Qualified physical therapists receive extensive education throughout their academic career in order to ensure that patients are provided with the best level of care during their physical therapy treatment. If the CMS was to reimburse for physical therapy services that were provided by an unqualified individual it would be a disservice to the patient. The majority of individuals providing the so-called physical therapy services would have no background in courses such as, anatomy, physiology, etc. in order to make an accurate assessment of the patient?s condition as well as how to treat that particular patient. If CMS is to reimburse individuals for services that are provided to patients, I believe that it is crucial both for the safety of the individual in addition to the reputation of the health care field that all services are provided by qualified individuals. Again, I just wanted to voice my support for CMS?s personnel standards for P.T. services provided ?incident to? physician services in the physician?s office because I believe that this will improve the delivery of healthcare services and make certain that patients are receiving quality care. Thank you for your time.

Sincerely,

Matthew Lannin, SPT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I highly urge you to NOT pass this policy that would allow a physician to only refer 'incident to' services to physical therapist. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under supervision.

Submitter : Date & Time:

Organization :

Category :

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 should be allowed to provide services to patients with a physicians prescription or under their supervision. I feel this would be a disservice to many people who can benefit from other health care providers of multiple modalities.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

"Please see attached file"

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

"Please see attached file"

Submitter : Mrs. Jacquelynn Shear Date & Time: 09/23/2004 04:09:50

Organization : CHN SOLUTIONS

Category : Nurse

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

we do not want PTs to be the only health care professionals allowed to provide medically related care to physician's patients. IF MEDICARE approves this policy it won't be long before COMMERCIAL INSURANCE CARRIERS will follow the same route, just as they did in eliminating payment for hot/cold packs in most incidents.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

There are many modalities that are available for physicians to refer to and apply in their practices other than physical therapists. It is not in the best interest of the patient/client to be limited to just the techniques of a physical therapist. I currently work with a medical doctor that requested me to work with his patients because he was not getting the results that he expected or wanted from just physical therapists. Many practitioners of massage, movement re-education, structural integration, myofascial release and other such modalities are qualified practitioners to work with medical doctors in producing quality healthcare to their patients. Please do not eliminate these practitioners from the doctors choice of treatment plans by only allowing physical therapists to do this type of work. Tissue work is the main element in the education of these practitioners and in many cases they have more training than physical therapists in this area. Do not shut them out!

Thank you.
Richard Schultz, CHP
Certified Hellerwork Practitioner

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I do not want PTs to be the only health care professionals allowed to provide medically related care to physician's patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Dear Colleagues:

I am writing this letter on behalf of the South Carolina Rheumatism Society regarding Medicare's final 2005 physician fee schedule as it applies to physician-administrated infusion therapies. In January 2005, the implementation of ASP plus 6% for reimbursement of infusion therapies will commence, significantly impacting rheumatologists. One of our most successful treatments for Rheumatoid Arthritis, Remicade, is currently given safely and economically in physicians' offices. For this to continue, an adjustment of infusion fees to provide adequate reimbursement for the complexity of the infusion process must occur, reflecting real costs to providers and patients. Currently, complex therapies such as biologics are under-reimbursed when compared to the resources necessary to provide treatment. When the work component, patient management component, and other aspects of resource utilization are taken in to consideration for these time intensive therapies, the current reimbursement structure is completely inadequate. We as a society strongly support the transition of reimbursement from a drug acquisition based system to that of a practice expense based scenario. However, to this point, reimbursement for the services required to infuse drug has been subsidized through overpayments for the drug. For the transition to occur, a reimbursement plan must be instituted which takes into account not only the complexity of the medication being infused but also the complicated task of dealing with a chronic disease.

Several challenges need to be addressed concerning acquiring and providing pharmaceutical products to Medicare beneficiaries under the new ASP plan. First, it is not reflective of the price by which the average rheumatologist may acquire the product. Under the current definition, discounts provided by manufacturers to drug wholesalers, PBMs, and hospital systems are not passed on to providers, and so the selling price is far below the actual physician acquisition price. An additional problem in the state of South Carolina is the requirement to pay a 6% state sales tax on Remicade at time of purchase. Without adequate infusion reimbursement, rheumatologists in our state can at best break-even. This is not taking into consideration overhead costs, which at our practice average \$210 per infusion, not including the cost of Remicade.

Our main goal is to ensure that patients can continue to receive infusion therapy at their doctor's office. For safety and access reasons, this is obviously the optimal choice since our patients can be screened for reasons why Remicade should not be administered, such as a current infection or an upcoming surgery. Unfortunately, a physician may not even be present if the infusion is given at a hospital or an infusion center, and the outcome of receiving Remicade in these situations can be catastrophic. In addition, Remicade dosage is often adjusted at the time of infusion based on how the patient is responding, and this can only be done by the prescribing physician. Infusion by someone other than the patient's own physician would thus lead to extra doctor visits, increasing patient costs and time away from work. There is also an economic advantage to physician-administered infusion, as costs incurred at a hospital are far greater than those at a physician's office. A drop in overall reimbursement will lead to a patient shift to the hospital with a subsequent dramatic cost impact to Medicare.

We urge CMS to adjust infusion codes to keep overall Part B drug/infusion services reimbursement at a level no less than the current year, 2004. We are very grateful to Congress, CMS, and the AMA for their efforts to resolve longstanding reimbursement differences between oncology and non-oncology infusion services and are confident that this issue will be handled with the same fairness and discernment.

Sincerely,

Gregory W. Niemer, M.D.

President South Carolina Rheumatism Society

Submitter : Mrs. Lori Berrigan Date & Time: 09/23/2004 05:09:24

Organization : Mrs. Lori Berrigan

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please reconsider your proposal to allow physicians to refer "incident" services to only PTs. In doing this you are limiting the qualified medical professional the choice to decided what is best for his/her patient. You are also setting a precedent that other health professionals do not provided needed services. Please remember that we are a nation where we are to have the choice to decide. Not a nation where the government is always limiting our choices.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

IT IS NOT RIGHT FOR A PHYSICIAN'S OFFICE TO BILL FOR PT SERVICES WHEN THEY DO NOT HAVE A PT ON BOARD.
PEOPLE WHO ARE DOING THAT DOES NOT HAVE THE RIGHT QUALIFICATIONS AND THE RIGHT EDUCATIONAL
BACKGROUND AND TRAINING TO BE PERFORMING THERAPY SERVICES ON PATIENTS.

Submitter : Miss. JO ELLEN RITZ Date & Time: 09/23/2004 05:09:34

Organization : CHN SOLUTIONS

Category : Nurse

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.
> Thanks for your help!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached document.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I would like to comment on file code CMS-1429-P. The smoothest and simplest way to ensure physician responsibility for billings made in a physician's name is to require that physician to maintain an adequate record of services provided and remittances. If an intermediary handles the billing, it should provide copies to the physician in a timely way as part of this process. If these records are not automatically provided to the physician, there exists the possibility that less physician oversight of the records will occur (and less direct physician responsibility for those records). Where an institution or other entity that has its own agenda and/or potential financial interests at stake is involved, there is additional opportunity for the goals of that institution to override the influence (and responsibility) of the physician. Thank you for your review of these comments.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We implere 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 : Mrs. Judy Lenz, CMT Date & Time: 09/23/2004 05:09:31

Organization : ARE Health Services

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please support other health care providers besides Physical Therapists. Physical Therapists are good and I fully support their work but I have worked with clients that didn't get complete satisfaction or relief from their Physical Therapist who benefited from my Massage Therapy. Shouldn't I get paid also for my work? And not only Massage Therapists but a host of other therapists.

The Health care field is getting more and more specialized not less so. IE, my mom is a nurse and has worked in surgery, ICU, floor, administration, massage, hydrotherapy, all of which are now specialized fields. Shouldn't this also be reflected in the kinds of therapy available for Doctor's patients?

Please don't have so much prejudice as to believe that there is only one health care practitioner that can work with a Physician.

By limiting the kinds of therapy you pay for, you are limiting not only the people's free choice but the Doctor's also!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I wish to comment on the August 5 proposed rule on "Revisions to payment policies under the physician fee schedule for calendar year 2005". I support the CMS proposal in the rule that establishes standards for personnel providing physical therapy services in physician offices. Physical therapists are professionally educated at the college or university level in programs accredited by the commission accreditation of physical therapy. Minimum educational requirement is post-baccalaureate degree from an accredited program. A physical therapist must also be licensed in the states they practice in. I will have received three years worth of training by the completion of my program. In this training a huge emphasis is placed on anatomy and physiology, broad understanding of the body and its functions and comprehensive experience in patient care. All of this training increases the chances physical therapists will be able to obtain positive outcomes for individuals with disabilities and other conditions needing rehabilitation. Physical therapists are the only practitioners who have the education and training to furnish physical therapy services, unqualified personnel should not be providing these services. Delivery of so-called "Physical therapy services" by unqualified personnel is harmful to the patient and should not be allowed to be performed, especially to receive reimbursement for these services. Section 1862(a)(20) of the social security act clearly requires that in order for a physician to bill "incident to" for physical therapy services, those services must meet the same requirements for outpatient therapy services in all settings. Thus, the services must be performed by individuals who are graduates of an accredited professional physical therapy education program. Thank you for your consideration of my comments.

Sincerely,
Kirsten Tullius Kuhnle, SPT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 23, 2004

To Whom It May Concern:

I would like to express my support on the CMS "incident to" proposal. I strongly agree with the proposal that all physical therapy services "incident to" physician services in a physicians office must be delivered by a physical therapist. Physical therapists are the ones who are trained in the specific area of exercise and rehab. I believe that it is in the best interest of the patients that the services be provided by a graduate of an accredited program where they were rigorously educated and trained in the specific area rather than someone who was trained in a physician's office.

According to the New Jersey Physical Therapy Practice Act, a physical therapist is a person who is "licensed to practice physical therapy" and no person is permitted to practice physical therapy without a license. The practice act also states that physical therapy is treatment administered by a licensed PT, PTA, M.D., D.O., or D.P.M.; if administered by anyone else it is not considered physical therapy. Therefore the physicians should not be able to bill for physical therapy if one of the aforementioned professionals did not administer the treatment.

In closing I believe it would be in the best interest of all those involved if the proposal was approved.

Sincerely,

Robyn Dobbins SPT

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

Allowing a physician to only refer "incident to" services to physical therapists is grossly unfair to other qualified professional health care providers such as massage therapists, as well as to patients who can benefit greatly from their services. I have been able to relieve many patients from acute and chronic pain when they have not been able to find relief from physical therapy.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

To whom it may concern, this letter is to inform you what An Athletic Trainer's scope of work involves: We manage and treat athletic injuries through a variety of different ways. One of which is through Physical Rehabilitation. In our classes we as athletic training students sit right next to the physical therapists and receive the same educational information/research. I actually think AT's are a bit more qualified to perform physical therapy for injured athletes because we first diagnose the injury and are able to understand the pathology of the injury and rehab, as not to aggravate the injury site even more. Now once the classes are over and we go onto our own clinics (PT and AT), I personally think that we (AT) have a more variety of injuries "available" to us, as to give us the experience and/or practice that we need to be experienced therapists.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

GPCI

See attached document

Submitter :

Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear CMS,

I am writing in regard to the proposed 2005 Medicare physician fee schedule rule that requires that physical therapy services provided in a physician's office incident to a physician's professional services be provided by personnel who have met appropriate standards.

If treatment is provided in a physician's office by unqualified personnel and subsequently billed as physical therapy services, this presents several risks to patients. Most importantly, when personnel who have not met a minimum standard of competency perform the supervision of physical therapy interventions, the patient's safety becomes compromised.

Secondly, the efficiency of treatment can greatly suffer without the guided expertise of a licensed physical therapist or physical therapist assistant under the supervision of a physical therapist. While I have a great respect for the knowledge and skill of physicians, I believe that physical therapists are best suited to administer and tailor specialized treatment approaches to maximize patient goals in the most efficient manner.

I strongly feel that physical therapy is a highly specialized field that cannot be mastered by casual training. Students spend anywhere from 2 to 4 years in graduate educational programs at the masters or doctorate level and must then pass a rigorous board exam in order to demonstrate competency. If others are allowed to offer services that can be billed as physical therapy, the physical therapy profession takes a large step back and ultimately, the patients suffer.

Toby Stone
SPT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I would like to voice my support for the proposed "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005." It is imperative that physical therapists working in physician's offices be graduates of an accredited PT program, ensuring quality patient care, safety, and a professional standard. Unqualified personnel who are not graduates of an accredited PT program should NOT be allowed to practice our profession willy-nilly. Physical therapists are professionally educated in full-time doctoral programs averaging 3 years in length, this in addition to having obtained their bachelor's degrees. Physical therapists must take an exam in order to obtain their license after completing school, and are required to adhere to a professional code of conduct thereafter. Physical therapists have extensive training in anatomy and physiology, as well as abnormal psychology, exercise physiology, and all aspects of quality and safe patient care. Thank you for considering my comments. Please consider supporting the proposed personnel standards for Medicare "Incident to" physical therapy services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am 51 years old and have lived with pain in my lower back and hip from an injury that I sustained when I was 17. I have lived with a pain in my upper back, lower neck for 11 years. It had created a hump on the base of my neck. Over the last 6 months I have began to have relief for the 1st time from this pain and the hump has dissapeared. I had tried physical Therapy in the past that my insurance paid for. It gave me very little relief from my neck and none on my lower back and hip. My relied I am experiencing now is all due to a great massage threripist who I pay out of my own pocket but it is made affordabile because of her affliation with differant insurance companies. Please consider this in your descion about making life harder for these dedicated and very concerned and talented MT's.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See Attachment

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do NOT pass this policy limiting "incident to" referrals from physicians to physical therapists only. There are many effective complementary and alternative approaches that are qualified for physician referrals.

Thank you

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Mrs. Shannon Courtney Date & Time: 09/23/2004 05:09:14

Organization : University of Northern Colorado

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

I would like to respond to the 'incident to therapy services' from physicians offices. First of all to dictate who a physician can refer a patient to is limiting the physician rights and the patients rights to service. I have been responsible for educating student athletic trainers in the collegiate setting for close to 20 years now and to think that the students that I have helped educate will be limited in job employment due to the perception that these are just students out there working on injured individuals providing rehabilitative services without any formal education is an insult. Perhaps the those professionals behind this change in service and reimbursement have found that certified athletic trainers do actually provide a better more functional service than they do because they only learn in a clinical setting. Why would these other therapists want to become certified as athletic trainers if they feel that our qualification are substandard. It is concerning to me that CMS is asking for these changes when having a variety of professionals that patients and physicians can utilize would be a benefit. As I stated previously, I have been in the business of educating athletic trainers for many years, many of these athletic trainers have gone on into the physical therapy field. With out their background in athletic training they would not be the quality physical therapists that they are today. What background do physical therapists have in the sports area? How many hours are they contributing to a practical rotation in this area. How many hours do they volunteer to help out a high school or tournament to provide injury care to participants. If the physical therapists truly think they can provide the best care then they should be there at the time of injury. Out patient services is the exact area that athletic trainers specialize in. The APTA is incorrect in their statements that unqualified and uneducated students are working on patients. That is an insult to the physician and their ability to refer their patients to quality care. I would encourage CMS to research the job qualification and educational background concerning athletic trainers and their ability to provide out patients services. In this day and age of ever rising health care costs to limit services to one entity will only encourage and support the monopoly and continued rise in health care services.

Submitter : Mrs. Susan Brookes Date & Time: 09/23/2004 05:09:24

Organization : Brookes Muscle Therapy

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

How could it possibly be in anyone's best interest to limit the Physician referral of 'incident to' services to only Physical Therapists? Please do NOT pass this policy. Are Physicians not in the best position to determine what care/services would best fit the needs of each individual patient? Working under the supervision of, or with a written prescription from a Physician, all qualified health care providers should be permitted to provide services to patients.

May we all continue to work together for the best medical care possible for our communities.

Sincerely,
Susan Brookes, NCTMB, AMTA

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am writing with concern regarding the reimbursement for Infliximab, an intravenous medication used to treat rheumatic conditions. Currently, the fee schedule for this infusion is the published average selling price (ASP) plus 6%.

I support the transition from a drug acquisition based system to that of a practice expense based scenario. There are significant challenges in acquiring and providing pharmaceutical products to Medicare Beneficiaries under the new ASP methodology. The ASP + 6% that I use in rheumatology is not reflective of the price by which many physicians acquire the product. Under the current definition discounts provided by manufacturers to wholesalers, Pharmaceutical Benefits Managers and hospital systems are not passed on to the providers, and as a result the ASP is far below the actual acquisition price by which a physician can purchase.

I support the concept of a patient management code to capture costs incurred in managing a difficult and chronic condition such as rheumatoid arthritis. Each infusion of infliximab poses a small but significant risk to patients. All infusions in my practice are given under physician supervision. Adverse reactions such as fevers, nausea, shortness of breath and hypotension are managed on site. I support the addition of a new code to capture the unique challenges facing providers who treat patients with biologic treatments.

If reimbursement levels reach a point where an individual practice cannot maintain the infusion service now provided a patient shift to the hospital would occur and cause a dramatic cost impact to Medicare. In addition, infusions easily and conveniently scheduled for patients would no longer be available.

Please recognize the importance of maintaining a level of reimbursement that preserves the physician office as a viable site of care for the appropriate patients who need injected or infused therapies.

Sincerely,

Nancy Walker MD,MPH

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Sutter Health Comments Attached as Word Document
File Code CMS-1429-P,Re:GPCI

CMS-1429-P-3319-Attach-1.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

CMS-1429-P-3320-Attach-1.txt

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I ask you not pass this policy where a physician can only refer "incident to" services to physical therapists. This is a time when medical doctors continue to explore and integrate trained practitioners in a variety of fields to assist in the health and wellbeing of patients. We choose a doctor we trust and we trust they would not align themselves with practitioners who are not of the highest caliber for fear loosing that trust. This policy does nothing to serve the public. It continues to further in tying the doctors hands in their choice of restoring health for their patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We ask 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

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.

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.

Please do not make the proposed changes.

Sincerely,

Daria L. Sonnenfeld

Certified/Licensed Athletic Trainer

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 23, 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 have over ten years experience working in various healthcare settings. I currently work with an orthopaedic physician as a physician extender providing excellent care under his supervision. I am very insulted by the suggestion that "Therapy-incident to" services should only be provided by a physical therapist, PT assistant, occupational therapist, OT assistant, or speech therapist. I do not have a problem with placing restrictions on what profession has direct access to patients. This ensures that the provider has been well trained and is qualified to perform those services. I have a problem with the fact that Certified Athletic Trainers are not included in the list of healthcare professionals qualified to perform these services. Please reconsider this proposal. It would be a detrimental to the quality of care provided to thousands of people.

Sincerely,
Zac Sowa, MS, ATC/L

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

SECTION 303

September 23, 2004

The Honorable Tommy G. Thompson
Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201

Mr. Mark McClellan
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Thompson and Administrator McClellan;

I am writing to comment on the Proposed Rule CMS-1429-P, Section 303, which was printed in the Federal Register on August 5, 2004.

The West Michigan Regional Cancer and Blood Center in Free Soil, Michigan serves hundreds of cancer patients each year. This cancer clinic is located in a rural community in my Congressional District, and plays an important role in providing access to high-quality cancer treatments for many of my constituents.

Oncology providers across the nation have expressed their widespread concern that the Average Sale Price (ASP) reforms in Section 303(a) of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) will result in Medicare reimbursement levels below the true costs of providing care. They have also expressed concern about the lag in time between the purchasing of pharmaceuticals and the ASP reimbursements from Medicare.

Under the old Average Wholesale Price (AWP) methodology, Medicare outpatient drugs and biologics were often reimbursed at artificial levels. Restructuring efforts in the MMA recognized that the AWP system did not take into account the costs associated with administering drugs to patients, but overcompensated for the actual costs of these pharmaceuticals. I am pleased that the MMA instituted reforms to make the reimbursement system fairer for seniors and providers with an ASP methodology that recognizes the costs associated with administering outpatient drugs and biologics to patients. However, I am also concerned that these important ASP reforms could have the unintended consequence of inhibiting patient access in small, rural facilities that lack the purchasing power of drug purchasing intermediaries or large urban cancer treatment centers.

As you work to finalize the ASP prospective payment policies for Section 303 of the MMA, I implore you to consider the unique challenges of small rural cancer treatment facilities and work to reimburse them in a manner that adequately reflects both the cost of administering drugs and the true pharmaceutical costs. The MMA brought about unprecedented relief for Medicare rural health care providers, and it is my hope that ASP reform efforts will not create new inequities between rural and urban providers.

I look forward to working with you to maintain access to high-quality cancer treatments for seniors living in rural communities.

Sincerely,

Peter Hoekstra
Member of Congress
Michigan's Second District



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

DEFINING THERAPY SERVICES

Only licensed physical therapists should be able to provide physical therapy services. Physician incident to laws will open the door to possible fraudulent use of non-licensed employees and bill with PT codes. The quality of such care is very questionable. Physical Therapists are held to a high standard of licensure. Incident to issues could allow monopolies to form and may be a breeding ground for fraudulent practice. I believe that Physical Therapists should be protected by the professional laws of the state of California and that Physical Therapy services should only be allowed to be performed by Licensed PTs.

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 while they are under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

The purpose of this letter is to inform everyone that the possibility of Medicare regulations no longer allowing physicians to be reimbursed for therapy services administered by a certified athletic trainer in a physicians office is a bad idea. This could snowball and cause other insurance companies to follow Medicare regulations causing all services by athletic trainers the inability of reimbursement in any clinical setting.

This is a bad idea in that this could put the patients care at a low priority. This could cause other health care professions to become upset and not do as thorough a job for the patient. So, the way the patient is suppose to get treated is not being done to the full extent. I know it is unethical but it could happen. Also, athletic trainers are very qualified to work with any type of patient in need of rehabilitation. Compared to the PT's, OT's, PTA's, and OTA's, the athletic trainer is just as qualified, if not more qualified. In most cases of training, according to the federal government, the preparation of an athletic trainer is equivalent to PT's and more significant than an OT, OTA, or a PTA. It wouldn't make sense to allow some one less qualified to work with a patient in need of assistance. Athletic trainers also, through education, have a lot of the same classes as a PT would have. Athletic trainers don't just take the classes in their curriculum, graduate, then get a job, they have to graduate and then take the certification exam of everything they could have possibly learned. This makes sure the AT is qualified. A Certified athletic trainer knows how to prevent, assess, and treat/rehab various kinds of injuries. They know information about all systems of the body just like a physical therapist would. Athletic trainers already provide assistance under supervision in athletic training rooms, sports medicine clinics, and hospital settings. So, why should they not be able to give patients quality care? It is really the patients who are losing out.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Sir or Madam:

I am writing this letter to oppose physical therapy services being provided by non-licensed physical therapist or physical therapy assistants. Educated physical therapists and physical therapy assistants should be the only professionals who perform physical therapy interventions. I feel that patients would feel much better knowing that physical therapy services are being rendered by educated and licensed individuals in that field, and not someone who has been trained.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

It is not in anyones interest to limit "incident to" services only to physical therapists. Other modalities may be more appropriate in individual cases and more effective in restoring health to patients. This will save time and money for the program and ensure the medicare program can meet its goals.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Submitter : Mrs. MaryAnn Hoffman Date & Time: 09/23/2004 05:09:39

Organization : American Physical Therapy Association

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

The sister of my employee went to her physician who told a medical assistant to apply a hot pack to the patient's shoulder. There was no covering on the hot pack which was strapped to the shoulder and a third degree burn was sustained. There was no supervision of this personnel by the physician. Incident to services by the physician is a joke. Ultrasound machines are hanging on the wall with instructions next to them. The medical assistant has no idea that bone and nerve damage can be done by improperly performed ultrasound. I've treated the physician's office mistakes.

THERAPY STANDARDS AND REQUIREMENTS

The education and training of both the physical therapist and physical therapist assistant is far superior to that of anyone employed by a physician, including the physician, when it comes to application of modalities. Physicians order modalities inappropriately when referring to the physical therapist and the PT educates the physician constantly. None of us can know everything and the collaborative effort on behalf of the patient is the key. Sales people are in the business of collecting commissions on the basis of helping the physician increase their revenue centers by the use of modalities. Instruction of non-qualified personnel is totally inadequate. The public is at risk.

THERAPY TECHNICAL REVISIONS

I am in favor of this change and feel that the public is protected by the change. The physicians really stand to lose very little since there is no reimbursement for application of heat or cold and only \$11.95 for ultrasound on the Medicare fee schedule.

Submitter : **Mr. Jose Rommel Bajar**

Date & Time: **09/23/2004 05:09:54**

Organization : **Dubuis Hospital**

Category : **Physical Therapist**

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 23, 2004

To whom it may concern.

Greetings! My name is Jose Rommel R. Bajar, I am a physical therapist license in the state of Texas. I am writing this letter to make a comment on the August 5 proposed rule on "Revisions to payment Policies Under the Physician Fee Schedule for Calendar Year 2005".

I would like to support the idea that only a licensed physical therapist and/or physical therapist assistant should be the one to provide physical therapy services and have the right to bill such services. Unqualified professionals even working in a physicians office does not make it right to provide physical therapy services and billed such services under physical therapy.

We are trained professionals to evaluate and assess specific musculoskeletal conditions and provide specific interventions for treatment. I was so appalled to personally witness a Chiropractic clinic, with 12 unlicensed personnel that provide physical therapy services for 80 patients that goes to their clinic everyday. I don't think this practice is just for these patients, they received hot packs TENS and Ultra sound. The exercises are not geared toward specific group of muscles that needs attention. And then, they will be billed for PT services and no PT has ever seen them. The worse thing is , they will reach their cap without even seeing a physical therapist. When time comes that they would like to see a licensed PT, they will not be granted to have one since they used their cap already.

I firmly believed that if CMS would help to regulate this situation, abuses like this be put into halt. Additionally, the outcomes of patient receiving physical therapy will be better. They will not only receive hot packs, TENS and Ultrasound ---they will get what they deserve --- an individualized treatment program based on a physical therapist assessment.

I hope that this "proposed rule to require that physical therapy services provided in a physician's office incident to a physician's professional services must be furnished by personnel who meet certain standards" be implemented.

Thank you!!!

Sincerely,
Jose Rommel R. Bajar,PT
License #1103638 "Texas
Dubuis Hospital
Phone #409-924-3910

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We ask that you DO NOT approve this policy where a physician can only refer "Incident to" services to physical therapists. All Licensed health care professionals should be allowed to provide services to patients with a physicians prescription and/or under their supervision. Other therapies have proven to be less costly, and very effective.

Thank You

Submitter : Mrs. Ronni Socha Date & Time: 09/23/2004 06:09:36

Organization : National Athletic Trainers Association

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

To Whom It May Concern:

I am writing in reference to Medicare's proposed changes to the 'Therapy-Incident To' services. I am a certified athletic trainer that has been employed in both the Division I University and private clinic setting. Certified Athletic Trainers are educated and trained in the treatment and rehabilitation of a wide variety of injuries and medical conditions. We have well-developed relationships with physicians that enable us to provide the best possible medical care to athletes and the general population. I believe that the physician is best-equipped to make decisions regarding the health care of a patient when they are provided with a variety of qualified allied health professionals to refer patients to, including certified athletic trainers. Restricting the physicians right of referral to all qualified allied health professionals is poorly conceived and could have a detrimental effect on the welfare of Medicare patients. I believe any attempt by government entities or other organizations to change this heretofore established right and purview of the physician is clearly not in the best interest of the patient. I unequivocally request that no changes be made to Medicare or other provisions affecting 'Therapy-Incident To' services reimbursement from CMS.

Sincerely,
Ronni K. Socha, M.Ed., ATC

Submitter : Mrs. Dee Aussprung Date & Time: 09/23/2004 05:09:26

Organization : Watertown Memorial Hospital

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

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

My name is Marci Catallo-Madruga and I am a current member of the Student Assembly Nominating Committee, a component of the APTA. I am currently a third year student in the Doctoral of Physical Therapy program at Regis University in Denver, CO. I wish to comment on the "Therapy-Incident To" proposed rule on "revision to payment policies under the physician fee schedule for calendar year 2005."

As a student looking to be employed in May of 2005, I would like to offer my comments in support of the rule requiring that physical therapists working in physicians offices be graduates of an accredited professional physical therapy program. I further suggest that the rule include licensure for the physical therapists, because it is their right to practice that would be under scrutiny if there were a complaint or legal action filed. Licensure is the highest standard to which a therapist can be held professionally and it is imperative for the future of the profession to have a set of standards by which they hold all with the title of physical therapist.

In 1992 the American Medical Association and American Physical Therapy Association determined that patients seen in physician owned clinics had less hands on care, 43% more visits than patients in non-physician owned clinics, and cost 31% more per year. The increase in number of visits can be attributed to lack of appropriate care provided by unqualified personnel. Unqualified personnel include anyone who has not graduated from an accredited physical therapy program who is billing for physical therapy services.

The level of education physical therapists and physical therapists assistants receive is higher in musculoskeletal dysfunction and management of common musculoskeletal disorders. The extensive training in anatomy, physiology and motor behavior allows physical therapists to work with patients to obtain the greatest possible outcomes. There are no instances where it is appropriate for unqualified persons to provide physical therapy services to patients treated in a physician owned clinic. There are some instances where patients have been seen by unqualified personnel and billed for physical therapy services. This is a violation of the patients bill of rights to be informed of and receive services from qualified personnel and be billed accordingly. In cases that deal with Medicare, beginning January 1, 2006 patients may exceed the \$1590 cap with out ever being seen by a physical therapist. This can negatively impact patient care by decreasing the potential for recovery, satisfaction from services, and increase the likelihood that the patient will seek more expensive surgical procedures in the future as opposed to physical therapy services.

I would Like to bring to light a more personal case. Last winter my grandfather recieved care in a physician office for a back injury through medicare and was billed for Physical Therapy Services. The person giving his treatment was not a Physical Therapist. His care consisted of hot pack treatments, gentle stretches, and a set of pictures for therapeutic exercise. He still ahs his back pain without resolution of any symptoms, but is now seeing a physical therapist. If the Medicare Cap were in place he would be unable to get proper care at all.

Thank you for your time.
 MCM

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg you NOT to pass this policy where 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. Physical Therapists do physical therapy. There is much more available out there by competent therapists who can increase the quality of life and health of your patients. Thank you.

Submitter : Mrs. Mary Beth Nawrocki Date & Time: 09/23/2004 05:09:56

Organization : Watertown Memorial Hospital

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do NOT create policy where 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

Writing in opposition of proposal CMA-1429-P. This proposal would limit patient access to qualified health care providers of "incident" to services, such as certified athletic trainers in physician offices and clinics. This would reduce the quality of health care for physically active patients. Limiting access to qualified health care providers will cause delays in the delivery of health care, which will in turn increase health care costs and tax an already heavily burdened health care system. Athletic trainers are multi-skilled health care professionals who can make significant contributions to health care. Athletic trainers are highly educated as evident by their recognition by the American Medical Association as an allied health care profession. If this proposal would pass, it would threaten the employment of athletic trainers who are employed as physician extenders in clinics and physician offices. I believe this proposal should be rejected in order to protect the rights of our patients and my right as a health care practitioner.

Submitter : Mrs. Dawn Alzuraqi Date & Time: 09/23/2004 05:09:01

Organization : Mrs. Dawn Alzuraqi

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Not allowing medicare reimbursement/payment for massage therapy would be a detriment to senior patients well being. Though massage therapy can be a part of a physical therapy treatment plan, many physical treatments are anything but physical/personal. Our seniors need to have the option of more than being placed on a machine to stimulate muscle massage, only treating a specific area. Personalized treatment plans should be that, personal, and many of our seniors having a personal contact/relationship assists in a more dynamic healing assisting in other areas of their health. If massage therapists have a proven record of care with success, their services are just as important if not more important than many other health care providers, providing treatment for the entire person.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please see the attached Word file:



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 thies supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Massage Therapists should be allowed to provide medically related care to physicians' patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Harrison Pearce
38 Fisk Street
Manasquan,NJ,08736
September 23,2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. box 8012
Baltimore,MD,21244-8012
Dear Sirs/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 Medicare patients, like myself, and ultimately increase and place an undue burden on the health care system.

I have had the pleasure of working with both an athletic trainer and physical therapist in the clinical setting. The care and treatment for my injury by the athletic trainer was equal to if not better than that of the physical therapist. I received more personal attention from the athletic trainer than I did from the very busy physical therapist. I preferred working with the athletic trainer because I felt as if I had their full attention and was not rushed through my session. Not to say that the physical therapist was lacking in skill or professionalism but they seem to have such a heavy workload and so many patients it was hard for them to give me the individualized attention I required. The physical therapists should be happy to have another qualified health care professional to assist them with their busy workload as opposed to being threatened by their expertise.

I strongly believe it would be a crime for the government to take away available options for the physician and Medicare/Medicaid patients. It should be left up to the treating physician ultimately who treats their patient. As long as the person is a fully trained professional there should be no limits placed upon them as long as they are following the direction of the treating physician. Living in the United States gives you the freedom of choice and if this proposal is adapted you have eliminated the freedom of choice and created a dictatorship. You are in essence telling Medicare/Medicaid patients that the only people they are allowed to go to for rehabilitation is a physical therapist. You are monopolizing the health care system and limiting the peoples options. If you allow this to occur you are ultimately hurting all health care providers by taking away choices.

It is imperative that physicians continue to make decisions in the best interest of the patients. If it is not broken why fix it I must ask; or maybe this could be construed as an unprecedented attempt by CMS, at the request of a specific type of health professional, to seek exclusivity as a provider of therapy services. You members voting on this issue must take a stand and not give in to one specific group and to allow all professionals the same opportunities in the health care system. Certified Athletic Trainers are very qualified individuals and should not be excluded from the Health

Care System.

Please consider not changing the system just to accommodate one specific group, because as I have said before you are taking away my choices and my doctors choices when it comes to my ultimate care. I have worked hard for my medicare benefits and would hate to have my choices limited because one group is threatened by another.

Sincerely,
Harrison Pearce
Medicare patient

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please view attached document. Thank you for your time in this matter.

Sincerely,

Lonnie E. Paulos, MD

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 and/or under their supervision. Not all Physical Therapists are qualified to provide a broad range of services to individuals. I have seen people injured because the Physical Therapist lacks the education and knowledge to provide incident to services. For example, I have seen and experienced caring for patients in which they have been injured by the PT, i.e. The therapist fractured the patient's leg. PT's are not educated in massage or other therapies which have been proven to be of benefit through extensive medical studies. Please do not pass this as it will hurt people in the long run. This would be a very shortsighted decision. Medical care is already severely curtailed by managed care and people are not getting the care they deserve and need. It is no wonder that nurses like myself are leaving the field because of decisions such as this proposed bill.

Thanks for your help!

Submitter : Date & Time:

Organization :

Category :

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 physicians prescription or under their supervision. Physical therapy is one of the greatest forms of preventive healthcare available and should be looked at before medicinal treatments are administered.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Six months ago, I was in a head on collision on the interstate. I suffered soft tissue and muscle damage. Thankfully, my chiropractor sent me to a massage therapist. I don't know how I would have made it through the pain and healing process without massage therapy. It would be a terrible mistake to pass this policy. A physician should be able to decide the method of treatment for each individual patient based on the patient's injuries.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I am in favor of the change to permit psychologist to supervise technicians performing psychological test. For one, psychologist are better qualified to use these test and many physicians may have had no training at all in the use of these test. Hence, it only makes sense to have those most qualified to use the tests provide supervision of those administering them.

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 ask 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 physician's prescription or under their supervision.

Submitter : Mrs. Catherine Omstead Date & Time: 09/23/2004 06:09:39

Organization : Mrs. Catherine Omstead

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am an LPTA and LMT. I worked in a geriatric facility using both MT and PT therapy. PT's do not have time to do extensive massages. People would not get the massage necessary because of that lack of time. MT and PT are complementary. MT should not be isolated to PT Depts. MT during a PT session is costly @ \$100+/hr.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please, do not pass this policy where 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. If this is passed, it will limit the choices of the physician and will not allow the physician to make choices based on what's best for the patient.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Sutter Health Comments File Code CMS-1429-P, RE: GPCI

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am opposing Medicare's proposed policy to eliminate any provider except PT's from providing incident to medical professionals services to physical therapists. Massage therapists are trained specifically to do massage and bodywork. If this is passed, many people will not be able to get the treatment they need. Massage therapists provide an important service in society. As many people as possible should be able to use this service. Massage therapists are professionals. They are trained, and very capable. They have helped many, many people.

Submitter : Mrs. Valarie Thompson Date & Time: 09/23/2004 06:09:28

Organization : The Point

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See Attached File

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 23, 2004

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

Dear Sir:

My name is Cecilia A. Menguito, P.T. I am a licensed Physical Therapist from the great state of Texas. I am sending this letter in response to the August 5 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005."

I strongly support CMS' proposed requirement that physical therapist working in physician's offices be graduates of accredited professional physical therapist programs. Physical therapists and physical therapist assistants under the supervision of physical therapists are the only qualified practitioners who have the education and training to provide physical therapy services. As such, unqualified personnel should not be furnishing physical therapy services. It will be a big disservice and harmful to the patients/clients who, in good faith, believe that they are receiving physical therapy.

Thank you very much for your time and consideration.

Sincerely,

Cecilia A. Menguito, PT
Texas License# 1041515
Dubuis Hospital of Beaumont/Port Arthur
2830 Calder Ave. 4th Floor
Beaumont, TX 77702

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not limit of "incident to" payment or assignment to physical therapy only. There are many situations/patients who need massage therapy as well - in some cases instead of physical therapy..... Under a physician's care or recommendation, massage therapy should be a modality that is allowable.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I think it is a great idea to change billing practices in physicians offices concerning Physical Therapy. As a 2nd year Physical Therapist Assist Student at Cuyahoga Community College, I have learned the knowledge it takes to perform therapy services. Despite other medical personnel having qualified training in their field, they do not have a degree to practice therapy services. To bill for physical therapy is wrong, when it is not performed by a properly trained therapist or therapist assistant. Not only do they not have the qualification to perform treatment, but they are giving patients an impression of what physical therapy is. Since the physician is not formerly trained in therapy services, patients are not getting the full picture of what therapy is. Patients might get a negative opinion of physical therapy, because the person claiming to do therapy is not qualified. Please help keep not only our patients safe from injury from untrained medical personnel, but help keep the reputation of all Physical Therapists, and Physical Therapist assistants intact.

Thank you,
Brianne Booth

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Dr. Mark McClellan,

RE: CMS-1429-P Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005

I am writing this letter to outline my concerns to you regarding the recent proposal by Medicare to limit the Certified Athletic Trainers ability to work under a supervised physician delivering health care to the American population. These changes that will limit their scope of practice will have detrimental effects on the public's ability to access and receive quality health care from an ATC who specializes in the treatment, rehabilitation, and care of the physically active population.

As a primary care physician who specializes in sports medicine, I have worked with a large number of ATC's in high school setting, college setting, professional sports setting, and in private practice. I have found ATC's to be just as qualified, and sometimes even better qualified, than physical therapists and physical therapy assistants to handle rehabilitation of various injuries and chronic pain states. From my personal experience having had ATC's as part of my private practice health care team, one of my best rehabilitation staff has been an ATC.

Besides my private practice, I routinely refer patients for rehabilitation of both sports and chronic pain issues to private physical therapy centers that use ATC's who provide excellent care. In a number of these instances I specifically refer the patient to the ATC.

The ability of a physical therapist or ATC primarily depends on their training and experiences. A well-trained ATC is just as good as a well-trained physical therapist.

In addition, I find it disturbing that Medicare wishes to limit the scope of practice of ATC's, from what the government has already outlined as very qualified. The Department of Labor via Specific Vocational Preparation (SVP) ratings, rates ATC's as 8+ which is higher than that of occupational therapist (7 to <8), and occupational therapy and physical therapy assistants (4). The Medicare proposal is not limiting occupational therapists and/or occupational and physical therapy assistants.

I hope that the full breadth and affect of such a policy change will be realized by those pushing this proposal. I strongly feel that this will have a large detrimental effect on the availability and application of good rehabilitation to the American population.

Thank you for considering these thoughts. For any questions I can be contacted.

Albert J Kozar, DO
Team Physician ? University of Hartford
Valley Sports Physicians & Orthopedic Medicine, Inc
54 West Avon Road, Avon, CT 06026
860-675-0375; (f) 675-0358
akozar@jockdoctors.com

Submitter : Mrs. Celia Pienkosz Date & Time: 09/23/2004 06:09:47

Organization : Munson Medical Center

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Celia Pienkosz
5239 Liberty Drive
Traverse City, MI 49684

Sept. 22, 2004

Centers for Medicare & Medicaid Services
Dept. of Health & Human Services
Attn: CMS-1429-P

Re: Therapy - Incident To

Dear Sir/Madam:

I have been in the field of Athletic Training for 18 years, including my schooling. I have helped thousands of people in their quest to be healthy and live a healthier lifestyle. Is this not our goal for the future? Is this not our goal for our young and old generations that we service? To create a law that will prevent the Certified Athletic Trainer from doing what we do best is to say the least extremely upsetting. We have filled a void and filled it for so many years that you won't realize the loss until it occurs and then it will be too late. I would like to continue to do my job and do it to the very best of my abilities without having to worry about whether I will have this job next year. If you look further in your search for the truth you will find that the Certified Athletic Trainer is an extremely qualified individual with a vast array of experience and the skills necessary to do the job that you are questioning.

Don't you think that the health care community has more important issues to deal with than if qualified health care professionals should be treating patients that we have been treating amazingly well for decades. These changes that CMS wishes to make are truly distressing to the whole field of Athletic Training and will be to our patient population as well. Please listen to our voices. Let us do our jobs and do it well.

Yours in Health,

Celia Pienkosz A.T.,C.

Submitter : Mrs. Tracey Mooney Joan Rogers Date & Time: 09/23/2004 06:09:01

Organization : Independent Dialysis Foundation

Category : End-Stage Renal Disease Facility

Issue Areas/Comments

Issues 10-19

SECTION 623

Please read the attached document from this small chain of non-profit dialysis facilities

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am opposed to ONLY physical Therapists being allowed to a physician referring to 'incident to' services. ALL qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision. This is WRONG. Who was at the Pentagon and At NYC Ground Zero to assist the rescue workers? It was Massage Therapists..NOT Physical Therapists. Just ask ANYONE...FBI, Military, Transportation Dept, Task force on Terror, etc, etc. How was THAT for them? Don't prevent the patients from that benefit. We have documented proof from research that Massage reduces pain, stress and promotes well being. Don't do it!!!
Darlene Leon, RN, CMT

THERAPY STANDARDS AND REQUIREMENTS

Each state has their standards for number of hours that a person goes to massage school. Mine was 500hrs and I have since added many many courses. I'm going in Nov. for a 4 day workshop in Lymphatic drainage. Physical therapists don't have that expertise.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Physical Therapist are only one of the licensed and capable persons to do incident to thereapy. I oppose limiting it to physical therapists only.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

please see attachment



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I beg you to please 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. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attachment



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

To Whom It May Concern:

I would like for you to reconsider the proposal related to the 'therapy-incident to' services because of the negative ramifications it would have upon society's quality of healthcare. As a practicing Certified Athletic Trainer of seven years, I have gained respect from MD's, PT's, and PTA's as a qualified allied health professional that effectively cares for the health of patients. Certified Athletic Trainers are highly skilled allied health professionals that should be recognized as competent in performing these services as indicated. Medical patients should have the opportunity to be treated by the professional most suited to address the condition. I appreciate your reconsideration regarding this matter as it is in the best interest of the care of society.

Sincerely,
Donald Wendt, MS, ATC/L

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

9/20/04

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 !V 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:

?h 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. ?h 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.

?h 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.

?h 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.

?h

On a personal note: I work with several PT!s, OT!s, PTA!s in a clinical setting. They have never told me that I am qualified or properly trained. I do several inservices on rehabilitation, mobs, isokinetic testing. The clinic I work in has adopted my patella-femoral protocol with overwhelming success. I am currently doing 3 research studies involving balance with the geriatric population. I really feel it would be a shame to my patients if I would not be able to use my education to it fullest.

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,

Kris Knox, MS, ATC/L
1205 George Rock Dr.

Farmer City, IL 61842



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

To Whom It May Concern:

As a future certified athletic trainer, I am compelled to oppose the CMS-1429-P proposal. Following through with this proposal would not only be detrimental to patients who need to receive quality care, but also to the unique and diverse AMA allied health care profession of Athletic Training.

Athletic Training is a growing field and essential resource to the physically active. This profession specializes in prevention, assessment, treatment and rehabilitation of injuries to all those involved in daily physical activities. Utilizing the athletic trainer to serve in this particular population has been adapted by physicians, hospitals, and clinics, including physical therapy clinics. Other professionals are recognizing the need for specialists in the realm of the physically active. The certified athletic trainer is a highly educated and qualified professional whose special role in patient care should not be hindered, but rather given an opportunity to thrive.

Should the proposal at hand pass, many jobs of certified athletic trainers would be threatened and many athletes would not receive the immediate and specialized care they will be so desperately in need of and rightfully deserve. CMS-1429-P is unnecessary and a clear step in the wrong direction of the health care profession as a whole.

Sincerely,
Matthew Koschnitzky
Athletic Training Student
Trinity Intl? University
Chicago, IL

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I have been made aware that CMS has misclassified Santa Cruz County, California, as "rural" based on an outdated map drawn in 1967. This classification MUST be revised immediately to "urban" in order to provide Santa Cruz County with adequately reimbursed medical care. Santa Cruz county abuts Santa Clara County ("Silicon Valley") and contains considerable high-tech and other business, and has currently one of the highest median home prices in the country (\$630,000). Such home values do not describe a "rural" area, and indeed indicate that medical practitioners here face living expense comparable to New York City, San Francisco, and Washington, D.C. Any perpetuation of this obsolete and inaccurate "rural" designation will serve only to limit the availability of medical care in Santa Cruz County. I urge CMS to rectify this long-standing wrong by immediately revising Santa Cruz County's status to "urban".

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Sir/Madam:

I am writing this letter in response to the proposal that is recommending a change to Medicare regulations that would no longer allow physicians to be reimbursed for therapy services administered by a certified athletic trainer in a physician's office. If this proposal is passed then this would have a negative impact on the health care profession.

While deciding this proposal, please take the following points into consideration:

- Certified Athletic Trainers are a valued member of the health care professional team. Our job consists of prevention and care of acute and chronic injuries. Rehabilitation plays a major role in caring for our athletes and helping them to have a speedy and sufficient recovery. Although our job description is not solely rehabilitation, it is a crucial aspect of caring for the athlete. Therefore, the NATA exam tests an individual in their proficiency of proper and current rehabilitation techniques before allowing them to be certified.
- Athletic trainers have an advantage over other health professions in that we have experience in many different job environments. Athletic trainers are found in high school and college institutions, corporate companies, physical therapy clinics, and professional sports teams. Therefore, we have the knowledge and experience to deal with all different types of injuries and people of all ages. This is what makes the athletic trainer a very holistic member of the medical team.
- The education required for an individual to become an ATC is very similar to that of a physical or occupational therapist if not more intense. According to the federal government, the preparation that an athletic trainer undergoes is rated as equivalent if not more intense than that of a PT, PTA, OT, and OTA. Before becoming certified, the athletic trainer must complete courses such as: Prevention and Care of Athletic Injuries, Anatomy and Physiology, Structural Kinesiology, Evaluation and Assessment, Modalities, and Rehabilitation Techniques. Also, ATCs are required to complete a certain amount of CEUs in order to stay certified. This helps ATCs stay up to date with new techniques in the health care industry.

In closing, if it is the desire of CMS to provide quality health care for individuals, then it is advantageous to employ a certified athletic trainer in physical therapy clinics and physician's offices. Athletic trainers are equally educated and have experience with several different environments and the injuries typical to that setting. It would be in the best interest of CMS and the patient to refute this proposal.

Sincerely,

David Graeff
2001 Alford Park Drive
Kenosha, WI 53140
Box 471

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

As a student in a 6 year Masters PT program I am much in favor of the 'Therapy incident to' revisions for several reasons. These revisions will help preserve the integrity of the PT profession. To become a PT it is mandatory that one have a masters degree as well as a license to practice. The level of schooling required is extensive in the physical function of the human body and understanding normal/ pathological conditions. Allowing non-PT medical staff to practice and bill as PT is a disservice to the patient first and foremost, and to the general medical community as well.

PT's are highly trained professionals who are able to effectively evaluate, and treat patients with a variety of diagnoses. When non-PT's with insufficient information and education begin administering treatments there is poor regulation of treatment efficacy and cost-efficiency. This will lead to poor timely treatment of a certain condition which will increase healthcare cost due to poor PT care. The increase cost from poor PT interventions provided by a non-PT will also decrease individual therapy benefits under the \$1500 Medicare cap. Non-PT's do not have the training to determine the best, most cost effective treatment. This could be detrimental to the care of a patient with ongoing therapy goals and needs. The revisions will also help maintain a certain level of care across the board.

Thank you for consideration of my comments, and I hope they help you to make a sound decision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attachment.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly urge you to pass the incident to law as this will protect the public from potential harm by untrained and uneducated personell. Additionally this will reduce the abuse by medical physicians from performing unskilled and over perscribed therapies.

Submitter : Mrs. Kara England Date & Time: 09/23/2004 06:09:36

Organization : AMTA

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 physicians prescriptions or under their supervision

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Re: Proposed Medicare & Therapist Policy

Without having read the Medicare & Therapist Policy, but having knowledge of its exclusion of Massage Therapists as instrumental to doctors in treatment of patients, I offer these comments. I disagree strongly with the policy's non-inclusion of Massage Therapists as key players in the health profession. I fail to understand your logic for excluding Massage Therapists as credible contributors. Please reconsider the policy language before putting it into practice. There is much room for both the Physical Therapists and the Massage Therapists in the health profession.

Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We are urging you to NOT PASS this policy whereby a physician can only refer 'incidents to' services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription. I'm beginning to think that the Chiropract and physician community are taken aback at how many people are choosing massage therapy and they want to grab hold of the market to their financial advantage. They are forgetting thier oath and obligation to maintain the wellbeing of society. Massage therapy is older than 6,000 years and it is still around becuae it works! No health care provider can provide better care to a patient in regard to massage therapy other than a therapist who specializes in this field and has recieved exclusive education in it. Speaking analogously, no physician can provide better care to a patient with heart problems than a Cardiologist. Physical therapy is it's own specialty and massage therapy another. Thank you.

Yamil Sarabia, LMT, EMT-CC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please accept the attached documents for comments on CMS-1429-P on behalf of the National Association of Chain Drug Stores (NACDS).

CMS-1429-P-3383-Attach-2.doc

CMS-1429-P-3383-Attach-1.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please continue to allow all qualified health care providers to service patients with prescriptions or under the physicians supervision.

Submitter : Mrs. Valencia Hill Date & Time: 09/23/2004 06:09:29

Organization : Mrs. Valencia Hill

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I request that you 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

Issues 20-29

THERAPY - INCIDENT TO

1. I am opposed to proposed changes to "incident to" billing regulations.
2. I support recognition of Certified Athletic Trainers as providers of rehabilitation services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 23, 2004

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

Re: Therapy ? Incident To

Dear Sir/Madam:

As a 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 certified athletic trainers, 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,

Candice Ostendorf
Senior Athletic Training Student
University of South Carolina

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I do not support this revision making PT's the only health care professionals allowed to provide medically related care to physician's. I have been practicing massage therapy for just over ten years and heard from client after client about the benefits of massage in their lives / with their recovery. Many of these same people have completed rounds of physical therapy, with their bodies still requiring additional care in the form of massage and other modalities, which provide a level of care unmet by surgery & physical therapy. The benefits of massage (and other unsaid modalities, ie. chiropractic, cranial sacral therapy, and others) should not be shut out at a time when an increasing number of patients are turning to it, indeed requiring it for more optimal rehabilitation and quality of life. If Medicare withdraws coverage---and therefore acceptance of a whole population of healthcare providers, it will be a huge step backward for our entire medical community both for providers and those persons we have dedicated our lives to provide our services to: our patients and clients.

Submitter :

Date & Time:

09/23/2004 06:09:04

Organization :

Category :

Physical Therapist

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

THERAPY - INCIDENT TO

I have been a licensed physical therapist for 11 years and have worked in both private outpatient physical therapy clinics and a rehabilitation hospital. I am also a physical therapist educator and hold both a masters and doctoral degree in physical therapy. I strongly believe that physical therapist's are the most qualified individuals to provide physical therapy service to Medicare clients/patients. I strongly support the proposed rule that would require physical therapy services provided in a physicians office ?incident to? a physician?s professional services be furnished by personnel who meet certain standards. Specifically, licenses physical therapists and physical therapist assistants functioning under the supervision of a physical therapist. This means that individuals providing physical therapy must be graduates of an accredited professional physical therapist program or must meet certain grandfathering clauses or educational requirements for a foreign trained physical therapists.

Medicare should only reimburse physical therapy services when provided by licensed physical therapists and physical therapist assistants.

The physical therapy profession continues to require higher and higher educational standards. Currently all physical therapy educational programs are at the masters or doctoral level. Allowing individuals to provide physical therapy services that are not physical therapists or physical therapist assistant?s will significantly decrease the level of care for the Medicare beneficiaries. These individuals will be receiving a substandard level of care and could potentially be harmed if poor decisions are made.

Medicare beneficiaries are at times the most challenging patients, due to their complicated medical histories in conjunctions with typical musculoskeletal injuries. A physical therapist has the educational background and clinical reasoning skills to determine the plan of care and modify this plan with the medical team as the patient progresses. If an unqualified individual with no educational background in physical therapy is allowed to take over part of this care just because they are in a medical practice the patient will be receiving a substandard level of care. The unqualified individual will not have the expertise to manage the patients throughout the treatment plan and make daily assessments of the patients needs. The Medicare beneficiary will not be receiving the best level of care and it will not be quality care. Poor care will only result in the patient requiring care by a qualified professional, the PT, down the road, thus increasing costs.

Thank you for your attention to this very important issue.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

IMPACT

IF THIS GOES THROUGH YOU WILL ELIMINATE THE FUTURE OF MEDICAL MASSAGE THERAPY AND THERAPISTS IN THIS COUNTRY, AS THE PRIVATE INSURANCE COMPANIES WILL FOLLOW YOUR EXAMPLE.

THERAPY STANDARDS AND REQUIREMENTS

As a provider of medical massage therapy to senior citizens and other people in pain and need of massage therapy, discontinuing your practice of reimbursing for licesned massage therapy will directly affect the lives of those who recieve and benefit from my work. At \$60.00 per hour, licesned massage therapists provide immediate and lasting pain and symptom relief for far less cost to the government than other healthcare providers...A precedent will be set if this goes through, which the private insurance companies will surely follow (as they have followed medicare policies in the past), effectively eliminating compensation for our work, and ELIMINATING OUR FUTURE IN THE MEDICAL INDUSTRY WE HAVE TRIED SO HARD TO MAKE STRIDES IN. Please, we provide a helpful service for fairly little money which provides long-lasting and immediate results. Often we

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I totally disagreed with Medicare eliminating any provider servicing and treating our community rather than PT's, because it is a shame that we as a licensed Massage therapist we are qualified and aknowledgeable to treat any patient with some medical conditions.Thank you very much.Carlos Diaz.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please so NOT pass this policy which allows physicians to refer "incident to" services only to physical therapists. Research has shown that other qualified healthcare professionals are beneficial in assisting patients in recovering from injuries, illness and disease. Furthermore, all qualified healthcare providers should be allowed to provide services to patients with a physicians prescription or under supervision.

Thank you.
Jeanette Flaig CMT, BS, MS.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I OPPOSE Medicare's proposed policy to eliminate any provider except physical therapists from providing "incident to" medical professional's services to patients. Massage is an ancient skill and practice, allowing the body to heal itself. When used in conjunction with medical professional services, massage is proven to sustain chiropractic manipulations, soothe tension for needed rest, enhance athletic performance, shorten rehabilitation time from injuries, as well as reduce over all pain and irritability. More and more today, the public is focused on wellness, and searching for natural cures and methods toward a healthful lifestyle. Massage is the least invasive and most natural of therapeutic modalities. To disallow massage therapy in conjunction with professional health care would be a disservice to the public, young and old.

Submitter : Mrs. Joanne Heinz Date & Time: 09/23/2004 06:09:49

Organization : American Polarity Therapy Association

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I want the freedom to choose how to care for myself in as many different ways as are good for me.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

In all areas of industry, health care, education and even government we have found that inorder to have maximum effectiveness with limited resourses we have to form patnerships. In smaller rural areas the coverage of athletic teams has become acute, especially has physicals per capita decreases. Using PTs as athletic trainers on a shared basis is a way of life. We either continue to follow this practice and assure adequate care or we provide inadequate care which in turn will continue to exasperate the health care crisis that we have and are now experiencing. No question we are being penny wise and dollar foolish. Sound familar when we allow the tail to wag the dog.

J. Scott
Head Football Coach
Aurora University

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

PRACTICE EXPENSE

See Attached Word File for Comments

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Thank you,

Terese Sartino-Dreger/Alternative Day Spa

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I have run the Vermont School of Professional Massage since 1989 and have been licensed by the Ohio State Medical Board for the limited practice of massage since 1980. I have worked with Medical Doctors, Chiropractors, Osteopaths, and Physical Therapists practicing Massage Therapy. My students are trained in a 765 hour program in Professional Massage. They learn in depth anatomy and physiology, pathology, and massage therapy. Our training is extensive. We as health care professionals need to be included as providers of Massage Therapy and other Touch Therapies.

I request that you consider my statement as you look at eliminating any provider except physical therapists from providing "incident to" medical professional's services to patients, that you do not exclude trained massage therapy professionals. I thank you very much for listening to my comment.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Absolutely not... this would not benefit anyone, but hurt patients

Submitter : Mrs. Mary Stewart Date & Time: 09/23/2004 07:09:01

Organization : Camelback High School-Athletic Trainer Certified

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

CARE PLAN OVERSIGHT

Athletic Trainers set up a plan for prevention & rehabilitation on every athlete or person we evaluate. The doctor's have the final approval on everything.

Working as a team charts, plans, and concerns are discussed daily.

IMPACT

Not recognizing Athletic Trainers as part of the health care profession, will only delay quality care and the speedy recovery of patients. Possible even increasing the expense to the insurance companies, due to longer rehabilitation time.

I encourage CMS to take a closer look at Athletic Training. We are highly educated health care providers trained to perform services and duties needed by the public.

THERAPY - INCIDENT TO

My response to the CMS identifying who they feel is qualified to charge for Evaluation and Therapy services.

I am a Certified & Licensed Athletic Trainer, with my MA degree in Kinesiology. I have been employed for 6 years in Arizona with the Phoenix Union High School district. I am educated & skilled to prevent, evaluate, manage, and rehabilitate injuries sustained by athletes and active individuals. I do not charge for my services, however, I have worked in physical therapy clinics where I performed the same services that were charged and billed.

CMS deciding who is qualified is ABSURD!. If this issue is passed, you will create a BIGGER shortage of qualified health care professionals, the public needs. I feel CMS needs to educate themselves in my world of ATHLETIC TRAINING. We are highly educated. We are responsible for Olympic, Professional and college sports teams, as well as high school teams. We belong and are part of a doctor's medical staff. They wouldn't put their medical license behind an Athletic Trainer if we weren't educated and experienced.

THERAPY STANDARDS AND REQUIREMENTS

Athletic Trainer's Bachelor of Science college courses:

- Anatomy,
- Physiology,
- Kinesiology,
- Exercise Physiology,
- Biomechanics,
- Modalities,
- Athletic Training,
- Injury Prevention and Evaluation,
- Taping and Bracing Techniques,
- Rehabilitation: Acute and Chronic,
- Sports Psychology,
- Nutrition,
- Neurology,
- Training Room Hours: 1800 or more experience.

Then upon graduation ATCs must take a national exam: Practical, written, and simulation. They must PASS ALL 3 SECTIONS.

Most ATC even go back to school and get their MASTER's degree. Becoming a Certified Athletic Trainer is not easy. We are very valuable to the

medical field and it would be ashame for CMS to not realize how much we can help them out.

THERAPY TECHNICAL REVISIONS

Athletic Trainers are medical professionals that know there limits. You wouldn't ask a dentist to work on your back, just because he is a doctor. Every health care provider has their education and skills they are trained to perform. Athletic Trainers are no different. All we are asking is that you recognize our profession and allow us to continue our role as an educated, experience, and qualified medical provider.

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. I have worked on people that did not get relief/improvement from Physical Therapist treatment. If you limit their care you will eventually pay more in drug therapy.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We strongly encourage 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.

Thank you for your help!!!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I have been made aware that CMS has misclassified Santa Cruz County, California, as "rural" based on an outdated map drawn in 1967. This classification MUST be revised immediately to "urban" in order to provide Santa Cruz County with adequately reimbursed medical care. Santa Cruz county abuts Santa Clara County ("Silicon Valley") and contains considerable high-tech and other business, and has currently one of the highest median home prices in the country (\$630,000). Such home values do not describe a "rural" area, and indeed indicate that medical practitioners here face living expense comparable to New York City, San Francisco, and Washington, D.C. Any perpetuation of this obsolete and inaccurate "rural" designation will serve only to limit the availability of medical care in Santa Cruz County. I urge CMS to rectify this long-standing wrong by immediately revising Santa Cruz County's status to "urban".

Submitter : Mrs. Wendy Hart Date & Time: 09/23/2004 07:09:59

Organization : UPMC Sports Medicine

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

On behalf of Marshfield Clinic, we would like to briefly comment on the August 5, 2004, Federal Register proposed rule 'Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005'. Marshfield Clinic is a 735 physician, tertiary care, physician-lead multi-specialty group practice, serving patients irrespective of their ability to pay from communities in northern and central Wisconsin.

In the rule, CMS states that changes in the rule are proposed to ensure that that our payment systems are updated to reflect changes in medical practice and the relative value of services. The following comments are submitted in the spirit of assisting CMS to adhere to this high standard.

Issues 1-9

GPCI

Please see attachment for our comments on GPCI

SECTION 303

Please see attachment for our comments on Section 303 and additional Excel spreadsheet

SECTION 611

It is commendable for CMS to provide additional preventive coverage for the Medicare population with the new Initial Preventive Physical Examination. However, it would be helpful to have a few areas addressed in regard to this new service.

Payment for Initial Preventive Physical Examination - basis for payment

The proposed 'G' code includes an electrocardiogram while other preventive services performed on the same day may be separately billable.

In many medical clinics, it is common to have the either the professional component or the global EKG service performed by a Cardiologist and not by the physician providing the E/M service for the patient. Other clinic's may send the patient to a separate facility for the EKG. In either case, it would not be appropriate to allocate the fee and work RVU's associated with the EKG solely to the physician or provider performing the preventive physical exam.

We recommend that the electrocardiogram not be included in the fee for the 'G' code but rather allow for separate reporting on the same day. This will allow for proper fee and work RVU allocation of the services provided.

Payment for Initial Preventive Physical Examination - Evaluation and Management (E/M) Service

When a medically necessary E/M service is performed on the same day as the initial preventive physical exam, the proposed language states that the E/M service may be no greater than a level 2.

In our practice, we have found that many Medicare patients have one or more chronic or acute medical conditions that require management. The history, exam and complexity of these problems may result in the E/M service supporting a level 3 or higher.

We recommend that a medically necessary E/M service performed on the same date as the 'G' code not be limited to a level 2. Rather, the policy should indicate that if a medically necessary E/M service is warranted, the documentation should support the level of service charged.

SECTION 613

We appreciate the proposed coverage for diabetic testing, and we fully support the mandate. We agree with the proposed definition of 'pre-diabetes' and coverage of two diabetes screening tests within a twelve-month period.

We suggest that 'family history of diabetes' be defined as: persons with Type 2 diabetes in one or more first or second-degree relatives. We favor this wider definition due to the increased incidence of obesity in recent years.

CMS-1429-P-3405-Attach-1.pdf

CMS-1429-P-3405-Attach-1.pdf

CMS-1429-P-3405-Attach-1.pdf

CMS-1429-P-3405-Attach-1.pdf

CMS-1429-P-3405-Attach-1.pdf

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

IMPACT

Chiropractors adjustment is not in any way complete without improved muscular support and money, time and health might be wasted otherwise. I also see excellent result on HIV patient with energy massage??as it reduces her anxiety and increases her ability to fight HIV with improvement in her immune system and power of will to live ?.mother of three. Commonly known lower back, neck and shoulder pain can not be treated (or should not be treated) with medication only since massage is first thing I do, advocate and apply to my friends, family and coworkers in these cases.

THERAPY - INCIDENT TO

massage therapy

THERAPY STANDARDS AND REQUIREMENTS

Massage therapy is extremely important modality that must be accessible and affordable to USA citizens.

Submitter : Mrs. Pamela Mohle' Date & Time: 09/23/2004 07:09:25

Organization : Mrs. Pamela Mohle'

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I have been made aware that CMS has misclassified Santa Cruz County, California, as "rural" based on an outdated map drawn in 1967. This classification MUST be revised immediately to "urban" in order to provide Santa Cruz County with adequately reimbursed medical care. Santa Cruz county abuts Santa Clara County ("Silicon Valley") and contains considerable high-tech and other business, and has currently one of the highest median home prices in the country (\$630,000). Such home values do not describe a "rural" area, and indeed indicate that medical practitioners here face living expense comparable to New York City, San Francisco, and Washington, D.C. Any perpetuation of this obsolete and inaccurate "rural" designation will serve only to limit the availability of medical care in Santa Cruz County. I urge CMS to rectify this long-standing wrong by immediately revising Santa Cruz County's status to "urban".

Submitter : Mrs. JANET YARD Date & Time: 09/23/2004 07:09:36

Organization : SINGH

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

The list of drugs that CMS posted the first ASP figures, over 80% of those drugs our practice would be by paying more than what we would be reimbursed. No good business would purchase a product for more that what they would get reimbursed for. Also, as far as the practice expense, Chemo regimens given today are far more complex. Special tubing, needles, filters, gloves, gowns, cleansers are needed. Patients have to be monitored more frequently, IV pumps are needed to administer chemos. Hepatic pumps and cadd pumps are very time consuming. Waste bins and pickup are very costly to a practice. Emergency drugs and oxygen must be kept on hand. The list goes on and on. A lot of items that are needed to administer chemo are not even billable, they are considered supplies.

If these cuts in payment are enacted, we will be forced to send our Medicare patients to the hospital. This will be such an inconvenience to patients. Our staff even helps procure rides for our patients through various sources. We also employ a full time person to help patients apply for assistance for drugs if they have no insurance or limited benefits. We accept Medicaid and no insurance patients, we will no longer be able to do this. We are not asking CMS to supplement these patients, but with the cuts our practice will be forced to also cut in all areas.

Issues 1-9

PRACTICE EXPENSE

The practice expense for an oncology clinic is astronomical. There are so man items that are needed to administer chemo. OCN nurse, supplies, special tubing, needles, some chemos require special filters, iv pumps. Mixing the drugs alone, special gowns, gloves, hoods (that need to be maintained and inspected), special waste bins need to be ordered, and a toxic waste management service pickup for the bins to be disposed. Blankets, pillows, snacks are offered to patients, sometimes chemo takes up to 8 hours to adminster. Patient teaching and educational materials are made available. Shredders are needed, analyzers for the blood machines, special controls for the blood machine. Special cleansers are need for the chemo hoods and chemo clinic. Spill kits kept on hand, emergency drugs also kept on hand. Not to mention charts to be made a nurse co-ordinator to answer patient calls. Maplpractice to be paid, rent, utilites, taxes the list goes on and on. Health insurance is offered to employees. If these cuts do take place the office will be forced to drastically modify in all areas.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not pass this policy that allows physical therapists service. Patients often need other health care providers with a physicians prescription.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

please see attached document

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

To whom it may concern,
This comment is in regards to the attempt of Medicare to eliminate to respect, value, and integrity of the Position of Certified Athletic Trainer. In order to become a Certified Athletic Trainer one must accomplish 4 years of College level education from a National Accredited Programm, pass a very in-depth national exam, and become liscensed in the state in which they practice. The amount of experience, education, and training of an Athletic Trainer Certified out-weighs any other curriculum of only two years at a Community College (i.e. PTA's). This note is not to bash any other organization or credential. This note is to ask for the respect that the profession of Athletic Trainer Certified so truly deserves. We are Professionals, we are capable, we are willing, and we are real. Let us work with you in allowing for the best and unconditional treatment of patients. Thank you for your time.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a Hellerwork Structural Integrationist I do not directly treat diseases, but have provided alignment and relief from structurally distorting tension that has resulted in the body healing itself, often of conditions that have baffled allopathic medicine. For example, one of my clients, blind from birth, had lost feeling in her reading hand. The neurology specialists said there was nothing they could do for her and her life was stopped. She came to me and I worked out the lifelong tension in her neck, arm, shoulder and hand, and feeling returned, allowing her to return to productive life. I have had a doctor report that passing on my exercises allowed her to get patients off chronic pain medications.

Not all conditions are cured by drugs or surgery. It doesn't take a Physical Therapist to do my work with the soft tissues, non-invasive, with little down side or risk associated. It seems the future of health care, not something to take out of play now when we are nearly at the end of resources to provide relief from painful conditions that most people experience at some time in life. This work is very efficient at effecting the source of problems, not just covering up the problem by managing the symptoms with the added risk of side effects from medications.

Please consider allowing qualified massage and Structural Integration professionals to work and be paid along side the medical field that could use our support and skills in their practices.

Submitter : Mrs. Jeanette Phillips Date & Time: 09/23/2004 07:09:08

Organization : Mrs. Jeanette Phillips

Category : Health Care Provider/Association

Issue Areas/Comments

Issues 20-29

THErapy - INCIDENT TO

I strongly DISAGREE with the proposal to allow only PT's to work with and under physicians. I think this would be detrimental to the clients health and their right to choose what type of therapy works best for them. I believe that there are MANY types of therapies that will help with any given illness or injury and to force a client to receive a type of therapy that may not be in their best interest and to force them not to see a therapist that could help them is very ignorant on your part. We live in a day and age where clients and patients are educated and should have control over their medical treatments. Not only would this bill hurt thousands of patients, but it would also hurt thousands of therapists. There are so many therapias out there that are less expensive and more effective than physical therapy. Someday you may be in a position where you will want the right to choose which therapy works best for you. After all, you live in your body, only you can experience what works for you. It is ludicrous to believe that one therapy can help every single person and injury. Thank you for your consideration on this very important matter

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I oppose limiting health care provision coverage exclusively to Physical Therapists. It is my belief all QUALIFIED, TRAINED AND CERTIFIED alternative health therapists should be allowed to provide health care under a doctor's prescription or care. The Sept. 27th issue of Newsweek highlights the body-mind connection. Throughout this issue there is supporting data of therapies outside the realm of physical therapy which enhance well-being and facilitate recovery. The proven costs to the medical provider are far less than exclusive traditional allopathic treatment.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 23, 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 !V 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:

?h 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.

?h 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.

?h 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.

?h 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.

?h 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.

?h 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 past 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,

Matthew Munjoy ATC/L
 3661 N. Union Street

Decatur, IL 62526



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Don't pass this policy whereby a physician can only refer "incident to" services to physical therapists.

I work with a number of elderly persons who find my therapy effective and affordable. Please allow all qualified health care providers, like myself, 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 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 physicians 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.

As an Athletic Trainer, I work closely with physicians and their patients. Because of my skills, training and education, I am able to provide injury care, rehabilitation and prevention. Being able to do this at the same time the patient sees the physician provides continuity to their care. It strengthens the message of self care responsibility because their physician is right there supporting them. If that patient needs further rehabilitation, they are referred on for that service.

Billing incident to allows patients to receive more information and early intervention regarding their health care from qualified allied health providers, (Athletic Trainers). Working with physicians in this matter is not new to athletic trainers. Athletic Trainers provide physicians and their patients with value added services that reduce overall health care costs by treating underlying causes early, thereby reducing unnecessary rehab treatments later. Athletic trainers are able to help patients recognized the benefits of physical therapy and encourage them to continue treatment so that self care prevention measures are followed through.

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. This CMS recommendation is a health care access deterrent.

Sincerely,

Marielle Gatenby, MA, ATC/R
4234 90 street- Glencoe, MN 55336

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

? A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered.

? 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.

? To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide ?incident to? services would improperly provide those groups exclusive rights to Medicare reimbursement.

? CMS, 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.

? 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 deterrent.

John J. Smith, Athletic Trainer University of Delaware

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please accept this note of opposition. You are limiting health care access without regard to the range of specialists who might be called upon to see patients. By setting a limitation, you will decrease quality of care and potentially drive up costs (limiting competition.) Today, when we try to control costs by pushing tasks down to the lower levels (such as tasks previously assigned to RNs pushing down to LVNs, and then to PCAs), it does not seem prudent to set policy that prevents matching the appropriate provider and level of care with the needs of the patient.

Submitter : Mrs. Alice Buckendahl Date & Time: 09/23/2004 07:09:57

Organization : AMTA

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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 1-9

PRACTICE EXPENSE

I have practiced as an RN certified in Oncology for 12 years. It is a constant struggle to provide the care my patients need and help my employer control cost. Frequently we are at risk because of deficits in reimbursement from Medicare for administration of medication and supplies. I understand that the tax payer cannot afford to pay uncontrolled amounts of money and that we are in a crisis but making it even more difficult for patients to get their care is not the answer. Even though the amt paid for administration and expense has been increased, the cut in drug reimbursement will literally kill community based cancer centers which in effect will literally kill many patients. Many of my patients are not physically able to make the trip that would be required to go to a cancer center in a larger city. Many could not afford the cost of travel or do not have a way to travel the distance even if they are physically able. Your attention to these issues NOW is essential. We are told that it is not the intent of Congress to limit access to care but in effect that is what will happen. Thank you for your time.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 23, 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 !V Incident To

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

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?h 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.

?h 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.

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?h 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 past 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,

Stephanie Bandy
 1135 W. Wood, 908

Decatur, IL 62522



Submitter : Mrs. Renee Baumgartner Date & Time: 09/23/2004 07:09:59

Organization : Earth Touch, LLC

Category : Other Health Care Provider

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I think other Health Care Providers other than PT's should be allowed to provide care/services related to physician's patients. I provide CranioSacral Therapy and SomatoEmotional Release Therapy as a Certified Massage Therapist. I believe I am as valuable to a patients' care as a PT.

Submitter : Mrs. Tonda Allen Date & Time: 09/23/2004 07:09:17

Organization : Licensed Massage Therapist

Category : Health Care Professional or Association

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 should be allowed to provide services to patients with a physicians prescription or under their supervision. Thank you for your consideration, I have almost 700 patients and 95% are referrals from physicians who rely on me and trust in my care. These same patients did not get better with physical therapy. Thanks again, Tonda G. Allen, LMT - Tonda's Healing Hands

Submitter : Mrs. Irene O'Loughlin Date & Time: 09/23/2004 07:09:00

Organization : The Women's International Support Environment

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am writing in reference to the Medicare Post PaymentAusits: Common Sense Doesn't Apply.

I work as the billing and accounts manager at The Women's International Support Environment. The clients we get here come to us to get their mastectomy and lymphedema supplies that they need. Most of them do not have an immediate way to come to us for thier supplies. They have to rely on others to bring them in for their fittings and supplies.

It does not make any sense that Medicare would do an audit on the prescriptions and have us refund the payments back to medicare. After we would supply the items and then have to refund the money this would not be cost effective.

In the meantime the customer wears the items and we are out of the money and our business would most likely go under. We would not be able to stay open with this type of audit being done.

As of now we are to under stand that the prescription is good for one year from when it's written. As I mentioned many of our customers are not able to come into our facility to get their supplies for more than a month or they forget; and then come in much later on.

Please think again about doing these audits or make it known that the prescriptions are not accepted after 30 days. This will make this very confusing to our customers no matter what age they are. This can also lower the quality of life for the patients if they were not able get their supplies as they need.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am in strong support of the \$0.05 per unit fee to cover the costs and services related to furnishing blood clotting factor to Medicare hemophilia patients. Although I am only a consumer (a hemophiliac), the fee would definitely help me and other members of the bleeding disorder community in that health care providers (not hospitals) are responsible for a large part of our program funding. Moreover, it is imperative that there be a strong economic incentive to provide the necessary quality of care to people with bleeding disorders.

Submitter :

Date & Time:

09/23/2004 07:09:05

Organization :

Category :

Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

I am a physical therapist working in the NYC area and am strongly in favor of preserving the services provided by physical therapists. Encroachment of our field by non-professionals will severely devalue the credibility of the physical therapy profession. I agree with the position of CMS to limit the services provided in physicians offices concerning physical therapy services only be provided by licensed physical therapy professionals. Thank you for your consideration of my comments in this manner. Thank you, James V. Cooper, Lutheran Medical Center.

Issues 20-29

THERAPY - INCIDENT TO

I am a Physical Therapist practicing for 23 years in New York State. I practice in a Hospital and outpatient setting. I am writing to respond to the "Therapy-Incident To". The purpose of my comments is to comment on the August 5 proposed rule on "Revisions to Payment Policies Under the physician Fee schedule for 2005".

Cms has proposed that individuals who furnish outpatient physical therapy services in physicians offices should be licensed Physical Therapists or Physical Therapy Assistants under the supervision of Physical Therapists. The above individuals should be graduates of accredited professional Physical Therapist education program.

As a practitioner I feel this is so important because I have treated patients in the past who have received services from "unlicensed people". The patients did not improve, were dissatisfied, sought additional treatment, resulting in increased costs to the health care system. There is a reason why professionals are licensed to practice, and that reason is to assure the public that when you seek help you are receiving from a competent individual. In the interest of public safety, cost containment, and ethical practice; I support CMS' proposal.

I thank you in advance for your support and consideration of this issue.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a physician writing to express my concern over the proposal which would limit both the provider group eligible to perform therapy incident to services rendered in physician offices and clinics and the current ability of physicians to exercise judgment in delegation of incident to services. This proposal appears to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.

"Incident to" has traditionally been utilized under the Medicare program to allow physicians to supervise directly services which are provided to patients by other qualified individuals. There have never been any limitations or restrictions placed upon the physicians in terms of whom he or she may utilize to provide any incident to service. Medicare and private payers have always relied upon the professional judgment of physicians to determine who is qualified to provide a particular service. It is imperative that physicians be permitted to continue to make decisions regarding who renders services to patients under their supervision and legal responsibility. This proposal sets a precedent which could have far reaching consequences upon the practice of medicine. Please reconsider implementation of this proposal.

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 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 physicians 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 physicians choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.

As an Athletic Trainer, I work closely with physicians and their patients. Because of my skills, training and education, I am able to provide injury care, rehabilitation and prevention. Being able to do this at the same time the patient sees the physician provides continuity to their care. It strengthens the message of self care responsibility because their physician is right there supporting them. If that patient needs further rehabilitation, they are referred on for that service.

Billing incident to allows patients to receive more information and early intervention regarding their health care from qualified allied health providers, (Athletic Trainers). Working with physicians in this matter is not new to athletic trainers. Athletic Trainers provide physicians and their patients with value added services that reduce overall health care costs by treating underlying causes early, thereby reducing unnecessary rehab treatments later. Athletic trainers are able to help patients recognized the benefits of physical therapy and encourage them to continue treatment so that self care prevention measures are followed through.

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. This CMS recommendation is a health care access deterrent.

Sincerely,

Nathan Tellers 8865 Tellers Road Chaska, MN 55318

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

We respectfully request that CMS designate San Antonio as a separate payment area (distinct locality), or consider the San Antonio-Austin metroplex as an identified as a state region, and recalculate the artificially low GPCI values for this locality using current statistical and demographic data in order to bring San Antonio to a payment level comparable to the payment levels of other equivalent metropolitan areas in Texas. (please see attachment)

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

see attachment

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 send/refer "incident to" services to a physical therapist. All qualified health personnel should be allowed to provide services under a physicians supervision and/or perscription. We are a very beneficial component of the care and healing process of the client /patient in the hospital, clinic, office, & home care facilities. Again, we beg you not to pass this policy. Thank you. :)

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

see attached letter

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

GPCI

PLEASE MODIFY THE SANTA CRUZ COUNTY GPCI LOCALITY (CURRENTLY 99) TO REFLECT THE TRUE PRACTICE COSTS HERE, WHICH ARE OVER THE 5% THRESHOLD OVER THE NATIONAL AVERAGE. The situation in Santa Cruz County, California is in crisis because the RATE for the GPCI is WRONG here! Santa Cruz was assigned to Locality 99, which no longer reflects true medical practice costs in this area. Santa Cruz exceeds the 5% threshold (105% rule) over the national 1.00 average! Doctors are leaving the county or refuse to take Medicare because reimbursement is so far below their costs. I have lost several doctors because of this (they opted out of the system) and I am not able to receive the care I should near where I live. I have to drive an hour and a half to see one of my doctors, who is willing to see me on Medicare. Please help me, as a consumer, to receive the medical care I need in my own community. Neighboring Santa Clara County, Locality 9, receives 25.1% for the same medical services. Their practice expenses are more on a par with those of Santa Cruz County. Please rectify this situation by CHANGING THE GPSI LOCALITY GROUPING FOR SANTA CRUZ COUNTY.
Thank you for considering my concerns. Barbara Murray, Medicare Recipient

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

with the proposed changes to the 2005 fee schedule for physician, it would greatly impact oncologist and the reimbursement on oncology drugs. we understand that the cost of chemotherapy drugs are very expensive, but the cost comes from the drug companies. we have to pay the high cost of buying the drugs to administer to the patients. if our fee are cut we could not bear the cost of obtaining the drugs for the patients. this plan would be detrimental to all oncologist office that provide chemotherapy services in there office, along with the employee's and their families

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly support CMS 's proposed requirement that physical therapists working in a physician's office be graduates of accredited professional physical therapist programs, and most importantly, be licensed to practice physical therapy. In the interest of consumer protection, I believe this is the most prudent and ethical avenue to take. My father, a Medicare beneficiary, recently fractured his ankle and required rehabilitation. Receiving rehabilitation (exercise, instruction with limited weight bearing, edema/swelling reduction, and mobility exercises) by a physical therapist who is knowledgeable about the human body, how it works and functions, and how complicating factors such as hypertension affect his tolerance is a relief to me. Knowing that he received care by the most appropriately educated and licensed provider allowed me to rest easy. As a physical therapist myself, I would expect that anyone receiving physical therapy is truly being seen by an educated, licensed physical therapist. If the person providing the service is not, then I believe there is no truth in advertising. In order to protect consumers, provide accurate information, and accountable and regulated services, it is imperative CMS's proposed requirements that physical therapy services provided in a physician's office incident to a physician's professional services must be furnished by a physical therapist who is a graduate of an accredited program and is licensed to practice physical therapy.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am writing in support of CMS-1429-P. The 'Incident To' provision in the proposed regulation ensures that patients receiving physical therapy will be treated by educated, trained and licensed physical therapists. We would never allow an individual without a medical degree to practice medicine, and we should not allow individuals without a physical therapy education to provide physical therapy care to patients.

In today's educational institutions, all accredited physical therapy programs are at a masters degree level with most progressing to a doctoral level. The extent of the schooling and internships require approximately 8 years to complete. After graduating, each individual must pass a state licensing examination prior to practicing in the field of physical therapy. This is the education level that each patient receiving therapy expects and deserves. It is this level of education and understanding that allows physical therapy to be beneficial, and most importantly, safe for the patient.

With the passing of this proposal, it will ensure each physical therapy patient will receive the highest quality care from the most highly trained professionals.

Thank you for your consideration in this matter.
Michael T. Radomski MPT

Submitter : Jon VonderHaar Date & Time: 09/23/2004 07:09:17

Organization : Jon VonderHaar

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

I am writing to express my concern over the recent proposal that would limit the providers of 'incident to' services in physician clinics. This proposal has been interpreted as both a 'clarification' of existing rules and a proposed rule change. The Centers for Medicare and Medicaid Services, in proposing this change, have not offered any basis or justification for this change in policy. Nor does CMS explain why its interpretation of section 1862(a)(20) has changed. The August 5 Federal Register announcement of a 'clarification' does not provide adequate notification of a change in agency policies, and therefore may not comply with the Administrative Procedure Act.

Longstanding CMS policy requires that all 'incident to' services be provided under the supervision of a physician. 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. The guidelines proposed in the August 5, 2004 Federal Register would have therapy services provided 'incident to' physician care be provided or supervised by a therapist. This is inconsistent with the 'incident to' rules that require that the physician supervise the service.

In many cases, the change to 'incident to' services reimbursement would render the physician unable to provide his or her patients with comprehensive, accessible health care. If physicians are no longer allowed to utilize a variety of qualified health care professionals working 'incident to' their services, it is likely the patient will suffer delays in health care, incur greater costs and face a lack of local and immediate treatment options. Many rural Medicare patients would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient. Such delays would also hinder the patient's recovery and/or increase recovery time, which would ultimately increase the cost of care.

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 determine who is or is not qualified to provide a particular service. A physician has the right to delegate the care of his or her patients to trained individuals (including registered kinesiotherapists) 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. It is imperative that physicians continue to make these determinations in the best interests of their patients. To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide 'incident to' services would improperly provide those groups exclusive rights to Medicare reimbursement. Such a change in policy could be construed as an unprecedented attempt by CMS to grant exclusivity as providers of therapy services. And as practice issues tend to be driven by reimbursement, mandating that only certain practitioners may provide 'incident to' care in physicians' offices could, de facto, improperly remove the states' right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services. This CMS recommendation can only serve as a deterrent to health care access. It is neither necessary nor advantageous for CMS to institute the changes proposed.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

On behalf of Marshfield Clinic, I would like to briefly comment on the August 5, 2004, Federal Register proposed rule "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005." Marshfield Clinic is a 735 physician, tertiary care, physician-lead multi-specialty group practice, serving patients irrespective of their ability to pay from communities in northern and central Wisconsin.

In the rule, CMS states that changes in the rule are proposed "to ensure that that our payment systems are updated to reflect changes in medical practice and the relative value of services." The following comments are submitted in the spirit of assisting CMS to adhere to this high standard.

Please see attachment for our comments on Section 305

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

We appreciate this proposed change in supervision requirements for psychology and neuropsychology services, and agree that this change will significantly reduce delays in testing, diagnosis, and treatment of patients.

CMS-1429-P-3440-Attach-1.pdf

CMS-1429-P-3440-Attach-1.pdf

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY STANDARDS AND REQUIREMENTS

Doctor's should be able to refer patients to Massage Therapists, rather than be restricted to other just medical professionals

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

i feel the cuts in medicare are going to cause private practice oncology physicians to send their patients to the hospital for chemotherapy treatment instead of treating them in the office...in the long run medicare is going to be spending more money by paying high costs at the hospital...

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Re: ?Therapy-Incident To?

To Whom This Matter Concerns:

The Centers for Medicare and Medicaid Services (CMS) published in the August 5, 2004 Federal Register, pages 47550-47551, a proposal that would restrict reimbursement of physicians for ?Therapy-Incident To? unless a CMS designated group of allied health providers were utilized. CMS regulations currently allow the physician the freedom to choose any qualified health care professional to perform therapy services at the physician?s office or clinic.

Dynamic Back & Neck Clinics -- a multidisciplinary practice that employs physical therapists, physical therapy assistants, as well as other health care professionals providing "Therapy-Incident To" -- believes that the physician is best equipped to make such medical decisions, and that such freedom serves the best interests of the patient.

Accordingly, Dynamic Back & Neck Clinics does not support this proposal or similar ones contained in the Medicare Program: Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005 (CMS docket # 1429-P). We believe the provisions, which will restrict the physician?s ability to determine the type of licensed or certified health care provider who administers ?Therapy-Incident To? services, could have a detrimental effect on the welfare of Medicare patients. We believe the health and well being of the Medicare beneficiary must be the primary consideration, and this proposal fails that test. Physicians and all other medical professionals authorized to order ?Therapy-Incident To? services should have the continued medical authority to determine proper care and treatment for the patient and to select the best available and most appropriate health care professional to provide that care, including in the area of ?Therapy-Incident To? services. Complex factors always affect a physician?s choice of the most appropriate health care professional to provide ?Therapy-Incident To? services in his/her office or clinic, and this medical judgment as to what best serves the interests of the patient should be maintained and not diluted by this proposal.

Submitter : Mrs. Debra Vierling Date & Time: 09/23/2004 07:09:27

Organization : Nat'l Assn of Nurse Mass. Ther., ABMP

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- whether nurse massage therapists, massage therapists, athletics trainers, physical therapists, or others- should be allowed to provide services to patients with a physician's prescription or under his/her supervision.

Submitter : Mrs. Shannon Scrivner,LMT,CMMMT Date & Time: 09/23/2004 07:09:45

Organization : American Medical Massage Therapy Assoc.

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a Certified Master Medical Massage Therapist I ask that you not pass this policy whereby a physician can only refer to "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. I feel that this policy would take the patient's and Physician's right to choose the Therapist or Health Care provider that they feel would be of most benefit. I appreciate your time and consideration in this matter.

Shannon Scrivner, LMT,CMMMT,NCTMB
1st Vice President Colorado State Chapter of the
American Medical Massage Therapy Association

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I belive this would be totally unfair for people on medicare. Most would have to go without services. There is more and more taken away from this class of population. I thought the president wanted to protect the needs for these people in need of services under medicare. More and more services are taken away. At the present the cost of medications are rising and if were not for medicare's assistance many would go without, and it is the same situation. It has been proven right down to the micro stimulators that massage is benifical and can have or speed up healing. Please do not let this happen. Do not take away anymore services for medicare recipients. STOP IT .. MASSAGE HELPS!!
MAHALO

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

SECTION 302

See attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

My name is Karen Malinowski and I am a Physical Therapist working in Brooklyn, NY. I am also the District Chairperson for the Brooklyn/Staten District of the NY Chapter of the American Physical Therapy Association. I wish to comment on the August 5th proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule." I strongly feel that there should be requirements for individuals who furnish outpatient physical therapy services in physician's offices. Anyone providing these services should be required to have graduated from an accredited professional physical therapy education programs. Interventions should be represented and reimbursed as physical therapy only when performed by a licensed physical therapist or by a physical therapist assistant under the supervision of a licensed physical therapist. I STRONGLY oppose the use of the unqualified personnel to provide services described and billed as physical therapy services. Lastly, I'd like to thank you for your consideration of my comments.

Sincerely,
Karen V. Malinowski

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly DISAGREE with the proposal to allow only PT's to work with and under physician. Not only would this bill affect thousands of patients, but it would also hurt thousands of therapists. There are so many therapies out there that are less expensive and more effective than physical therapy. Massage therapists have an important role in our health care.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY STANDARDS AND REQUIREMENTS

I am very much in favor of this measure as it certainly is taking the appropriate steps to ensure that patients are receiving therapeutic/rehabilitative care from professionals that are thoroughly trained to provide said care. While ATC's, rehabilitative nurses, and kinesiologists have their place in the health fields, they do not receive the training that PT's, OT's, and ST's have received in the rehabilitative sense. To be fair, therapists do not receive the same amount of on-the-field training that ATC's do and that should be left to the profession that would provide the best care for the patients/athletes. PT's, OT's, and ST's are able to provide the utmost quality of care for pt's in need of rehabilitation across the wide range of injuries, diseases, deficits, and conditions that occur to all ages. I think that it is very important to rid all ambiguity to give patients a clear understanding as to who is most skilled to provide the best care. Thank you for your consideration in this matter.

Submitter : Mrs. Katherine Warnecke Date & Time: 09/23/2004 08:09:07

Organization : Mrs. Katherine Warnecke

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

9/23/2004

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

Katherine L. Warnecke
972 Cliff Brook Lane
Columbus, OH 43228
Warnecke.24@osu.edu

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

Dear Mr. McClellan,

I am a second year student in physical therapy school at The Ohio State University. This is a master's level degree that requires 2.5 years of classroom and clinical experience after first obtaining an undergraduate degree and multiple prerequisites. Upon my graduation, I plan on working with our aging population in the area of stroke rehabilitation and other brain injuries.

The purpose of my letter is to comment on the 'Incident to' component of the proposed revisions. I feel strongly that physical therapists and physical therapist assistants under the supervision of a physical therapist are the only providers with the education and experience necessary to provide safe and effective physical therapy care. It is imperative that all physical therapists, regardless of practice setting, graduate from an accredited professional physical therapy program and also obtain state licensure.

As a current student, I know firsthand the rigorous education and training that students of physical therapy receive. Allowing unlicensed personnel to provide physical therapy care in a physician's office or any other practice setting is a dangerous proposition. Thank you for your continued efforts to protect and promote the health and well-being of our nation.

Thank you for your consideration of my comments!

Sincerely,

Katherine L. Warnecke

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Sir,
I fully support the changes outlined in CMS 1429-P regarding physical therapy procedures being performed in a physician's office. The educational level should be the same no matter where the patient is receiving the services. Physical therapists and physical therapist assistants under the supervision of physical therapists are the only practitioners who have the education and training to furnish physical therapy services. Unqualified personnel should NOT be providing physical therapy services and certainly our tax dollars should not be spent on services that unqualified personnel provide.

Taking this one step further, Medicare dollars are being spent on "aide" services being provided in a home yet the patient is billed for physical therapy services under the physicians provider number. The physical therapy service is not being provided by a qualified physical therapist, but someone who " massages or walks" a patient and it is billed as physical therapy procedure using the physician provider number. These are abuses and misleading services to the patients, and money being wasted on nonqualified personnel.

I support these changes and welcome any changes that will assure that services provided to the Medicare patients is of quality and performed by qualified personnel.

Respectfully,
David Herrington
MPTA

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. I am a licensed massage therapist and I have seen the tremendous benefits in relief of pain, increase in range of movement, and increased quality of life to patients who experience the benefits of massage therapy. Sincerely, Mia Turpel LMT Columbus, Ohio

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attachment



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attachment



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY TECHNICAL REVISIONS

I strongly wish to be able to work with or for medical doctors as a massage therapist.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

See attached.

CMS-1429-P-3456-Attach-1.pdf

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

SECTION 302

This section of the proposed regulation would create new standards for coverage of DMEPOS, including drugs and supplies. Because we operate in multiple states, we would prefer that conditions for clinical coverage for DMEPOS items, such as national prescription renewal requirements, be made nationally and simply administered through the DMERCs. This will reduce the level of variability among DMERCs, and allow for uniform procedures reducing our costs of participation. As a supplier, we must also rely on the prescription or order as evidence that the physician has complied with all the requirements relating to satisfying the conditions for ordering these products. Suppliers, such as pharmacies, cannot be expected to verify that the physician has in fact performed a face to face examination for the for the purpose of treating and evaluating the patient's medical condition, or whether the physician has created appropriate documents in his records.

RITE AID encourages CMS to eliminat the required insulin dependency code on prescriptions for covered diabetic supplies, such as test strips. Obtaining this code creates a significant amount of additional documentation and administrative issues for pharmacies in providing these products. No other third party payer requires such a code on their prescriptions for these supplies. We believe that the pharmacist can calculate the appropriate amount of product to be dispensed based on the physician's testing directions.

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 in support of not allowing the practice to continue where physicians may bill out physical therapy services under the incident to system. I am also an athletic trainer, and a physical therapist. I do not think it is appropriate that athletic trainers are treating medicare patients. The athletic training profession is designed to treat acute athletic injuries. I believe the "incident to" billing allows physicians to bill for services using personnel that are not qualified to provide the service. Thank you for allowing public input on this very important issue.

Submitter : Mrs. Jennifer Rocco Date & Time: 09/23/2004 08:09:38

Organization : Cambridge Physical Therapy Center

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

As a licensed physical therapist, I am appalled at the notion that anyone other than a licensed physical therapist or licensed physical therapist assistant would even be considered to be able to perform physical therapy services, or "rehabilitation" as many physicians and other health care providers like to say to get around physical therapists, and be reimbursed for such services. Most physicians are not physical therapists, and therefore they are not qualified to pass judgment on the needs of physical therapy for patients. That is why there are licensed physical therapists. Even more so, aides, athletic trainers, exercise physiologists, personal trainers, etc., are not qualified to perform physical therapy services, or physical medicine and rehabilitation services as per the AMA CPT Code guidelines. Athletic trainers are educated in assessing immediate injuries limited to athletic competitions. Their education does not cover extensively the rehabilitation of injuries and doesn't cover at all the rehabilitation of neurological, cardiac and other non-athletic related injuries. To allow them the full scope of being reimbursed for performing what is all reality, physical therapy services, no matter what anyone likes to call it, is doing a grave disservice to patients and insurance companies. Insurance costs are on the rise too much as it is already, and to allow unqualified and non-licensed personnel to perform such services will only cost the insurance companies more and even further increase insurance and healthcare costs to patients. To comment on aides, personal trainers, exercise physiologists, etc., being utilized to perform physical therapy services, is a waste of time as they don't have any formal education or training in "rehabilitating" patients that need physical therapy services. I speak from direct knowledge also as my husband was an athletic trainer and he agrees that an athletic trainers place is not in a clinical setting unless under the direct supervision of a licensed physical therapist. He feels patients are at increased risk for further injury or damage when being "rehabilitated" by an athletic trainer that is not supervised by a licensed physical therapist because they do not have the proper training, as he did not have, in rehabilitating patients with physical therapy services.

To allow anyone other than licensed physical therapists and licensed physical therapist assistants under the supervision of a licensed physical therapist, to perform, no matter what phrase or terminology is used, physical therapy services, is a danger to patients. Insurance companies and patient pocket books will also feel the effects as costs will rise due to faulty and increased treatments being performed, and healthcare costs will continue to rise in a day and age when we all need them to lower and become more affordable for all.

Thank you for allowing me to comment on this issue.

Respectfully,

Jennifer L. Rocco, LPT

Submitter : Mrs. Larisa Chapman Date & Time: 09/23/2004 08:09:55

Organization : Self-employed Massage Therapist

Category : Other Practitioner

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 : Mrs. Jamie Kohn Date & Time: 09/23/2004 08:09:44

Organization : Mrs. Jamie Kohn

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 under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

The proposed 2005 physician payment rate for IVIG of 106% of the volume-weighted average of the manufacturer's most recently reported average sales prices aggregated across all product brands is unacceptable. IVIG products administered depend on the patient symptoms and may require the infusion of a more costly product in order to achieve the desired effect and prevent a systemic reaction. The costs currently reimbursed allow for the cost of the ancillary items (i.e. IV administration set, sterile water for reconstitution, syringes, etc.) to be included in the charge. If the 106% was implemented, an additional charge would need to be implemented to cover these ancillary items.

Thank you for your consideration

Submitter : Mrs. Carol R. Cauthen Date & Time: 09/23/2004 08:09:50

Organization : Touching You, Inc.

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a physician writing to express my concern over the proposal which would limit both the provider group eligible to perform therapy incident to services rendered in physician offices and clinics and the current ability of physicians to exercise judgment in delegation of incident to services. This proposal appears to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services. "Incident to" has traditionally been utilized under the Medicare program to allow physicians to supervise directly services which are provided to patients by other qualified individuals. There have never been any limitations or restrictions placed upon physicians in terms of whom he or she may utilize to provide any incident to service. Medicare and private payers have always relied upon the professional judgment of physicians to determine who is qualified to provide a particular service. It is imperative that physicians be permitted to continue to make decisions regarding who renders services to patients under their supervision and legal responsibility. This proposal sets a precedent which could have far reaching consequences upon the practice of medicine. Please reconsider implementation of this proposal.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Dear Dr. McClellan:

I am writing to you regarding the proposed rule published by the Centers for Medicare and Medicaid Services (CMS) that included the "Revisions to Payment Policies Under the Physician Fee Schedule for calendar year 2005." More specifically, I would like to comment on the provisions governing "incident to" services and express my strong support that it be included in the final rule.

I would like to strongly support the CMS proposal that individuals who provide physical therapy services in physicians' offices must be graduates of an accredited program. As a recent graduate of a professional program, I am very aware of the differential diagnosis, pathology, and contraindications required to practice safely. The educational requirement of a professional program in physical therapy can not be taught "on the job".

I appreciate your time in reading this letter and allowing me to voice my concern.

Sincerely,

Jeffrey P. Dehn, MPT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a physician in a busy chronic pain clinic, i see a lot of people who are being treated for pain. some of these patiens only receive meds, some only pt, others only surgery. in our practice, we combine manipulation, injection therapy, massage therapy, and physical therapy modalities, as well as prescription medications for the overall care of these patients. in our practice, it is licensed massage therapists who combine traditional massage therapy with cranial-sacral therapy to care for part of the musculoskelatal, and neuromuscular systems of the patients. they have skills which are beyond that of the physical therapists who have seen these patients...from the neuromusculat reeducation standpoint. it is nurses and licensed medical assistants who provide physical therapy modalities such as ultrasound, stimulation, heat, and vaso to the patients. as medical assistants, their training and expertise is in treating this aspect of the patient. the physicans provide the medication, injection, medical, as well as manipulative treatments to the patient. physical therapists are great at what they do.....they provide therapy, strengthening, retraining, and education to the patients. we send our patients to physical therapists for this reason. the assistants and manual therapists who work in our office provide their services as a physical therapy modality. hands on is a modality, not one that should be limited to a physical therapist. that is like saying that only a pulmonologist should be allowed to listen to a patients lungs. that only a pulmonologist should be able to treat coughs, athma, and allergies. this is not only limiting a patients resources, but it is limiting the practitioners ability to best care for their patients. therapy modlaities are a part of all medical assistant training programs, and massage therapy programs. these people are well vesrsed in what they do, and are more than qualiftied to provide hterapy for patients who it is appropriate for. physical therapists are an integral part of the overall treatment and care of the aging and injured patient, but they are not the only part of it, nor should it be made a law that they are the only part of it. i welcome anyone to come visit our practice. our patients get the best care possible, they get better the quickest, and have the best quality of life and care.....why.....?...because it is a team approach.....

I encourage you to benefit, not hurt the future of medicine, by vetoing this proposed policy. we are all here for the patient, why should a policy be made which prevents the patient the most avenues of care?

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Physicians who are liable for the actions of third party billers must be dealt with fairly. Those physicians can easily be left out of the loop and face punitive action for investigating an employers/third party billers billing practices. I would request that it be mandated that physicians receive monthly reviews of account billed in their names.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Walter C. Gainey,A.T.,C.
320 West Springdale Road
Rock Hill, SC 29730

September 23, 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 addition, I am greatly disturbed by the unfortunate accusations by the APTA regarding the health care of Medicare patients in the United States. The APTA position concerning individuals who provide said healthcare, comes on the heels of a failed attempt to limit certain healthcare practioners, namely certifice athletic trainers, from providing proper physician directed treatment and rehabilitation in the clinical setting. The APTA claims that these individuals do not have the education necessary to provide said services. This accusation is totally inaccurate. Certified athletic trainers have extensive training in Anatomy & Physiology, Kinesiology, Human Kinetics and Motor Learning, as well as Exericise Physiology.

Interestingly enough, A.T.,C.'s are taught proper rehabilitation techniques, by physical therapists in the college curriculum programs. Secondly, many rehabilitation clinces employ physical therapy assistants, which provide much of the treatment and rehabilitation services for patients. This is billed under the guise of an acutal physical therapists.

A.T.,C's are highly qualified people who perform treatment and rehabilitative services for any patient. To regard our profession as uneducated in this field is totally without merit.

Sincerely,

Walter C. Gainey, A.T.,C.
Rock Hill High School

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I feel that this ruling would limit the Physician's right to delegate the case of his or her patients to training individuals whom the physician deems knowledgeable and training in the protocols to be administered.

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 physicians prescription or under their supervision.

Thank you,

Kelly Emmons, RN

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

The Education Section of the American Physical Therapy Association strongly support CMS's proposal to replace the requirement that physical therapists provide personal supervision (in the room) of physical therapist assistants in the physical therapist private practice office with a direct supervision requirement. Physical therapist assistants are educated to function within these parameters and are trained to supervise physical therapist assistant students within this capacity. This change will not diminish the quality of physical therapy services.

This change in supervision standard will not cause physical therapists to change staffing patterns. As licensed health care providers in every jurisdiction in which they practice, physical therapists are fully accountable for the proper delegation and direction of services. The majority of states have physical therapist/physical therapist assistant supervision ratio limits in their state laws or Board rules.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

The following comments are being submitted on behalf of the physician members of the Colorado Medical Society. In addition, we support and would ask that you consider adoption of the comprehensive comments that were submitted by the American Medical Association.

Issues 1-9

MALPRACTICE RVUs

We support the American Medical Association's (AMA) position that CMS should consider implementing the PLI RVUs on an "interim" basis until you have worked more closely with the medical community to ensure that this important (and volatile) component of the physician payment formula accurately reflects what is happening to malpractice insurance rates across the country.

PRACTICE EXPENSE

We appreciate CMS' review and acceptance of the majority of recommendations made by the Practice Expense Advisory Committee (PEAC), as well as the consideration given to comments from specialty organizations.

SECTION 303

We share the concerns voiced by the AMA regarding the availability of complete information on the proposed average sales price (ASP) for all impacted drugs. This information is vital in order for physicians to make appropriate business decisions regarding their ability to continue to provide these services in their offices for Medicare beneficiaries. It is our fear that the limited preliminary data will only lead physicians to believe that they will not even be able to meet their costs, and therefore cause more of them to send the patients to other locations for the necessary treatment (such as the outpatient department of the hospital). Because of this we would urge you to delay implementation of the ASP rates until physicians have had an opportunity to review all of the proposed drug payments and provide comments on them.

SECTION 413

The proposed rule does not include a list of the counties qualifying for the incentive payments under the primary and specialty care shortage area provision. This information is of interest to many areas of our state. Without timely publication of this information the goal of this provision - to help recruit and retain physicians in underserved communities - will not be met.

SECTION 611

We support the AMA's comments concerning the Initial Preventive Physical Examinations, and in particular we do not agree with the need for a new "G" code for this service. The initial preventive exam and any related testing should be coded under the existing CPT codes, based on the existing definitions and levels of service, with the appropriate "V" diagnosis codes. A complaint many physicians have had concerns the requirement that different codes be used for Medicare billings when appropriate CPT codes already exist.

Issues 10-19

DEFINING THERAPY SERVICES

Because of the substantial confusion surrounding the incident to provisions, including those related to physical therapy we recommend that CMS not implement the changes outlined in this proposed rule. Rather, for the purposes of continuity of care and patient access, we would suggest that changes for incident to physical therapy services be issued as a separate proposed rule after CMS has had an opportunity to consult with the

physicians and health professional organizations affected.

SECTION 302

We would urge you to accept PPAC's recommendation that the requirement for a face-to-face exam by a physician prior to the DMEPOS order be limited to power operated vehicles.

Issues 20-29

THERAPY - INCIDENT TO

Because of the substantial confusion surrounding the incident to provisions, including those related to physical therapy, we recommend that CMS not implement the changes outlined in this proposed rule. Rather for the purposes of continuity of care and patient access, we would suggest that changes for incident to physical therapy services be issued as a separate proposed rule after CMS has had an opportunity to consult with the physician and health professional organizations affected.

Submitter : Mrs. Susan Carlson Date & Time: 09/23/2004 08:09:52

Organization : Rocky Mountain School of Massage

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

With health care costs going thru the roof, why should anyone even entertain the idea of limiting access to health care? That is exactly what this bill will do. Many massage therapists do quality bodywork for less money than PTs. This gives the medicare provider more choices and more flexibility in the modalities offered to the patient. Massage therapists can and do encourage total body wellness, hence preventing injury or re-injury. No health care provider should be excluded in this age of skyrocketing costs. Giving people access should be first and foremost in the minds of lawmakers, not restricting access.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Centers for Medicare & Medicaid Services September 22, 2004

Department of Health & Human Services

Attention: CMS-1429-P

PO Box 8012

Baltimore, MD 21244-8012

To Whom It May Concern:

I am an Athletic Trainer and a Physical Therapist and I am writing this letter to defend the ATC's on our position about the ability to provide rehabilitative services to to medicare paying individuals. As is stated below there are an abundance of didactic and practical education in which an ATC learns that gives him/her proper preparation to evaluate, assess, and treat these patients.

In going through both curriculums I have seen and experienced the differences and similarities, and I have worked side by side with these individuals and they demonstrate the knowledge to provide the proper care to with the medicare clientele.

?Incident to? has been utilized by physicians to provide services (including therapy/rehabilitation) as an adjunct to the physician?s professional services, since the inception of the Medicare program in 1965. A physician has the right to delegate the care of his/her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered.

Points of concern regarding CMS proposal:

? This proposal would severely limit qualified health care professionals, such as Certified Athletic Trainers, from providing these necessary physical medicine services prescribed by the Medicare beneficiary?s physician. The idea of limiting the ability of qualified health care professionals from providing rehabilitation services at a time when our US Health Care System is in need does not make sense.

CMS-1429-P-3476

? 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. These physicians make decisions that are in the best interest of their patients.

? By proposing this change, CMS, is allowing a specific health care profession to seek exclusivity as the sole provider of therapy/rehabilitation services. This limits the marketplace, the skills applied to patients and their eventual outcomes.

? This action 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.

This is a critical issue and one that will restrict the athletic training profession and decrease the physician's ability to provide the best possible patient care. For CMS to exclude certified athletic trainers from providing these services (under the direction of a physician) to a Medicare beneficiary is unjustified. Certified Athletic Trainers are qualified to provide injury assessment, treatment and physical medicine services to Medicare beneficiaries.

Sincerely,

Paul Hadden ATC/MPT

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 opposed to proposed changes to billing regulations and support recognition of Certified Athletic Trainers as providers of rehabilitation services.

Submitter : Mr. Lawrence Johsens

Date & Time: 09/23/2004 08:09:58

Organization : private

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Dept. of Health & Human Services September 22, 2004
Attention: CMS-1429-P

In an editorial piece in our local paper, The Santa Cruz Sentinel, written by the CEO of Sutter Medical Center, it was pointed out that Santa Cruz is defined as a rural county, a Locality 99, for purposes of Medicare compensation for medical services, which, as was pointed out, many medical insurance companies use to base their compensation to physicians on as well. The news of this was startling, that we are considered a rural county, which apparently has something to do with the cost of living in the county. Let me explain.

A constant complaint voiced throughout the community is the cost of living here. Teachers, construction workers, retail help, you name it, are unable to afford the extremely high cost of housing, to name but the main complaint. We have a university in the community so we have a great pressure on rentals. In our neighborhood, in fact, two houses down from us, a house rents for somewhere between \$2500 and \$3000 per month, with a number of students living there, in a two bedroom house, at that. Around the corner from us a house sold last week for \$765,000, and I can't tell you how ordinary or modest the place is. We constantly read of how high our real estate is relative to almost everywhere else in the state. It is so high that even physicians are unable to settle here or are leaving because they can't find housing they can afford.

Others have said our home is easily worth \$800,000 given the prices of other houses in the neighborhood, which is ridiculous. It's a two bedroom house with nothing special about it except that we take very good care of it. It's a tract home!!

Housing is not the only thing that's high. Our gas prices are on average \$.05 higher than in San Jose, the heart of Silicon Valley, as it's known. Grocery prices are relatively high as well. We try to wait to fill our car with gas until we drive over the mountain to San Jose, for crying out loud. I can't imagine how you can conclude that this is a "rural" community. There are a few farms to the north and south of the town, but they are gradually being filled in with housing, plus the shopping stuff that follows it. Farmers and those who serve them are a rarity. I know no one in the business, and I can think of no farm equipment suppliers anywhere in the area This town is filled with people who work in computer related businesses, manufacturing and otherwise. To call us rural is nuts, and it does a serious disservice to those whose lives depend on the medical community. I've heard of any number of elderly people who have had trouble getting medical service from physicians who will not take medicare patients or who have restricted the number of medicare patients they will serve because they can't afford to take them.

You folks need to seriously reconsider why you designate this county as rural because it's just whacky, if you have any commitment to reality.

Sincerely,

Lawrence Johsens
215 Merced Avenue
Santa Cruz, California
95060

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

i strongly support the proposed requirement that personnel working in physician's offices and providing "physical therapy" be graduates of accredited professional physical therapist programs and that unqualified personnel should NOT be providing physical therapy services (commenting on august 5 proposed rule on revisions to payment policies under the physician fee schedule for calendar year 2005-"therapy-incident to". i am concerned that interns, aides, secretarial staff in the physician office may not be familiar adequately with modality precautions / contraindications. if requested by physician to do modality, after instruction on use only, could this lead to patient harm?

Submitter : Mrs. Linda Wilson Date & Time: 09/23/2004 08:09:50

Organization : Board of Massage Therapy

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

ASSIGNMENT

Oppose

CARE PLAN OVERSIGHT

Oppose

TECHNICAL REVISION

Oppose

THERAPY - INCIDENT TO

Oppose

THERAPY STANDARDS AND REQUIREMENTS

Oppose

THERAPY TECHNICAL REVISIONS

Oppose

Submitter : Mrs. Glynda Bauman Date & Time: 09/23/2004 08:09:36

Organization : Nature Escape Therapeutic Massage

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

do not want PT's to be
>the only health care professionals allowed to provide medically related
>care to physician's patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Dear Dr. McClellan:

I would like to express my concern with the reduction in the 2005 Proposed Medicare Fees for G0166, External Counterpulsation and its impact on the payment rate for this therapy. Specifically, I wish to express my concern with the reduction in the Practice Expense RVU of 10% from 3.58 in 2004 to the 3.22 proposed for 2005. ECP offers a safe, non-invasive, outpatient based method of alleviating ischemia for patients who have failed usual medical therapies for treatment of diabling angina not amenable to revascularization.

External counterpulsation requires a practice investment in capital equipment and disposable supplies for each treatment. In addition, the capital outlay, the procedure requires a physician to provide direct supervision and a specially trained nurse to evaluate and assess the patient's status before, during and after the one-hour treatment session. Patients spend approximately 90-120 minutes in the practice setting per one-hour treatment session as the staff conducts assessment, patient education and post treatment evaluations. Patients receive a total of 36 one-hour treatment sessions in the usual course of therapy, although the actual amount of staff and physician time may actually be more.

Proven clinical benefits of ECP include reduced chest pain, reduced need for medication, increased exercise tolerance and significantly improved quality of life. ECP is a non-invasive treatment procedure with a low risk of complications. Invasive procedures have a major complication rate of MI's, death, infection of over 3%. Despite these documented and peer reviewed outcomes, a patient must fail multiple angioplasties or bypass procedures at costs of \$9,000-\$25,000 per procedure vs. less than \$5,000 for ECP before qualifying for this therapy.

It has been shown than angioplasty begets. In spite of this there is still a favor toward it, while ECP is criticized if a patient requires more treatments. It is very unfortunate that invasive options still receive so much attention and increased reimbursement given the success of ECP therapy.

Open heart surgeries are being approved for patients with angina class I in which ACBG has not been found to increase survival rate if the patients have normal LV function. If we truly want to decrease the costs, then the more expensive procedures with a higher risk should be reassessed.

I encourage you to read the article in Cardiology 2003;100:129-135 on the utilization of ECP as initial revascularization treatment in patients with angina are refractory to medical therapy.

The goal of medical therapy option should include ECP as a cornerstone of treatment. This will prove to be a very cost effective treatment and will save millions of dollars in angioplasty and CABG surgeries that are being performed only to alleviate symptoms. ECP will also decrease health care costs by decreasing the risk factor which will overall decrease the costs of complications associated with the invasive procedures.

I believe that this 2005 proposed rule for Medicare Physician Fee Schedule for G0166, External Counterpulsation will limit the availability of this therapy for physician's who want to provide this to their patients, and serve no useful purpose in reducing healthcare costs.

Thank you for the opportunity to be on record through the public comment period to voice my concerns with the continued reduction in physician fees for G0166 and a formal request for reconsideration and increase in the rate for G0166. We have sent the above mentioned article along with a signed copy of this letter by mail. This was express mailed from the post office on 9-23-04. It is guaranteed to your office by 12:00 noon on 9-24-04. You may track this at www.usps.com with a tracking #: ER023779765US. Please do not hesitate to call my office with any additional questions or concerns.

Sincerely,

Juan J Vazquez-Bauza, MD FACC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Commenting on proposed rule from Aug. 5, 2004.

As a profession in New York State we realize there is no mandated coverage for Massage Services under Medicaid CMS 1429-P. It appears to be used there as an example of services related incidental to therapy (unlicensed professionals). With 15,000 massage therapists in New York State (13,000 Licensed) we are becoming an integral part of the health care profession, working in many venues, such as Nursing Homes, Hospitals, Hospice settings, Rehabilitation Centers. The profession of massage Therapy is covered by several insurance companies. I am concerned the example used will deter further inclusion in therapy related health care. Some of the professions listed are unregulated. Massage should not fall into that category. Please revise your docket issue to reflect the NYS Licensed Profession of Massage Therapy accurately.

Submitter : Mrs. Marion Denton Date & Time: 09/23/2004 08:09:17

Organization : Senior Citizen

Category : Individual

Issue Areas/Comments

Issues 1-9

GPCI

My doctors are leaving the Medicare system, and some are even leaving Santa Cruz County, California, because of the extremely high costs of maintaining a medical practice. Reimbursement costs from Medicare are not adequate here. I believe the ASSIGNED GPCI LOCALITY 99 is in ERROR here, since this county exceeds the 5% threshold over the national average (105% rule). In fact, if taken separately and not as a part of Locality 99, Santa Cruz reflects 1.125% of the GAF. Can't you fix this problem so we will not lose well qualified Doctors here and so we can receive the best of care from the Medicare system we paid into for so many years? CHANGE THE LOCALITY ASSIGNMENT FOR SANTA CRUZ COUNTY, CALIFORNIA, TO PROPERLY REFLECT THE HIGH COSTS OF MEDICAL PRACTICE EXPENSES. Thank you for reviewing and considering my comments.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Massage therapy is one of the greatest benefits to health and healing that is available to the individual. I am a sports injury neuromuscular therapist and the work I do is different from a physical therapist. I do not believe it is beneficial to limit avenues of improving or regaining better health. This limitation would neither help the patient nor the overall cost since health improvement reduces additional costs.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

SECTION 303

Please see attached PDF file.

CMS-1429-P-3488-Attach-1.pdf

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

As a parent who has experienced what it feels like to be told that your baby has a life threatening chronic condition such as hemophilia I feel that I am in a position to express my concern for continued quality care for this small community. Hemophilia is one of those conditions that has benefitted in the past recent years due to better medicines and more knowledge. Today we enjoy a good quality of life for our children due to access to care. MediCal has been a big part of this quality. Our medicines are extremely costly. A small child can use \$20-70,000 a year in medicine alone.

I am writing to you in support of the increase (\$.05) for factor and delivery/support practices. I took a long time to become familiar and knowledgeable enough to feel secure in the care of my son. The providers of factor and support out in the field are called homecare companies. They are the key to us when we are new. They follow our sons into college, like they have with mine. They are part of a team, along with the hemophilia treatment center doctor and staff, that provide all of the medicines and valuable information and support that is needed to produce one independent person with hemophilia. This is a very tight community and when one falls we all feel it. Keep our community strong by continuing to support our guys who use MediCal. Enforce the increase of \$.05. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

To Whom It May Concern:

Re: ?Therapy-Incident? To

I wish to comment on the August 5 proposed rule on ?Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005.?

I am a student physical therapist at Marquette University and will be graduating in May 2005 as a doctor of physical therapy. I have been at Marquette for 6 ? years through undergraduate and graduate school.

I strongly support that therapists working in physician offices be graduates of accredited professional physical therapy programs, any less education would be providing patients substandard care. As a student physical therapist I pride myself in my education, both in the breadth of the knowledge as well as the up-to-date details of individual subject areas. As physical therapists, we are highly skilled in differential diagnosis, pathophysiologies, suitable treatment programs, and we are the most knowledgeable of any health care provider regarding the musculoskeletal system.

In addition to extensive schooling requirements to graduate, physical therapists are expected to keep current with subject material by attending continuing education courses and by being licensed through each individual state of practice to ensure complete observance of a particular state?s practice acts. By allowing non-physical therapists to do similar duties, laws and ethical or legal state regulations may not be met..

In previous clinical affiliations I have worked with physicians and physician?s assistants eager to learn and apply certain ?physical therapy services.?

However, regardless of how often they observed, asked questions, or read material they could find, they still were unable to correctly diagnose musculoskeletal impairments in patients, and consequently unable to select appropriate treatment methods for a majority of patients. Physicians, though highly educated, are not as knowledgeable as physical therapists regarding the specifics of the musculoskeletal system and associated pathophysiologies. This experience in itself further confirmed my belief in the importance of physical therapy services to be provided by licensed and educated physical therapists from accredited programs.

In closing, I wish to further state that physicians providing ?physical therapy services? are providing units that are counted as part of the allotted units of physical therapy provided by Medicare/Medicaid. This may result in long term problems for the patient as well as at the time of injury/illness. If the patient received substandard care as result of an unqualified provider of physical therapy, the patient may be denied further treatment due to limited visits or units of covered ?physical therapy services? provided by Medicare/Medicaid. The patient may be unable to afford further therapy to correct their illness/injury and will then be deemed ?out of luck? due to a potentially correctable series of events, involving qualified physical therapists in the patient?s plan of care. I thank you for the consideration of the fore-mentioned comments and hope that these will prove helpful in changing payment policies for 2005.

Sincerely,

Kristin M. Hosea, SPT

Submitter : Catherine Wilson Date & Time: 09/23/2004 08:09:15

Organization : Personal

Category : Individual

Issue Areas/Comments

Issues 1-9

GPCI

Medicare needs to correct an egregious error in the GPCI Locality assignment (99) for Santa Cruz County, California. I understand that Medicare wants to save dollars, but it is unfair for a group of recipients to be cheated because doctors in this county are not properly reimbursed. Many Doctors now refuse to accept Medicare or are leaving because of poor reimbursement here. Santa Cruz County exceeds the 5% threshold (105% rule) over the national 1.000 average, and the Medicare pay schedule should reflect that. Santa Clara, a neighboring county, receives 25.1% more for the same service. Santa Cruz, standing alone, would be 112.5%, well above the 105% threshold. Please REVISE THE GPCI LOCALITY FOR SANTA CRUZ COUNTY, CA, to properly reflect the higher costs in this county so we can keep our doctors and receive the medical care we need within our own county.

Thank you for your attention to this matter.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly support the proposed revision to only allow liscensed physical therapists from accredited universities provide 'physical therapy' to patients. This proposal is imperative for the wellbeing of our clients and for the future success of our profession.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a physician writing to express my concern over the proposal which would limit both the provider group eligible to perform therapy incident to services rendered in physician offices and clinics and the current ability of physicians to exercise judgment in delegation of incident to services. This proposal appears to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services. "Incident to" has traditionally been utilized under the Medicare program to allow physicians to supervise directly services which are provided to patients by other qualified individuals. There have never been any limitations or restrictions placed upon physicians in terms of whom he or she may utilize to provide any incident to service. Medicare and private payers have always relied upon the professional judgment of physicians to determine who is qualified to provide a particular service. It is imperative that physicians be permitted to continue to make decisions regarding who renders services to patients under their supervision and legal responsibility. This proposal sets a precedent which could have far reaching consequences upon the practice of medicine. Please reconsider implementation of this proposal.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Please do not limit the choices that a physician may make in order to provide the right care for the patient.

By limiting payment to physical therapists only ? you are cutting off effective treatment for RSD patients (manual lymph drainage ? MLD; or lymph drainage therapy -- LDT)

Physical therapy is an effective modality ? it is not the ONLY modality that works. Diagnosis for similar conditions may have different prescriptions or referrals ? depending on what ELSE is going on in the patient?s life/medical profile.

I?m a retired government employee ? a bureaucrat, if you will; please do not limit my medical care to the dictate of a bureaucrat. With 30 years experience in social work, I?ve seen very effective treatment through massage therapy, acupuncture, craniosacral therapy, acupressure, lymph drainage, etc.

Have the bureaucrats who wrote this change in payment looked at cost-effective treatment by referral? Again ? I?ve seen less expensive treatment in shorter times (sometimes) ? with modalities OTHER than physical therapy.

I myself have experienced treatment with all modalities above ? and each is effective for DIFFERENT reasons, and each was prescribed for me for different reasons.

Yes, I can pay for my treatment right now ? so I?m not limited except by my bank account. If you change Medicare payments to exclude effective, legal, qualified care ? which might actually be faster and less expensive ? this is not right, and is a form of discrimination.

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

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

Coding-Telehealth
CMS-1429-P

I am the director of an agency in rural Minnesota that provides home health and hospice services to patients in their home. We have an existing telehealth program that includes an interactive telecommunication system that allows interactive sound and video visits to patients in their home. We have three partnering clinics that also have the ability to use the same equipment and do interactive physician visits to patients in their home. These clinics are Dakota Clinic of Thief River Falls (MN), Dakota Clinic of Fosston (MN), and Altru Clinic of Thief River Falls.

Many times our home care and hospice patients have real difficulty traveling to the clinic to see their physician. Especially the hospice clients toward the end of their lives. These patients must then make the choice of not seeing their physician or relying on expensive ambulance or other services to get them to the clinic. This can cause an increased amount of pain and difficulty for the patients if they choose to travel. By partnering with these clinics, the goal has been to enable the physician to continue to be as involved in the patient's care even when traveling by the patient causes extreme hardships. Telehealth makes this possible. The problem that has been encountered is that the clinics are not able to get reimbursed for the physician telehealth visits because the patient is at their own home. Current statute does not include the patient's home as an approved originating site to enable payment to be made to the physicians.

I am requesting CMS to add the patient's home to the definition of approved originating sites for the purposes of a physician office or other outpatient visit, consultation, or office psychiatry (6/28/2002 Federal Register 67 FR 43862 Category 1). I am also requesting that CMS finish the study on originating sites.

Thank you,

Lori Sundbom, BSN
Director of Home Services
First Care Medical Services
900 Hilligoss Blvd. SE
Fosston, MN 56542
218-435-1103, Ext. 164

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I respectfully request you NOT pass regulations so that a physician may refer ONLY to PTs for massage therapy services. There are many qualified and duly licensed health care professionals besides PTs who can administer these services with expertise. The benefits of massage therapy extend to more than moving muscles. The reduction of stress and ensuing decrease in catecholamine brought about by massage therapy is so beneficial to many people. As both a Registered Nurse and a Licensed Massage Therapist, I recommend you allow all qualified professionals to assist our aging population to receive the quality of care they seek, from the professional of their choice, and as recommended by their physician. Our health care system is moving toward a more holistic approach so why not advance this approach by allowing qualified health care professionals to provide services? Thank you for your consideration.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

COALITION OF RESPIRATORY CARE MANUFACTURERS
COALITION OF SEATING & POSITIONING MANUFACTURERS
COALITION OF ENTERAL NUTRITION MANUFACTURERS
COALITION OF WOUND CARE MANUFACTURERS
5225 POOKS HILL ROAD SUITE 1626 NORTH
BETHESDA, MARYLAND 20814

TELEPHONE: (301) 530-7846
FAX: (301) 530-7946
E-MAIL: marcia@nusgartconsulting.com

September 23, 2004

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8012
Baltimore, MD 21244-8012

Attn: CMS-1429-P ? Medicare Program: Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005, 69 Federal Register 47488 (August 5, 2004) Section 302

Dear Dr. McClellan:

Four distinct coalitions of medical device companies who manufacture durable medical equipment orthotic and prosthetic supplies, The Coalition of Respiratory Care Manufacturers, the Coalition of Seating and Positioning Manufacturers, the Coalition of Enteral Nutrition Manufacturers and the Coalition of Wound Care Manufacturers (hereby known in the rest of these comments as ?The Coalitions?) are pleased to submit these comments in response to Section 302 of the proposed final rule for the Physician Fee Schedule Update for Calendar Year 2005. The Coalitions are comprised of the leading medical device manufacturers of innovative respiratory, seating and positioning, enteral nutrition and wound care products.

The Medicare Modernization and Prescription Drug Act of 2003 (?MMA?) requires the Secretary of Health and Human Services (?HHS?) to establish types or classes of Durable Medical Equipment (?DME?) that require not only a prescription but also a face-to-face evaluation by a physician or other prescribing practitioner. The MMA specifically required this type of evaluation for patients receiving power wheelchairs, based on Congressional concerns about overuse and/or misuse of this specific type of product. In addition, Congress directed CMS to establish clinical criteria for coverage of other types of DME, as appropriate. We believe that Congress intended for CMS to add the new coverage criteria and evaluation requirements when and if there was evidence that these requirements were needed to ensure appropriate utilization of a specific type of product.

However, in Section 302, Clinical Conditions for Coverage of Durable Medical Equipment (DME), CMS now proposes to expand the requirements for clinical conditions for coverage and face-to-face evaluations to all items of durable medical equipment, prosthetics, orthotics and supplies (?DMEPOS?) defined in 42 CFR 410.36. We would like to comment on two of the proposed clinical conditions:

1. Establishing a requirement for a face-to-face examination by a physician, physician assistant, clinical nurse specialist, or nurse practitioner to determine the medical necessity of all DMEPOS items;

2. Provide that we would promulgate through the national coverage determination process or through the local coverage determination process additional clinical conditions for items of DMEPOS.

1. Establishing a requirement for a face-to-face examination by a physician, physician assistant, clinical nurse specialist, or nurse practitioner to determine the medical necessity of all DMEPOS items;

In regards to the first two proposed clinical conditions, CMS states the reason for requiring it is because the Agency believes that DMEPOS items should be ordered in the context of routine medical care. While the Coalitions agree that DMEPOS should be ordered in the context of routine medical care, we submit that the vast majority of DMEPOS are currently ordered in an appropriate medical context and that CMS may not be aware of the practical reality of how some items of DMEPOS may be ordered. For example, many items of DMEPOS are ordered in the hospital for the beneficiary's use at home. In this situation, the item is ordered based on a physician's evaluation of the b

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

SECTION 303

RE: COMMENT on 2005 Medicare allowance for Prostate Cancer drugs.

COMMENT: Please consider whether LCA LCDs are still appropriate for these drugs under the new law. The large physician mark-up was a key driver that created the LCA LCDs. This motivation disappears under the new law. If the relevant ASPs are close, the hassle factor to maintain an LCA LCD may no longer be worth the savings.

The combination of LCA and ACP+6% may drive new behavior:

1. The higher priced products may cost more than the LCA-LCD reduced Medicare allowable. This could cause practitioners to lose money by prescribing their drug of choice, depending on the response of the drug companies (e.g rebates and discounts in a particular quarter.)
2. The lowest cost product may vary quarter to quarter, motivating frequent prescribing changes, depending on the response of the drug companies.
3. Patients may have to change doctors or provider type (e.g. to hospital outpatient) to one willing to lose money on their product of choice, again, depending on the response of the drug companies.
4. Some carriers may not consider the dosing schedules of comparative products to determine allowance calculations, (e.g. once a month vs. once every 28 days--12 vs. 13 units per annum) creating unintended winners and losers;
5. More physicians and beneficiaries may document to the carrier that the higher priced product is reasonable and necessary, and request that the carrier not apply the LCA price reduction for that dose;
6. More beneficiaries may want to continue with the product that has worked for them, and may agree to pay the difference between the ASP+6% of the product of choice and ASP+6% of the lowest cost product (ABN required). This payment would be in addition to the 20% co-pay requirement.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Hemophilia Association of the Capital Area
3251 Old Lee Highway, Suite 3
Fairfax, Virginia 22030-1504
Tel: 703-352-7641

September 23, 2004

The Honorable Mark B. McClellan, M.D. Ph.D., Administrator
Centers for Medicare and Medicaid Services
Room 445-G
Hubert H. Humphrey Building
Washington, D.C. 20201

RE: Effect of CMS-1429-P on availability of anti-hemophilia clotting factor

Dear Dr. McClellan:

The Hemophilia Association of the Capital Area (HACA) is a not-for-profit organization established in 1964 that seeks to improve the quality of life for persons with bleeding disorders and their families within the Washington, D.C. region. HACA appreciates this opportunity to comment on CMS's proposed revisions to Medicare payment policies under the physician fee schedule for 2005.

Under the proposed rule, CMS would change how it pays hemophilia treatment centers (HTC) and homecare companies (HCC) that provide blood clotting factor to Medicare patients. CMS would base its 2005 payment rates on manufacturers' average sales price (ASP). This change would translate into a 29% cut in payment rates (from 2004 levels) for recombinant Factor VIII clotting factor products. The proposed rule would also allow a separate \$.05 per unit fee to compensate providers for items and services related to the provision of clotting factor.

HACA and the bleeding disorders community as a whole are painfully aware of the high costs of hemophilia therapies. Hemophilia care can easily cost more than \$100,000 per year, per patient, due to the staggeringly high cost of clotting factor. HACA emphatically has no stake in keeping these costs high; the cost of hemophilia care is a consuming, ongoing problem for all in our community.

But HACA also strongly believes that Medicare beneficiaries (and all other hemophilia patients) must have ready access to appropriate medical care for their bleeding disorders. This access cannot be assured unless health care providers receive adequate payment for hemophilia products. HACA is concerned that a payment rate cut of 29% may be so large that healthcare providers would curtail services to their Medicare patients with hemophilia, undermining medical care for these patients.

HACA is also concerned that the proposed \$.05/unit 'add-on' may be insufficient to pay for the additional services and supplies that are a necessary part of hemophilia care. We recognize that at the time the United States General Accounting Office (GAO) wrote its January 2003 report, it did not have sufficient information from the entire provider community to determine the appropriate level of the costs of providing ancillary services and supplies. We urge you to make every effort to obtain your information from a wide spectrum of the provider community before determining the 'add-on'. However, GAO did recognize that Medicaid's payment should cover the costs of:

1. specialized storage and shipping (factor is a fragile biological product that requires refrigeration);
2. specialized inventory management (as a biological product, factor cannot always be produced in standard concentrations, and may have relatively short expiration dates; these must be carefully matched against individuals' prescriptions);
3. provision of ancillary supplies, such as needles, syringes, tourniquets, and sharps containers; and
4. 24-hour pharmacy staffing, to accommodate patient emergencies.

CMS-1429-P-3501

As CMS (and GAO) have recognized, these are critical services and items, necessary for the provision of medical care by HTC and HCCs. The payment for these services and items must be high enough to ensure their continued provision.

We recognize that CMS faces a difficult task. HACA asks only that CMS, in changing the Medicare payment rates for blood clotting factor, place its highest priority on protecting the quality of care for individuals with bleeding disorders. Thank you.

Sincerely,
Susan A. Yamamoto
President

CMS-1429-P-3501-Attach-1.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a physician writing to express my concern over the proposal which would limit both the provider group eligible to perform therapy incident to services rendered in physician offices and clinics and the current ability of physicians to exercise judgment in delegation of incident to services. This proposal appears to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services. "Incident to" has traditionally been utilized under the Medicare program to allow physicians to supervise directly services which are provided to patients by other qualified individuals. There have never been any limitations or restrictions placed upon physicians in terms of whom he or she may utilize to provide any incident to service. Medicare and private payers have always relied upon the professional judgment of physicians to determine who is qualified to provide a particular service. It is imperative that physicians be permitted to continue to make decisions regarding who renders services to patients under their supervision and legal responsibility. This proposal sets a precedent which could have far reaching consequences upon the practice of medicine. Please reconsider implementation of this proposal.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

September 23, 2004

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

Subject: Cuts in Cancer Care Reimbursement

Dear Sir/Madame:

This is a comment letter on the upcoming changes in cancer care reimbursement. We are very concerned about the negative impact on our ability to deliver quality cancer care to Medicare patients if the planned reimbursement changes take effect January 1, 2005. Significant cuts in drug reimbursement have been made this year, but we have been able to adequately absorb those cuts due to significant increases in the drug administration reimbursement schedule. In 2005 those increases will be taken away, thus significantly decreasing the overall reimbursement for community-based outpatient cancer care. With the high overhead and fixed costs of running an outpatient cancer center, we have calculated using tools from ASCO and COA that we will have insufficient margin to continue our present style of practicing oncology. At the very least we will be forced to demand the 20% co-pay from Medicare patients prior to their treatment. Most of them cannot afford to pay it, and those who cannot pay will automatically be sent to the hospital for treatment. This ultimately will be much more expensive for the government and the patients. It will also add stress to these patients who already are dealing with a large amount of stress from their diseases. The increased burden to the hospitals will also be very difficult absorb, since many hospitals are already losing money from having to pay for chemotherapy drugs. We agree that changes need to be made to the system, but we think the ASP + 6% system is flawed, especially in the absence of adequate increases in drug administration reimbursement. We cannot operate with negative or intolerably tight financial margins. Further time is needed to study the new system and make necessary refinements after its impact is better understood. Allowing the system to break and then trying to repair it is not the right approach. It will disrupt cancer care for seniors. There will be many very unhappy constituents asking for an explanation from the government how they allowed the system to crash in spite of numerous clear and concise warnings from the oncology community. Please enact an interim system similar to the one in place for 2004 until a more rational new system can be developed and studied. If you have any questions, please do not hesitate to contact us.

Sincerely yours,

David S. Nix, M.D. John C. Clay, M.D. John C. Halbrook, M.D. Dwight S. Keady, Jr. M.D.
Medical Oncologists

cc: Congressman Chip Pickering; Senator Thad Cochran; Senator Trent Lott

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

THERAPY ASSISTANTS IN PRIVATE PRACTICE

I strongly support the proposal to move from a definition of personal supervision to direct supervision. Physical Therapy Assistants have undergone the training and education to provide appropriate therapy services to patients under the supervision of a licensed Physical Therapist.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

COALITION OF RESPIRATORY CARE MANUFACTURERS
COALITION OF SEATING & POSITIONING MANUFACTURERS
COALITION OF ENTERAL NUTRITION MANUFACTURERS
COALITION OF WOUND CARE MANUFACTURERS
5225 POOKS HILL ROAD SUITE 1626 NORTH
BETHESDA, MARYLAND 20814

TELEPHONE: (301) 530-7846
FAX: (301) 530-7946
E-MAIL: marcia@nusgartconsulting.com

September 23, 2004

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8012
Baltimore, MD 21244-8012

Attn: CMS-1429-P ? Medicare Program: Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005, 69 Federal Register 47488 (August 5, 2004) Section 302

Dear Dr. McClellan:

Four distinct coalitions of medical device companies who manufacture durable medical equipment orthotic and prosthetic supplies, The Coalition of Respiratory Care Manufacturers, the Coalition of Seating and Positioning Manufacturers, the Coalition of Enteral Nutrition Manufacturers and the Coalition of Wound Care Manufacturers (hereby known in the rest of these comments as ?The Coalitions?) are pleased to submit these comments in response to Section 302 of the proposed final rule for the Physician Fee Schedule Update for Calendar Year 2005. The Coalitions are comprised of the leading medical device manufacturers of innovative respiratory, seating and positioning, enteral nutrition and wound care products.

The Medicare Modernization and Prescription Drug Act of 2003 (?MMA?) requires the Secretary of Health and Human Services (?HHS?) to establish types or classes of Durable Medical Equipment (?DME?) that require not only a prescription but also a face-to-face evaluation by a physician or other prescribing practitioner. The MMA specifically required this type of evaluation for patients receiving power wheelchairs, based on Congressional concerns about overuse and/or misuse of this specific type of product. In addition, Congress directed CMS to establish clinical criteria for coverage of other types of DME, as appropriate. We believe that Congress intended for CMS to add the new coverage criteria and evaluation requirements when and if there was evidence that these requirements were needed to ensure appropriate utilization of a specific type of product.

However, in Section 302, Clinical Conditions for Coverage of Durable Medical Equipment (DME), CMS now proposes to expand the requirements for clinical conditions for coverage and face-to-face evaluations to all items of durable medical equipment, prosthetics, orthotics and supplies (?DMEPOS?) defined in 42 CFR 410.36. We would like to comment on two of the proposed clinical conditions:

1. Establishing a requirement for a face-to-face examination by a physician, physician assistant, clinical nurse specialist, or nurse practitioner to determine the medical necessity of all DMEPOS items;

2. Provide that we would promulgate through the national coverage determination process or through the local coverage determination process additional clinical conditions for items of DMEPOS.

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In regards to the first two proposed clinical conditions, CMS states the reason for requiring it is because the Agency believes that DMEPOS items should be ordered in the context of routine medical care. While the Coalitions agree that DMEPOS should be ordered in the context of routine medical care, we submit that the vast majority of DMEPOS are currently ordered in an appropriate medical context and that CMS may not be aware of the practical reality of how some items of DMEPOS may be ordered. For example, many items of DMEPOS are ordered in the hospital for the beneficiary's use at home. In this situation, the item is ordered based on a physician's evaluation of the b

CMS-1429-P-3505-Attach-1.doc

CMS-1429-P-3505-Attach-2.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Massage Therapy can be a powerful tool in helping patients with pain problems. It should not be omitted from the possible therapies available to patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a physician writing to express my concern over the proposal which would limit both the provider group eligible to perform therapy incident to services rendered in physician offices and clinics and the current ability of physicians to exercise judgment in delegation of incident to services. This proposal appears to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services. "Incident to" has traditionally been utilized under the Medicare program to allow physicians to supervise directly services which are provided to patients by other qualified individuals. There have never been any limitations or restrictions placed upon physicians in terms of whom he or she may utilize to provide any incident to service. Medicare and private payers have always relied upon the professional judgment of physicians to determine who is qualified to provide a particular service. It is imperative that physicians be permitted to continue to make decisions regarding who renders services to patients under their supervision and legal responsibility. This proposal sets a precedent which could have far reaching consequences upon the practice of medicine. Please reconsider implementation of this proposal.

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 a physician writing to express my concern over the proposal which would limit both the provider group eligible to perform therapy incident to services rendered in physician offices and clinics and the current ability of physicians to exercise judgment in delegation of incident to services. This proposal appears to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services. "Incident to" has traditionally been utilized under the Medicare program to allow physicians to supervise directly services which are provided to patients by other qualified individuals. There have never been any limitations or restrictions placed upon physicians in terms of whom he or she may utilize to provide any incident to service. Medicare and private payers have always relied upon the professional judgment of physicians to determine who is qualified to provide a particular service. It is imperative that physicians be permitted to continue to make decisions regarding who renders services to patients under their supervision and legal responsibility. This proposal sets a precedent which could have far reaching consequences upon the practice of medicine. Please reconsider implementation of this proposal.

Submitter : Date & Time:

Organization :

Category :

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

THERAPY - INCIDENT TO

I would like to comment of the August 5 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar year 2005." In the proposed rule, CMS discusses establishing requirements for individuals who furnish outpatient PT services in physician's offices. CMS proposes that qualifications of individuals providing physical therapy services "incident to" a physician should meet personnel qualifications for physical therapy in 42 CFR 484.4, with the exception of licensure. This means that individuals providing physical therapy services must be graduates of an accredited professional physical therapist program or must meet certain grandfathering clauses or educational requirements for foreign trained physical therapists.

I strongly support CMS's proposed requirement that physical therapists working in physicians offices be graduates of accredited professional physical therapist programs. It is of extreme value and importance to have licensure as a standard - even though current law prevents the agency from requiring licensure, it would be the most appropriate standard to achieve its objective.

Physical therapists and physical therapy assistants under the supervision of physical therapists are the only practitioners who have the education and training to furnish physical therapy services. Unqualified personnel should NOT be providing physical therapy services.

Physical therapists are professionally educated at the college or university level in programs accredited by the Commission on Accreditation of Physical Therapy, an independent agency recognized by the U.S. Department of Education. As of January 2002, the minimum educational requirement to become a physical therapist is a post-baccalaureate degree from an accredited education program. All programs offer at least a master's degree, and the majority will offer the doctor of physical therapy (DPT) by 2005.

Physical therapists must be licensed in the states where they practice. As licensed health care providers in every jurisdiction in which they practice, physical therapists are fully accountable for their professional actions.

Physical therapists receive significant training in anatomy and physiology, have a broad understanding of the body and its functions, and have completed comprehensive patient care experience. This background and training enables physical therapists to obtain positive outcomes for individuals with disabilities and other conditions needing rehabilitation. This education and training is particularly important when treating Medicare beneficiaries. The delivery of so-called "physical therapy services" by unqualified personnel is harmful to the patient by compromising the patient's own health and well being. Someone unqualified should not be providing treatment or making any clinical decisions or recommendations regarding the patient's health, which could have detrimental effects on the patient.

A financial limitation of the provision of therapy services (referred to as the therapy cap) is scheduled to become effective January 1, 2006. Under the current Medicare policy, a patient could exceed his/her cap on therapy without ever receiving services from a physical therapist. This will negatively impact patient's outcomes by compromising services that the patient could have received, but did not.

Section 1862(a)(20) of the Social Security Act clearly requires that in order for a physician to bill "incident to" for physical therapy services, those services must meet the same requirements for outpatient therapy services in all settings. Thus, the services must be performed by individuals, who are graduates of accredited professional physical therapist education programs.

Thank you for the consideration of my comments.

Sincerely,
Angela Dee
Student Physical Therapist
The College of St. Scholastica
1200 Kenwood Ave.
Duluth, MN 55811

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Therapeutic Massage is becoming widely recognized as a beneficial maintenance to the body as well as aiding in the healing process of many dysfunctions. I feel it would be a great benefit to the people of this nation (Elderly and Diabetes for example, massage improves circulation greatly and helps with Lymphatic drainage) and I would think this nation would be all for improving the peoples options in doing so instead of restricting them. Please do not restrict us as other practitioners from helping the people of this great nation, too.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I strongly oppose CMS-1429-P. As the Director of an accredited athletic training education program, I am aware of the preparation and knowledge that Certified Athletic Trainers possess. I have also experienced first hand the high level of professional care they provide to physically active individuals. This is evidenced by the tremendous outcomes seen in the patients they assess and treat. I encourage everyone to examine the professional preparation, certification process and continuing education requirements of certified athletic trainers so an educated decision can be made regarding such an important issue.

Submitter : Susan Strouse Date & Time: 09/23/2004 09:09:50

Organization : Soon to be Senior

Category : Consumer Group

Issue Areas/Comments

Issues 1-9

GPCI

The situation in Santa Cruz County, California is in crisis because the GPCI locality assignment (99) is way off base! Santa Cruz exceeds the 5% threshold (105% rule) over the national 1.00 average! I believe Santa Cruz was placed in the wrong Locality (99) and should be reassigned to something which more accurately reflects actual practice expenses. If Santa Cruz County were broken out of Locality 99, it would reflect 112.5%, well above the 105% rule. Doctors leave the county, refuse to take Medicare or severely limit the number of Medicare patients they allow in their practices because reimbursement is so far below their costs. Santa Clara, a neighboring county, is in Locality 9, and doctors receive 25.1% more than doctors in Santa Cruz. Santa Cruz is an expensive county in which to do business. Please help me, as a soon to be Medicare recipient, to receive the medical care I need in my own county.

PLEASE MODIFY COUNTIES, ESPECIALLY SANTA CRUZ COUNTY, WHICH IS 12.5% ABOVE THE NATIONAL AVERAGE, TO REFLECT THE TRUE COSTS FOR MEDICAL PRACTICE.
Thank you.

Submitter : Date & Time: Organization : Category : **Issue Areas/Comments****Issues 1-9**

SECTION 303

September 20, 2004

Dr. Mark McClellan
Administrator
Centers for Medicare and Medicaid Services
200 Independence Avenue, S.W., Room 341H
Washington, DC 20201

Dear Dr. McClellan:

I would like to comment on CMS's proposed payment schedule for drugs and drug administration recently published in the Federal Register. The proposal not only includes a decrease of \$500 million for drug reimbursement in 2005 but also includes a \$150 million decrease for drug administration which only this year was increased to compensate for the 2004 decrease in drug reimbursement. These decreases in funding for cancer care will undoubtedly decrease access to care for our senior citizens. Cancer clinics cannot provide care at a loss and these decreases in reimbursement will force providers to re-evaluate their ability to provide quality outpatient cancer care to our senior citizens. We have estimated that based on reimbursement for the partial list of drugs published by Medicare to date that our practice will see a decrease in revenue of at least 16.7%. Because there will not be a decrease in our fixed costs this percentage decrease is amplified significantly. We estimate that the decrease in our operating capital will be 40% to 50%. We are therefore considering closing some of our rural clinics in Denison, Iowa and Shenandoah, Iowa, which would certainly make access for patients in those rural communities more difficult.

The ASP system that was mandated by the Medicare Modernization Act (MMA) is a flawed system. The ASP price is available only to large drug wholesalers. Community cancer clinics will purchase many drugs at prices above ASP and in some cases above ASP +6%. The fact that there is a reporting time lag of 3-6 months for CMS to publish updated reimbursement rates will also effectively increase our acquisition costs because pharmaceutical companies can raise their purchase price after CMS has determined the reimbursement rate. Our figures show that our direct drug costs including storage, breakage, billing and inventory are at least 12% over drug acquisition cost. ASP + 6% therefore does not come close to covering our total costs. It seems to me that we are replacing one system, the AWP system, which was bad because it was arbitrary with another system, the ASP system, which is bad because it is inaccurate.

CMS has suggested that new billing codes could be created to address under reimbursement for drug administration services. These new codes will only help us recover a small percentage of the decrease in drug administration reimbursement that is scheduled to begin in 2005. If an increase in reimbursement for drug administration was felt to be appropriate this year, I do not understand the rationale for phasing these increases out over the next two years when our expenses for administering these drugs will only continue to increase.

The MMA required three different studies on the effect of these changes on cancer care. I would recommend that instead of rushing into a flawed reimbursement plan which has not been studied and which will undoubtedly have profound consequences on cancer care for elderly patients that reimbursement be frozen at 2004 levels for 2005 or until these studies looking at the effect of ASP on cancer care can be analyzed and remedies can be implemented where problems are discovered. I would recommend that the current system and the proposed ASP system be run in parallel for the next two years and studied.

Dr. Mark McClellan
September 20, 2004
Page 2

I hope that CMS is committed to maintaining beneficiary access to quality cancer treatment. By making it financially impossible to administer some chemotherapy drugs this year, our cancer drug armamentarium has already been comprised and will be much more comprised next year unless changes in the reimbursement proposal are made.

Joseph Verdirame, M.D.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg you to NOT pass this policy whereas 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 prescription or under their supervision.
Removing a physician right to prescript the most beneficial therapy to their patients is ethically and morally wrong for the patient.
The profession of physical therapy is Reactionary Therapy only whereas massage therapy is both reactionary and pro-active; being more proactive and therapeutic.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I feel it short sighted to limit theapy in a doctor's office to only PT services. I feel other therapies, such as massage therapy, would provide the physician with additional options for the complete care of the clients. Please reconsider this disition. Thanks You

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

GPCI

The situation in Santa Cruz County, California is in crisis because the GPCI locality assignment (99) is way off base! Santa Cruz exceeds the 5% threshold (105% rule) over the national 1.00 average! I believe Santa Cruz was placed in the wrong Locality (99) and should be reassigned. If Santa Cruz County were broken out of Locality 99, it would reflect a 1.125% GAF! Doctors leave the county and refuse to take Medicare because reimbursement is so far below their costs. I work for a person who has had several doctors opt out of the Medicare system and she has not been able to receive some services in this county any more. This is wrong. Please help remove the injustices so doctors in Santa Cruz won't need to opt out any more. One day soon I also will want to receive the medical care I need in my own county. PLEASE MODIFY COUNTIES, ESPECIALLY SANTA CRUZ COUNTY, WHICH EXCEED THE 5% NATIONAL AVERAGE TO REFLECT THE TRUE COSTS FOR MEDICAL PRACTICE. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

SECTION 303

September 23, 2004

Dr. Mark McClellan
Administrator
Centers for Medicare and Medicaid Services
200 Independence Avenue, S.W., Room 341H
Washington, DC 20201

Dear Dr. McClellan:

I am writing this letter to express my concern about the proposed CMS payment schedule for drugs and drug administration that would directly effect reimbursement for the community cancer clinics. I am part of a single specialty, a hematology/oncology group, and we have several rural clinics in the State of Iowa, as well as in the State of Nebraska. With the CMS new drug reimbursement system based on average selling price (ASP) we estimate that our practice will see a decrease in revenue of anywhere between 15-20%. This percentage decrease is actually compounded by the fact that our fixed cost will not be decreased, and therefore we estimate that the decrease in our operating capital would be 40-50%. This would make it very difficult for us to continue to provide this rural oncologic care, and unfortunately many of our patients in the rural clinics are senior citizens who depend upon our travel to these clinics. I am also afraid that there will not be a good alternative solution for these elderly people and they may not have continued access for proper oncologic care. Eventually this might also be true for patients in our other clinics.

It appears that the crux of the problem is the ASP system because the ASP is available only to large drug wholesalers. Smaller community cancer clinics like ours will have to purchase many drugs at prices much above the ASP level. There is a reporting time lag of three to six months for CMS to publish the updated reimbursement rates, and in essence pharmaceutical companies can raise their purchase price of drugs after CMS has determined the reimbursement rate. In addition, as evident by estimates made in our clinics, our direct drug cost, which would account for storage, breakage, chemotherapy and drug wastage and disposal, billing as well as inventory, would be at least 12% over drug acquisition cost. Therefore ASP + 6% will not cover our total drug cost.

Another issue of concern is the transitional increase for Medicare reimbursement for drug administration that was 32% in 2004 is now scheduled to decrease to 3% in 2005. Unfortunately even in the year 2004, the compensation for the drug administration is estimated to be not even close to cover the proposed decrease in reimbursement over drug acquisition cost. Therefore to further decrease the drug administration to 3% in 2005 would compound the situation.

Dr. Mark McClellan
September 23, 2004
Page 2

I think the best course of action for CMS is to hold off on making the proposed changes with regard to average selling price until studies are undertaken that would provide important information about the effect of ASP on the community based cancer clinics. The data obtained from these studies could be analyzed and an appropriate new system could be implemented. I hope you will reconsider the proposed ASP system and maintain the reimbursement for drug and drug administration under the current system until further studies could be performed and the data analyzed.

Sincerely,

Inaganti M. Shah, M.D.

IMS/jas

cc: Representative Steve King
Senator Chuck Grassley
Senator Tom Harkin
Senator Chuck Hagel
Senator Ben Nelson
Representative Lee Terry



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Do not restrict doctors from referring appropriate patients to Massage therapy for treatment of injury, or restrict medicare coverage for such services in appropriate settings with qualified massage therapists. Massage and other body therapy modalities have benefits that lie outside the relm of what patients can recieve from Physical Therapy. Both forms of treatment are vital to a person resolving an injury.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a physician writing to express my concern over the proposal which would limit both the provider group eligible to perform therapy incident to services rendered in physician offices and clinics and the current ability of physicians to exercise judgment in delegation of incident to services. This proposal appears to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services. "Incident to" has traditionally been utilized under the Medicare program to allow physicians to supervise directly services which are provided to patients by other qualified individuals. There have never been any limitations or restrictions placed upon physicians in terms of whom he or she may utilize to provide any incident to service. Medicare and private payers have always relied upon the professional judgment of physicians to determine who is qualified to provide a particular service. It is imperative that physicians be permitted to continue to make decisions regarding who renders services to patients under their supervision and legal responsibility. This proposal sets a precedent which could have far reaching consequences upon the practice of medicine. Please reconsider implementation of this proposal.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

SECTION 303

September 21, 2004

Dr. Mark McClellan
 Administrator
 Centers for Medicare and Medicaid Services
 200 Independence Avenue, S.W., Room 341H
 Washington, DC 20201

Dear Dr. McClellan:

In less than four months, the center for Medicare and Medicaid services (CMS) is scheduled to implement a new way that Medicare reimburses community cancer clinics, where over 80% of Americans fighting cancer are treated. The proposal not only includes a decrease of \$500 million for drug reimbursement in 2005, but also includes a \$150 million decrease for drug administration which only this year was increased to compensate for the 2004 decrease in drug reimbursement. These decreases in funding for cancer care will undoubtedly decrease access to care for our senior citizens. Cancer clinics cannot provide care at a loss, and these decreases in reimbursement will force providers to re-evaluate their ability to provide quality outpatient cancer care to our senior citizens. It is estimated that our practice will see a decrease in revenue of at least 16.7% based on reimbursement from the partial list of drugs published by Medicare to date. Because there will not be a decrease in our fixed costs, this percentage decrease is amplified significantly. We estimate that our operating capital will see a decrease of 40-50%. We are therefore considering closing some of our rural clinics in Denison, Iowa and Shenandoah, Iowa, which would certainly make access for patients in those rural communities more difficult.

The new drug reimbursement system is based on average selling price (ASP) reported by pharmaceutical manufacturers to large wholesalers, middlemen between drug manufacturers and cancer clinics, not community cancer clinics. Accordingly, ASP is not a market price available directly to cancer clinics. Cancer clinics report that for many cancer drugs the reimbursement for Medicare will be below their actual cost. There appear to be other problems with this ASP system, including a lack of timely updating of Medicare reimbursement rates to reflect drug price increases, unstable reimbursement rates, and "negative" reimbursement rates (implying that a cancer clinic would have to pay Medicare rather than getting reimbursed). Also, I understand that CMS is working on new Medicare billing codes for drug administration, but no changes have been announced to date.

Our figures show that our drug costs including storage, breakage, billing and inventory are at least 12% over drug acquisition cost. ASP + 6% therefore does not come close to covering our total cost. It seems to me that we are replacing one system, the AWP system, which was bad because it was arbitrary, with another system, the ASP system, which is bad because it is inaccurate. I underscore that my overriding concern is the continued access of all Americans for quality, affordable, accessible cancer care. In this vein, community cancer clinics should be fairly compensated, at competitive market rates, for the drugs and services they provide.

Dr. Mark McClellan
 September 21, 2004
 Page 2

I would recommend that instead of rushing into a flawed reimbursement plan, which has not been studied and which will undoubtedly have

profound consequences on cancer care for elderly patients, that reimbursement be frozen at 2004 levels for 2005 or until studies, required by MMA looking at the effect of ASP on cancer care, are available, analyzed and consequently remedies implemented where problems are discovered.

Sincerely,

Samer I. Renno, M.D.

SIR/jas

cc: Representative Steve King
Senator Chuck Grassley
Senator Tom Harkin
Senator Chuck Hagel
Senator Ben Nelson
Representative Lee Terry

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a physician writing to express my concern over the proposal which would limit both the provider group eligible to perform therapy incident to services rendered in physician offices and clinics and the current ability of physicians to exercise judgment in delegation of incident to services. This proposal appears to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services. "Incident to" has traditionally been utilized under the Medicare program to allow physicians to supervise directly services which are provided to patients by other qualified individuals. There have never been any limitations or restrictions placed upon physicians in terms of whom he or she may utilize to provide any incident to service. Medicare and private payers have always relied upon the professional judgment of physicians to determine who is qualified to provide a particular service. It is imperative that physicians be permitted to continue to make decisions regarding who renders services to patients under their supervision and legal responsibility. This proposal sets a precedent which could have far reaching consequences upon the practice of medicine. Please reconsider implementation of this proposal.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a massage therapist who has seen speedier recovery for patients/clients who receive massage I can hardly believe you would want to remove this care. There are many who would take advantage of the benefits of massage if there was wider acceptance.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

September 23, 2004

Kevin M. Addison
255 Hask Jacobs Road
Blythewood, SC 29016

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 potential Certified Athletic Trainer (ATC) and possible future patient, I feel obliged to write this letter in opposition of proposal CMS-1429-P. I am alarmed 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,

Athletic Training Student at University of South Carolina, Columbia

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

On behalf of the one thousand LPTA members in Louisiana, I would like to comment on the CMS proposed personal standards for Medicare ?Incident To Physical Therapy Services?.

I would welcome this new standard. In Louisiana the public is confused. The healthcare consumer does think they are receiving physical therapy from a qualified or licensed physical therapist when administered in the physician?s office. They are only confused when it is pointed out later in a physical therapy clinic that the treatment previously received in the physician?s office was not physical therapy provided by a licensed physical therapist, it was treatment provided by a technician in the physician?s office. Also, patients will wonder why they are progressing so fast with treatment in the physical therapy clinic when it took so long while receiving their care in the physician?s office. Not only was the patient or healthcare consumer confused but there were increased cost to CMS. This change would also assist CMS in tracking true cost for rehabilitation administered by a physical therapist, as we all strive to provide the highest quality of care, at the lowest cost, producing the quickest results. For these reasons, on behalf of LPTA, I support the proposed personal standards for Medicare ?Incident To Physical Therapy Services?.

Our membership also strongly supports the proposed change dealing with PTA supervision from physical therapist to provide ?direct? supervision not the ?in room? supervision.

This change will not diminish the quality of physical therapy services. In Louisiana, the ?in room? requirement is more stringent than the law requires, so we definitely support the ?direct? supervision change.

Thank you for your continued work to make the delivery of physical therapy more professional, more qualified, more cost effective and more respected in today?s healthcare arena.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Mrs. Tina Shockley Date & Time: 09/23/2004 09:09:17

Organization : Progressive Physical Therapy

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 23, 2004

Dear Sir or Madam:

I support the revised "Incident To" requirements proposed by the 2005 CMS fee schedule in which only individuals meeting the existing qualifications and training standards will qualify to provide therapy services incident to physicians' services. This change in CMS policy will provide quality care to Medicare recipients in this country.

I am a physical therapist and clinical director practicing for seven years in the Los Angeles area. On a very consistent basis I receive new patients who have been treated in physician offices and were unhappy with their care. Reasons for their dissatisfaction vary, but here are a few:
?? I was not comfortable having a non-licensed individual treat me for my sequestered disc. They couldn't even explain what it was that I had.
?? Nobody was able to explain to me how ultrasound works or what its purpose was.
?? My program never progressed. I found out later that the individual treating me was brand new and had no knowledge of my diagnosis, my pain, my rehabilitation process, etc.?

After being evaluated and treated by a therapist, they couldn't believe 1) their own understanding of what was going on with their body from the education they received about their diagnosis, 2) their decrease in pain secondary to an appropriate plan of care, and 3) the difference in explanation of how and why modalities were used and what to expect from the rehabilitation process.

On several occasions, I have also interviewed individuals who worked at MD offices in the PT department. I cringed when I heard neither a PT nor an MD were on the premises while patients were being treated by PT aides and techs. This is illegal and happening everyday.

The proposed "Incident To" rule will ensure that scenarios such as the ones I have described above will no longer take place. Medicare beneficiaries will receive the rehabilitation therapy from skilled, well trained and educated professionals. To reiterate, I am in strong support for this new policy.

Sincerely,

Tina Shockley, BS, PT, CPI, CSCS

Submitter : Mrs. Jennifer Ashburn Date & Time: 09/23/2004 10:09:53

Organization : AMTA

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I implore 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. Please protect massage therapists's rights to work with or for medical doctors or chiropractors.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 23, 2004

Dear Sir or Madam:

I would like to express my support for the revised 'Incident To' requirements proposed by the 2005 CMS fee schedule in which only individuals meeting the existing qualifications and training standards will qualify to provide therapy services incident to physicians' services. This change in CMS policy will go a long way toward bringing more common sense to Medicare recipients in this country.

As a practicing physical therapist I have treated numerous patients that have reported to me the poor quality of care frequently provided by untrained individuals in physicians' offices. Yet what is more compelling is the story a young former employee of my clinic shared with me. I must withhold his name because he left our employment to attend full-time college coursework and I haven't been able to reach him for permission to use his name, however his story is not unusual.

This particular young man (I'll call him 'James?') was hired about 1 year ago at the physical therapy clinic in which I work. Prior to working here, he was employed by a physician to provide 'therapy' in that doctor's office. James related to me that he had no prior experience with this type of work, nor did he have any understanding of the rationales or physiologic effects of the various modalities he dispensed. The physician would simply write orders for particular procedures and modalities and James would do the best he could to carry them out. However he admits that he could rarely perform these with any real competence because he lacked the training and skills necessary to do so.

James discovered much of this after he worked in our clinic for several months. While working with professional therapists James gradually began to gain skills that he lacked while working for a physician. He learned that rehabilitation is a science and that physical therapists undergo rigorous training to learn that science. While physicians receive a painstaking medical education, their expertise is not rehabilitation. They certainly cannot provide the same positive patient outcomes with untrained employees that are so common place with skilled, formally trained therapists.

The proposed 'Incident To' rule will ensure that scenarios such as the one I have described to you no longer take place. Medicare beneficiaries will receive the rehabilitation therapy from skilled, well-trained professionals, and this is why I wish to strongly voice my support for this new policy. Thank you for your time.

I would be pleased to discuss this issue with your further at your convenience.

Gary L. Cunningham, MPT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

SECTION 623

Re. Revised ESRD Composite Rates Effective 1/1/05 (p. 47535)

When this proposed rule is finalized and an implementing CR is issued, please specify in the CR that ESRD MSA groupings for composite rates are based on the MSA groupings published in the 8/15/86 Federal Register and not the latest MSA groupings. Also, it would be very helpful if Composite Rate Table 18 published on pp. 47536-47541 showed the counties comprising each MSA.

For example:

- Baltimore, MD
- Anne Arundel, MD
- Baltimore, MD
- Baltimore City, MD
- Carroll, MD
- Harford, MD
- Howard, MD
- Queen Annes, MD

Additionally, MSA # 2030 Decatur AL and #0470 Arecibo PR are both shown as MSAs in table 18, but were not MSAs in the 8/15/86 notice.

Finally, we recommend that any updates to the composite rates also include an update to the latest MSA tables to more truly reflect current conditions. By using the MSA tables published in the 8/15/86 Federal Register, many providers are disadvantaged due to being classified as rural in 1986 when current conditions dictate that they be included in an MSA. For example, Ashtabula County, Ohio is now part of the Cleveland MSA where in 1986 that county was designated as rural.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not pass this policy. Every patient should have the right to see a specialist if their physician writes a Rx for it.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Athletic trainers have just as much a right to help people recover from athletic type injuries as a physical therapist. Also, the physician should be the one to advise the patient on what type of care and treatment are best for them, not a government worker.

Submitter : Mrs. Melody Henry Date & Time: 09/23/2004 10:09:09

Organization : Dr. Singh/ Dr. Arora

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

So Much more is involved in providing chemotherapy to patients other than just the cost of the drug. Nurses in hospitals are not certified on Oncology, which helps them to properly treat cancer patients. As well as the expense alone of being in the hospital overnight, delays in receiving proper chemo treatments have a tremendous effect on the overall patient response to treatment. Outpatient chemo clinics are more reliable, convenient, safe and overall would save money to the government instead of placing patients in hospitals for their treatments. This would force clinics to send pts. to the hospital where it is more costly, and requires much more time. For the sake of cancer patients everywhere please consider this matter carefully-do not make the clinics close.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please save the our right to work with medical doctors or chiropractors as massage therapists and allow our family and friends to receive professional health care in a physicians offices from those other than physical therapists only. Massage therapists in New York State have been discriminated against. We are required to fulfill a degree program and pass a New York State Board Exam, Since 1929! We are the professionals who have expertise with the muscular system and are not covered under the current Medicare Law. Include Licensed Massage Therapists as covered therapists for medically necessary treatment. Thank you for your consideration.

Submitter : Mrs. Diane Perkins Date & Time: 09/23/2004 10:09:38

Organization : American Masage Therapy Association

Category : Other Health Care Provider

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

allow Licensed Massage Therapists to provide services prescribed by chiropractors, naturepaths and Medical Doctors.
Many of my clients get better results with massage modalities and with just physical therapy.
thank you
Diane Perkins

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a health care provider, I see benefit in having various providers included in the treatment of patients/clients in various medical clinics in which I have practiced. I oppose limiting the types of professionals who can provide therapy in doctors offices. I would like to include other therapists, such as (but not limited to) craniosacral therapists, massage therapists, acupuncturists, etc. in the delivery of therapy when appropriate in a medical setting. Physical therapists should not be the only professionals allowed to practice and be reimbursed for treatment in a medical setting/in a clinic.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

I wish to comment on the August 5 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005." I want to express strong support for CMS's proposed requirement that physical therapists working in physicians' offices be graduates of accredited professional physical therapist programs. The value of licensure as a standard, even though current law prevents the agency from requiring licensure, it would be the most appropriate standard by which to achieve the objective of this rule.

I am a physical therapist assistant and currently in my final year of my masters degree to become a physical therapist. I work at Miami Valley Hospital in Dayton, OH in the outpatient physical therapy department. I have worked in nearly all areas of physical therapy in some capacity. I started as a volunteer back in 1994 and then became a physical therapy aide in 1997. While working as an aide, I felt that I knew enough to do my job effectively. As I advanced in school, I realized how much I didn't know and that at times I had put patients in danger due to my lack of knowledge. When I graduated in 1999 with my physical therapist assistant degree, I again felt very confident in my abilities to treat patients. I didn't feel there was much difference between me and a physical therapist except the pay difference. Again, as I progressed through the physical therapist program at the University of Findlay, I realized even more so how wrong I was. There is a huge difference between the training of a physical therapist assistant and a physical therapist. I feel very confident in the ability of physical therapist assistants to treat patients, but definitely under the guidance of a physical therapist. I can't imagine leaving the treatment of a patient in the hands of a lesser trained individual. I fully plan on continuing on to get my doctor of physical therapy (DPT) degree, so that I'm prepared to be the first contact as our profession moves into direct access. All programs offer at least a master's degree, and the majority will offer the DPT degree by 2005. Physical therapists must be licensed in the states where they practice. As licensed health care providers in every jurisdiction in which they practice, physical therapists are fully accountable for their professional actions.

A financial limitation on the provision of therapy services is scheduled to become effective January 1, 2006. Under the current Medicare policy, a patient could exceed his/her cap on therapy without ever receiving services from a physical therapist. This will negatively impact patient's outcomes because physical therapists have extensive training in developing individualized therapy programs by which these patients are progressed through. I speak from experience when I say that anyone with lesser training than a physical therapist assistant is inadequate to provide high quality and effective therapy to Medicare patients. Section 1862(a) (20) of the Social Security Act clearly requires that in order for a physician to bill "incident to" for physical therapy services, those services must meet the same requirements for outpatient therapy services in all settings. Thus, the services must be performed by individuals, who are graduates of accredited professional physical therapist education programs.

Thank you for your consideration of my comments.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Courtney Burken
Box 8010 900 College Street
Belton, Texas 76502
September 23, 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:

? A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY incident to service. Because the physician accepts legal responsibility for the individual under his or her supervision, 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. Outside referrals will involved delay of care and patient time and travel expense. Delaying recovery will ultimately lead to increased medical expenditures of Medicare.

? To mandate that only a few select 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 without statutory authority to restrict who can and cannot provide services ?incident to? a physician office visit. In fact, this action may be an 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,

Courtney Burken, ATC, LAT, PhD



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY STANDARDS AND REQUIREMENTS

I oppose this change requiring physicians to refer patients only to Physical Therapists and not Massage Therapists. I was in an auto accident a couple of years ago and received Chiropractic care, massage therapy and physical therapy as my treatment. I beleive I was able to get better because of the combination of treatment. Not one of these professions alone could have helped as much as the treatment of all 3.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

THERAPY ASSISTANTS IN PRIVATE PRACTICE

I support CMS new proposal that PTAs do not need personal, in the room supervision, and that in suite supervision is sufficient. They have the education and training and the professionalism to safely and effectively deliver treatment without having a PT hover over them in the same room.

It is also not fair that in home health and hospitals, they function without in room supervision, when in fact pts are more acute in those situations! Lets have more consistency for our Medicare patients, and give PTAs the respect they deserve.

Issues 20-29

THERAPY - INCIDENT TO

I support CMS's proposal to raise the standards of who may deliver Physical Therapy services and bill for this as Physical Therapy. I have been a PT for 30 years and personally know of many offices where MDs delegate PT modalities and exercise to unlicensed personnel and call this physical therapy. Physical Therapists and Physical Therapist Assistants are the only people who have the education and training to safely evaluate what are they appropriate services and to deliver them. We are experts in the musculoskeletal system and many Medicare beneficiaries depend on physical therapy to help them walk and regain their function and lives. Lets give them the best of the best, and protect them from people who are not professionally trained to help.
Thank you for your consideration of my comments.

Submitter : Mrs. Melody Henry Date & Time: 09/23/2004 10:09:42

Organization : Dr. Singh/Dr. Arora

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

Chemotherapy does not just involve the cost of the drug-there is also the cost of other supplies needed such as huber needles, safety catheters, IV bags, tubing, IV pumps, waste containers, dressings,etc.The list goes on and on. This also does not account for patient teaching giving them the time to have explained exactly what is happening to them, side effects etc. Also the different types of chemo treatments are more complicated than they used to be years ago- more time is needed to properly assess patients-make sure chemo is given in proper sequence, IV run time, accessing hepatic pumps for chemo, etc. This list is endless too. Hospitals are not the answer for these patients. Hospitals are more costly -even for a bandaid. The overall cost would be much greater if these patients end up having to have their chemo treatments in hospitals instead of outpatient clinics. Please do not make this mistake a reality.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Massage Therapy is a very important part of health care and a health care complement. This needs to be this recongized as an improtant part of health care.Please do NOT pass this policy whereby a physician can only refer 'incident to ' sevicess 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

It was brought to my attention that there is a proposal issued that will cause amendments regarding your policies on ?Therapy ? Incident to? billing services under the supervision of a physician.

It appears that the amendments will limit the services Certified Athletic Trainers are providing to Medicare recipients.

With earning a Master?s degree and 7 years experience as a Certified Athletic Trainer in Outpatient Physical Therapy settings I am displeased that I may be limited on performing skills that have produced excellent outcomes for your clients and our patients.

It is my hope that you will reconsider making changes to your current policies and allow those Certified Athletic Trainers with proven education, training and outcome success to serve individuals of ALL AGES receiving Medicare.

Submitter : Vera Date & Time: 09/23/2004 10:09:57

Organization : Vera

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a first year PTA student. I'm thankful for this opportunity to voice my opinion. As a former patient myself and knowing others who have needed the care of a Physical Therapist I can't imagine having this kind of care ever being delivered by anyone who is not licensed to do so. As a student, my main concern is for the patient. All of us have a right to specialized care.

Sincerely, Vera SPTA

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 physicians prescription or under their supervision. I beleive and I speak as a patient and a practitioner, it should be the dicission of the patients, on what kind of services they think would benefit them. Not everyone can heal by the same type of work, every body is different. Medication as an example, can have different chemical effects from one person to another, it all effect everyone differently. So if you make patients only be able to go to Physical therapists. Some people will heal, and maybe not to the full potential and some will not heal at all. I also beleive this would be going against the all provider statue, all insurance companies have to follow.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Dear Dr. McClellan:

I am an associate professor and director at the University of Indianapolis, Krannert School of Physical Therapy. I am in strong support of the August 5 proposed rule on 'Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005.' Please refer to the attached document.

Thank you for your consideration of my perspective.
Sincerely,

Christopher L. Petrosino, PT, PhD
Associate Professor/Director
Krannert School of Physical Therapy
University of Indianapolis
Indianapolis, IN 46227
Ph: 317-788-2182 Email: cpetrosino@uindy.edu

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We object to the proposed policy whereby physicians can refer only "incident to" services to physical therapists. Certified massage therapists, acupuncturists and other qualified health care providers must be allowed to provide services to patients with a physician's prescription or under their supervision for the overall welfare of the patient. Do not take a step backwards when thousands of patients are availing themselves of integrative medicine practitioners. The attending physician must have the freedom to prescribe the protocol that best suits the needs of the patient.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

It is important that you do NOT pass this policy where 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 attached MS Word file entitled CMS letter.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER HEALTH CARE PROFESSIONAL - INCIDENT TO

Ryan C. McMahan, ATC
 2084 Kinter Ave
 Hamilton, NJ 08610
 September 23, 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

Submitter : Mrs. Tambi Osier Date & Time: 09/23/2004 10:09:45

Organization : Judy's Intimate Apparel

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

We were recently made aware of a proposed rule change to Medicare policy that would adversely affect women who wear breast prostheses (L8030), post-mastectomy bras (L8000) and other post-mastectomy items (L8020, L8015, L8035, K0400).

Proposal (CMS-1429-P)

I ask that you exempt breast cancer survivors and the above listed DME codes.

The proposed new rule would require that prior to the purchase of a Medicare covered item, the recipient would have to have visited their physician in person to receive the prescription. The prescription would then have to be filled within 30 days. The rule would require that the face-to-face visit be for the sole purpose of the evaluation or treatment of the medical condition and not for the sole purpose of obtaining a prescription for the DME item, otherwise coverage will be denied.

For a breast cancer survivor this is a ludicrous request. Breasts do not grow back! There is no additional treatment after an amputation and subsequent radiation and chemotherapy. A missing breast cannot be examined, probed, nor subjected to mammography. In addition, breast prostheses have a limited life. They can split, loose their shape or leak. Post-mastectomy bras, just like other textiles, wear out over time. If a woman needs a replacement for normal wear and tear, she should be allowed to request a prescription over the phone and the physician be allowed to fax the prescription to the DME provider.

Further, when a woman is deemed cancer free, she is released by her oncologist from further medical visits for this condition. In the event that a woman needs an emergency replacement of any post-mastectomy product, this rule could preclude her from immediate replacement. It would also adversely affect women who travel or live in nursing home and assisted living facilities.

For breast cancer survivors, this proposed rule will cost Medicare more money with the unnecessary patient visits and waste the valued time of physicians who are overburdened and could be seeing patients with an emergent medical need.

Sincerely,
Tambi Osier
Manager & BOC Certified Fitter
Judy's Intimate Apparel, Inc.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

SECTION 303

see attached electronic file

CMS-1429-P-3555-Attach-1.pdf

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Desparately need a change in rural designation for Santa Cruz County (current locality 99). Reimbursement rates are 25% lower than our neighboring county 20 miles away for the same services performed by local physicians. See attached letter.

CMS-1429-P-3556-Attach-1.doc

CMS-1429-P-3556-Attach-2.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Good Day,

I am a pain management physician in a small town. I or my well trained nurse practitioner will perform physical therapy treatments to include cold or heat treatments, myofascial release, joint adjustments, education on stretching and strengthening, and or traction for patients that have had an injection or are acutely in pain. We do not have access to a PT nor an OT in the clinic. My nurse practitioner's and my training meet or exceed a therapists in these areas. Our patients would not be receiving quality and timely care if they had to wait for approval for a PT or OT visit (2-3 days) and then wait for an appointment (up to a week) to receive these treatments.

Certainly we use therapists for extensive therapy however they are not needed for more simple treatments that are needed acutely. There is also a cost savings because a therapist's full evaluation (\$100-200) would not need to be performed prior to therapy. The doctor or nurse practitioner would already have performed an appropriate exam.

Thank you for your time and your consideration.

C. Tracy Muscari, MD

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Sir/Madam:

I am writing with regards to the recent proposal that would recommends a change to Medicare regulations no longer allowing physicians to be reimbursed for the therapy services that may be administered by an athletic trainer. If this proposal were to be adopted, therapy services given by an athletic trainer would not be reimbursed by Medicaid, only those of a physical therapy, a physical therapy assistant, an occupational therapist or occupational therapist would be reimbursed. Due to similar trends among insurance companies, this means that athletic training services may not be reimbursed by any clinical settings.

As an athletic trainer, an individual is trained to evaluate, treat and rehabilitate various injuries that may occur during athletics or during work activities. Athletic trainers are trained in rehabilitating athletes back from injury and returning them to their full potential abilities. This is not only an issue in competitive sports, but also in the clinical and industrial settings, to improve the acts of daily living of an individual and returning them to work ready and prepared to take on their daily tasks. Athletic trainers work under the supervision of a physician in general physician offices, non-athletic locations, athletic training rooms, and sports medicine clinics. Not only do athletic trainers specialize in rehabilitation of sports injuries, but also in recovering from non-sport related injuries such as overuse injuries. The amount of training that an athletic trainer generally has in the area of injury rehabilitation is generally equally or more qualified than a PT, OT, PTA, or OTA. Classes that an athletic trainer takes are often the same classes as a PT would take or are similar classes. Not only do athletic trainers have to pass the NATABOC exam, but they are also required to enhance their education by participating in continuing education courses.

In conclusion, the education of an athletic trainer is regarded by the federal government as equivalent to a PT's, and it is more significant than an OT, PTA, or OTA. Please keep this in consideration as you contemplate the proposed Medicare changes. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

SECTION 952

I wish to applaud the change in supervision status for PT Assistants in Private Practice settings. It is moving in the right direction. However, with further investigation into all our 50 state's supervision requirements for patients in a mobile, out-patient setting; it will be clear that "General Supervision" is most usually required.

I have been a PTA for 3 years, and before that had a 27 year career in public relations and marketing with a bachelor's degree from UC Berkeley. When I look at current Medicare supervision rules, I can't help but notice the inconsistencies.

Supervision of the PTA is not specifically delineated for in-patient or out-patient PT services--so those sites are governed by state practice law. In many of our states, that is "General Supervision". Yet if I look at out-patient private practice, the new level of supervision is only "Direct". The PT's in each of the out-patient settings are licensed--the only difference is the type of company that owns the clinic. The patients are all more ambulatory, and independent than in any other practice setting (including SNF, that requires only "General" supervision"). Why would PTAs in a privately owned out-patient clinic require "Direct" supervision for safe and appropriate provision of PT services, when those PTAs in a hospital owned clinic (may be many miles from the hospital), are somehow more "competent" as they are only required to have "General" supervision.

To really be consistent, Medicare supervision rules should provide for "General Supervision" in all patient care settings, unless state practice law requires a more stringent level. Those levels do vary in some states, and the reason may be a PTAs lack of licensure in many of them. Most states now require licensure for PT Assistants, because it is the best way to protect the public: ensuring that properly educated, competent individuals are providing physical therapy services. In states where licensure is required, the overwhelming rule of supervision in all patient settings is "General".

Thank you for your time and consideration in this matter. I serve as an advocate for the best overall healthcare for all of my patients, and I would be remiss, if I did not pursue this through all avenues.

Sincerely,
Sandra J Molhoek, BA, PTA
Oregon,
sandy33@verizon.net

Issues 20-29

THERAPY - INCIDENT TO

I wish to comment on the August 5 proposed rule on ?Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005.? I support CMS's proposed requirement that physical therapists working in physicians offices be graduates of accredited professional physical therapist programs.

I have a bachelor's degree (1972-Phi Beta Kappa, Magna Cum Laude from UC Berkeley: an avenue into a 27 year career in public relations and marketing. I am now a Physical Therapist Assistant, with 3 years in out patient orthopaedic practice. From my extensive experience in the business world, I have learned that honesty and integrity with the customer is essential. Misrepresentation of any kind undermines trust, is harmful to outcomes, and is not financially productive in the long run.

Physical therapists and physical therapist assistants, under the supervision of physical therapists, are the only practitioners who have the education and training to furnish physical therapy services. Unqualified personnel should NOT be providing physical therapy services. Our senior population counts on Medicare to help them receive safe and effective medical care, so it would be most appropriate to also require licensure as a standard for these professionals. Licensure is a commonly accepted standard in our society to achieve proper protection of the public.

Physical therapists must be licensed in the states where they practice. As licensed health care providers in every jurisdiction in which they practice, physical therapists are fully accountable for their professional actions. Physical therapists receive significant training in anatomy and physiology, have a broad understanding of the body and its functions, and have completed comprehensive patient care experience. This background and training enables physical therapists to obtain positive outcomes for individuals with disabilities and other conditions needing rehabilitation. This education and training is particularly important when treating Medicare beneficiaries.

The delivery of so-called ?physical therapy services? by unqualified personnel is harmful to the patient. There is no physical therapist

evaluation performed, and no overall treatment plan, with short and long-term goals. Palliative modalities may be performed, but the training for provision of these services is questionable. The most essential part of "Physical Therapy" is most frequently missing:

- 1) Education in an individually contoured and properly performed home exercise program, with transition to a maintenance program for continued mobility, and strength to protect against re-injury.
- 2) Education in proper body mechanics for performance of ADL's and work activities. Again, for prevention of re-injury, or new injury.
- 3) Patient understanding of the need to take personal responsibility for participation in their own health outcomes: follow through with exercise, posture, body mechanics etc.

A financial limitation on the provision of therapy services (the therapy cap) is scheduled to become effective January 1, 2006. Under the current Medicare policy, a patient could exceed his/her cap on therapy without ever receiving services from a physical therapist. This will negatively impact patient's outcomes. This will then negatively impact Medicare's finances. Patients will require continued appointments for the "palliative care" received from non-PT providers. Without posture and body mechanics education and performance training, patients will have to return again and again secondary to re-injury... It will be a continued financial burden.

In closing, I wish to thank you for your time and consideration. I know that CMS is making every effort to provide comprehensive, safe and effective medical care for its beneficiaries.

Sincerely,

Sandy Molhoek, BA, PTA

Oregon

sandy33@verizon.net

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do NOT pass this policy, restricting a physician's referral of "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 a physician's supervision.

Thank you.

Sincerely,
Lynn Leyda, CMT, NCBTMB, ABMP

If you wish to REPLY, reply to : "lynnleyda@hotmail.com"

Submitter : Miss. Michelle Groves Date & Time: 09/23/2004 11:09:41

Organization : Individual response

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am currently enrolled in a Physical Therapy Assistant program in the state of Ohio. I would like to comment on the proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005." I am expressing strong support of CMS's proposed requirement that physical therapists working in physician's offices be graduates of accredited professional physical therapist programs. What has started as a 2 year program has taken me 4 years to complete. It has been difficult and exhausting but I have cherished every moment. I don't feel it fair for someone else to provide the services that I was trained to do. Physical Therapist and Physical Therapist Assistants under the supervision of physical therapist are the only practitioners who have the education and training to furnish physical therapy services. Anyone personnel who is unqualified should not be providing physical therapy services.

Thank you Mark B. McClellan, MD, PhD for considering my comments.

Sincerely,

Michelle Groves

Submitter : Mrs. Annette Steiner Date & Time: 09/23/2004 11:09:28

Organization : Individual response

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am currently enrolled in a Physical Therapist Assistant program in the State of Ohio. I wish to comment on the August 5th proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calander Year 2005." In the proposed rule, CMS discusses establishing requirements for individuals who furnish outpatient physical therapy services in physician's offices. CMS proposes that qualifications of individuals providing physical therapy services "incident to" a physician should meet personnel qualifications for physical therapy in 42 CFR 484.4, with the exception of licensure. This means that individuals providing physical therapy must be graduates of an accredited professional physical therapist program or must meet certain grandfathering clauses or educational requirements for foreign trained physical therapists. I am going to school for two years to get my license. I believe that since I have been properly trained and will have a license that I should be the only one that should provide physical therapy services.

Thank you Mark B. McClellan, MD, PhD for considering my comments.

Sincerely,

Annette Steiner

Submitter : Date & Time:

Organization :

Category :

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 should be allowed to provide services to patients with a physicians prescription or under their supervision.

I personally have received physical relief from cranial-sacral therapy, relief that would not have been received any other way. I also utilized deep-tissue therapy to lessen neurophy pain caused by chemotherapy.

Thank you for your consideration.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

I am a physical therapy student that will graduate in May, 2005 with a Doctorate in Physical Therapy. I will be entering the field of physical therapy in the very near future and have concerns regarding the 'Therapy-Incident To' policy. I would like to comment on the August 5 proposed rule on Payment Policies Under the Physician Fee Schedule for Calendar Year 2005. I strongly support the proposition to require individuals providing physical therapy services 'incident to' a physician to be a licensed physical therapist. After studying and preparing to enter the field of physical therapy over the last three year in an accredited physical therapy program, I feel I have the knowledge and tools to safely provide physical therapy treatment to any patient. However, without the education and clinical experiences I have gained, I do not feel that physical therapy services could be performed in a safe, effective manner. I feel it is dangerous and not in the patient's best interest to have an unqualified individual provide such services. Thank you for your time.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I oppose medicares proposed policy to eliminate any provider except physical therapist from providing "incident to" medical professionals services to patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Restricting access to any of the many avenues of health care will seriously undermine the ability for patients to access the best of care that is available for the American people. It is imperative that all qualified health care providers be allowed to provide services to patients with a physicians prescription or under their supervision. Please do NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. Thank you for your involvement in this serious concern. Bobbi Stutsman, H.H.P.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I oppose the section which would prevent physicians from referring patients to massage therapists.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Here is a letter in response to the "incidnet" to services.

Sincerely,

Jeannie Rojas, SPT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Do Not pass this policy whereby a physician can only refer "incident to" services to physical therapists. All health care providers ought to be able to provide services to patients with a physicians referral/perscription for treatment.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am strongly opposed to the proposed policy which eliminates all healthcare providers except Physical Therapists from providing "incident to" medical professionals' services to patients. Many such providers, and especially Licensed Massage Therapists, are highly trained and highly regarded professionals whose expertise supports the primary treatment offered by medical professionals. There are numerous medically appropriate situations and conditions where such other modalities promote healing and enhance health. The opportunity to provide such services should not be limited a single modality or professional designation. Such a limited approach reduces rather than expands the resources available to medical professionals for medically- and cost-effective treatment.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Nicole Schwab
1995 E. Coalton Rd.
#54-102
Superior, CO. 80027

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

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

My name is Nicole Schwab and I am currently a physical therapist student, finishing up my last year of studies at Regis University in Denver, Colorado. In May 2005, I will graduate with a Doctor of Physical Therapy degree.

I am writing in regard to the August 5 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005." I would specifically like to address the "therapy-incident to" issue concerning the implementation of standards for personnel providing physical therapy services within physician offices. I am in support of the proposed rule by CMS that requires the delivery of outpatient physical therapy services in a physician's office be provided by individuals who are graduates of an accredited professional physical therapist program.

My position is from a student's standpoint that has experienced the extensive education and training that is necessary to perform the skills of a physical therapist. My studies on management of the human body, that includes understanding of body kinematics and rehabilitative techniques, enables me as a therapist to provide optimal care for my patients with disabilities and injuries. My education has molded me into an expert in the field of physical therapy to deliver services for patients requiring rehabilitation that another professional without the same education cannot provide.

Hundreds of students each year put in an immense amount of time and effort to complete the minimum educational requirements established in January 2002 that requires a post-baccalaureate degree from an accredited program. The Commission on Accreditation of Physical Therapy accredits physical therapist programs, an independent agency recognized by the U.S. Department of Education. Those who provide physical therapy services without the appropriate qualifications are not only insulting the profession and those who have accomplished the comprehensive training, but are also in violation of section 1862(a)(20) of the Social Security Act. It is outlined in the act that in order for a physician to bill "incident to" for physical therapy services, those services must be performed by persons who are graduates of an accredited professional physical therapist program. These requirements are the same for outpatient therapy services in all settings. Furthermore, physical therapy services delivered by unfit personnel have the potential to harm patients. Many individuals come into the clinic as complex cases that require a differential diagnosis. As a doctor of physical therapy I have been educated to accurately identify complex cases and proceed with the proper plan of care. Failure to recognize critical signs and symptoms, misdiagnosis, or implementation of an inappropriate treatment may be fatal to the patient.

To further ensure that no patient is harmed from the services rendered by personnel without the proper education, I must emphasize the value of agencies requiring licensure from persons wishing to provide physical therapy services. It holds professionals accountable for their actions and should be considered as a standard to prevent unqualified individuals from delivering physical therapy services.

In closing, I would like to thank you, Mark B. McClellan, MD, PhD for the time you have taken in consideration of my position on this matter.

Sincerely,
Nicole Schwab



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Limiting the general public's choice for health care provisions to physical therapists only is very limiting. Massage Therapist, Chiropractors, and Acupuncturists, to name a few, are extremely helpful and produce consistent results of health improvement. I personally as a Licensed Massage professional have helped several clients whom had gone through Physical therapy with little improvement. After visiting me they have regained full range of motion and reduced pain. Such limiting legislation reflects the ignorance of understanding the human body's physiology and it sounds as if Physical Therapists are trying to secure the corner on the market. Thank your constitutional rights that your choice for example on motor vehicles is not limited to just one company, so when it comes to the most important vehicle you have, your Body, why then should you limit your choices of providers. I believe all qualified health care providers should be allowed to provide services to patients with a physician's prescription or under their supervision.

Thank you,
Michael King L.M.T.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please DO Not pass this policy allowing physicians to 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 supervision

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I would like to register my opposition to the proposed legislation. As it is written only one group (physical Therapist) will benefit from this. PT although being one source of therapy is far from being the only source. Our patients have a variety of needs where therapy is done on an individual basis, many are less expensive than PT. The bottom line is providing the right treatment to the patient.

Submitter : Mrs. Tracey Goff Date & Time: 09/23/2004 11:09:41

Organization : Mrs. Tracey Goff

Category : Physical Therapist

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 would like to comment on the proposed rule on "Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2005." I am a licensed physical therapist practicing for seven years in an out patient rehabilitation center as part of a hospital.

I believe the delivery of "physical therapy services" by unqualified personnel can be harmful to the patient. Many of these health care professionals do not possess the expertise to safely and properly perform modalities they are classifying as physical therapy, as well as, understand the physiological ideas that support the therapy. It is unfair to the public to be charged for a physical therapy service that is not performed by someone with a physical therapy degree, trained to carry out the task. Currently, degrees in physical therapy are at the post "baccalaureate level with all accredited schools offering a master's or doctor of physical therapy degree.

I also believe many patients are unclear of their benefits and how the medical services they receive are billed. It is unfortunate a patient may arrive at a clinic to receive physical therapy services by a licensed physical therapist, only to discover they have already used a portion of their allotted visits or funds toward payment of physical therapy. Patients become frustrated with the system because they do not understand why "physical therapy services" are exhausted when they haven't even stepped foot into a physical therapy clinic.

I believe the current method of billing of "incident to" services is a poor reflection of our credibility as professionals and eventually limits the patient from receiving appropriate and justified physical therapy when needed. With the patient's best interest in mind, I would like to show support to CMS's proposal.

Thank you for your consideration of these comments.

Sincerely,

Tracey Goff, MPT

Submitter : Mrs. Carol Benn Date & Time: 09/23/2004 11:09:59

Organization : American Massage Therapy Association

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 physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Dear Sirs;

I feel that massage therapy and other forms of body work should be an accepted part of your program. It can assist in the recovery from injury often without the use of drugs.

Sincerely,

Amy Bidwell
LMT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

MASSAGE THERAPISTS ARE HIGHLY QUALIFIED TO ADMINISTER THERAPY FOR CLIENTS IN THE SETTING OF DOCTORS OFFICES, CHIROPRACTORS OFFICES, AND THOSE UNDER THE DIRECTION OF HOSPITALS. WHAT A SHAME TO IGNORE THE HARD WORK OF OTHERS LIKE THOSE OF THE MASSAGE COMMUNITY IN THE PRACTICE OF TREATMENT FOR THE GENERAL PUBLIC.

Submitter : Mrs. Tina Merced LMT,NCTMB,CST Date & Time: 09/23/2004 11:09:50

Organization : Associated Bodywork and Massage Professionals

Category : Other Practitioner

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. If this policy passes, there may be a shortage of qualified providers of necessary treatments to medicare patients. For example, many Certified Lymphademic Specialist are operating under the authority of their massage therapy licenses.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Medicare needs to accept The massage professional as a separate group of professionals. The clients benefit fully and wholly from our manual care with side affects or pain. Medicare needs to realize the benefit of working with other health professionals and not to reject this group. Before PT and chiropractors were a strong group in congress, massage therapists worked in HOSPITALS as part of their training. Today it is a thing of the past thanks to the PTs is earlier years with jealousy. We need to work together for the full and positive benefit or our clients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I understand that this rule will exclude massage therapy as an option for physician referral. It is a misconception that physical therapy provides the same treatment and benefit as massage therapy. Massage therapists are trained to correct muscle imbalances which contribute to chronic pain. As examples, neuromuscular therapy (NMT) addresses referred pain. Structural integration realigns the muscles which are causing posture problems, relieving pressure on joints. Not all physical therapists are aware of these techniques. Please reconsider disallowing massage thereapists as part of the total health team.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Dr. Mark B. McClellan
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

Dr. McClellan:

My name is Susan A. Dalaba, PT and I co-own an outpatient private practice in Cortland, New York with Susan D. Miller, PT, DPT, MS, OCS, Helen Duxbury, PT, and Alice C. Fadden, PT. We started our business in 2000 and as our business grew we eventually hired a physical therapy assistant (PTA) and another PT. One of the things that has always dismayed us as employers and as practitioners is the Therapy Standards and Requirements for the PTA in the outpatient private practice setting. In all the other settings that a PTA could work, whether it be a hospital, nursing home, home health, or a school, the PTA can provide services without the in-room supervision of a physical therapist.

My partners and I strongly support CMS's proposal to eliminate the requirement that physical therapists provide personal supervision (in the room) of physical therapist assistants in the physical therapist private practice office, and replace it with a direct supervision requirement.

PTAs have the education and training to safely and effectively deliver services without the physical therapist being in the same room as the physical therapist assistant. State licensure laws recognize the PTAs have the education and training to safely and effectively deliver services without the physical therapist being in the same room. No state requires personal (in the room) supervision of the physical therapist assistant.

In closing, I would like to thank you for your consideration of my comments. Should you have any questions or concerns, please feel free to contact me at the address or phone number listed below.

Sincerely,

Susan A. Dalaba, PT
Fadden & Associates Physical Therapy, PLLC
242 Port Watson Street
Cortland, NY 13045
(607) 758-7212

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

September 23, 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:

The recent proposal that would limit providers of "incident to" services in physician offices and clinics is of great concern to me. If approved, this would eliminate the ability of qualified health care professionals to provide these important services. It would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

Please consider the following points:

? A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) who 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 physicians in terms of who he or she can utilize to provide ANY "incident to" service. Private payers have always relied upon the professional judgement of the physicians to be able to determine who is or is not qualified to provide a particular service.

? 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. Seventy percent of all athletic trainers have a master's degree or higher. Athletic training 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 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.

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

Sincerely,

Jeffery B. Hogan, ATC
Head Athletic Trainer
University of California, Davis
Chair, NATA District 8 Governmental Affairs Committee



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

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

My name is Mike Severino and I am currently a final year, doctorate of physical therapy student at Regis University located in Denver, Colorado.

?Therapy ? Incident To?

I wish to express my opinion on the August 5th proposed rule regarding the 'Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005'. My interest in this issue deals with the necessary requirements that need to be established among individuals providing physical therapy services in an outpatient setting within physician's offices. Graduates of an accredited professional physical therapy program, certain grand-father clauses, or other educational requirements for foreign-trained physical therapists should only distribute individuals providing such services described as physical therapy.

I strongly believe and urge others to consider how necessary maintaining and enforcing the use of licensure helps preserve our professional integrity. It establishes a sense of consistency as well as implies a standard level of practice on all those under the title of physical therapist. As a physical therapy student earning my doctorate level degree I believe that through advancing the educational requirements of the profession, further distinction of physical as a credible medical entity will be upheld and advanced. Strong and significant educational training in human anatomy/physiology and developing a wide understanding of the body and its functions, provides adequate and necessary training to enable only accredited physical therapists to administer comprehensive, knowledgeable, and more importantly scientifically supported patient care.

Therefore, I urge you to consider only permitting licensed physical therapists and physical therapy assistants to administer physical therapy services. I appreciate the time and consideration you, Mark B. McClellan, MD, PhD, have given to my comments.

Sincerely,

Mike Severino

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dr. McClellan,

Thank you for the opportunity to provide comments on this issue. First, let me state that I strongly support the CMS proposal that individuals providing physical therapy care incident to a physician be required to adhere to the same standards that all other practitioners providing this care are required to meet. I am a physical therapist practitioner in a private practice, and we contract with a hospital for all of their physical therapy services. Having been in practice for 28 years, I am well aware of the expectations of CMS of a physical therapist when we provide physical therapy to a Medicare client. We must be graduates of an accredited program physical therapy program, all of which are now at a post-graduate level, and over 50% of those are at the doctoral level. As licensed medical professionals, we are held to a range of standards by our state practice acts. Additionally, there are extensive standards that we must adhere to as prescribed by CMS, including examination, establishment of a plan of care, and ongoing assessment to maximize the outcome to the Medicare beneficiary.

Given these expectations of physical therapists providing services to Medicare beneficiaries, I do not believe that a physician should be able to delegate physical therapy to someone other than a physical therapist. The Social Security Act 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. Given that, I believe the provider should graduate from a physical therapy program and comply with the same standards of care that are required of physical therapists in hospitals and physical therapy private practices.

To delegate physical therapy to an individual without the training and expertise of a physical therapist negates the value of having the standard in the first place. Again, I strongly support your intent, and thank you both for recognizing that a variance in the quality of care will exist if the standards are not equally applied, and for the opportunity to provide you with these comments.

Submitter : Miss. Katherine Bartosik Date & Time: 09/24/2004 12:09:29

Organization : NATA

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 23, 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,

Katherine E. Bartosik, MEd, ATC
NovaCare Rehabilitation
Head Athletic Trainer - Bishop Shanahan High School
Downingtown, PA 19335

Submitter :

Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

My name is Dennis Spurrier. I am an Athletic Trainer, who has been practicing for 28 years in the Richmond, VA area. My skills as an Athletic Trainer are recognized in the community not only on the "Field", but also in the clinic setting. Many local physicians refer patients to my facility to work with me directly.

I am also an administrator with Healthsouth, and run 3 of their facilities. I have held this position for almost 15 years. I am the Director of Medical Services for the Virginia Special Olympics, director of outreach services in VA for Healthsouth, and coordinator of "on field coverage" for many entities in the greater Richmond area.

On a more humorous note:

Many of the coaches, administrators, parents I have been working with "and on" the last 28 years are now 65+, and expect me to work with them at the clinic. Obviously this does not happen. I feel my skills as an Athletic Trainer, as well as all Athletic Trainers meet, and exceed the needs of all our patients.

I hope consideration will be made to provide the skills and talents of Athletic Trainers for all patients in the clinical setting.

In closing. Athletic Trainers are the only healthcare professionals who provide initial care, first aid, rehabilitation and return athletes to the field.

thank you , Dennis Spurrier

Submitter : Jennifer Lazar Date & Time: 09/24/2004 12:09:57

Organization : Jennifer Lazar

Category : Individual

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 healthcare 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 10-19

THERAPY ASSISTANTS IN PRIVATE PRACTICE

I support your recommended revision in the level of supervision for the physical therapist assistant in the private practice setting. I work in a hospital setting, and believe that the level of supervision that we are permitted, direct supervision, should also be utilized in private practice. I do not believe that this change will have any negative impact on the quality of care for Medicare beneficiaries.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

PRACTICE EXPENSE

I am proud to be a Registered Physical Therapist for the past 27 years. I have been in private practice, for the past 16 years. I am extremely concerned over the growing number of physician and other health related offices, which are providing so called Physical Therapy services by non qualified personnel. I frequently receive disturbing feedback from patients who have previously received treatment in the above type facilities. It is quite frustrating to hear that patients are continuing to be billed for Physical Therapy services from non registered staff members. I strongly urge you to support and pass CMS-1429-P. Your consideration on this important matter is sincerely appreciated. It is about time that patients receive the professional quality of care that they deserve.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I would like to extend my support for the CMS proposed requirement that physical therapists working in physician's offices be graduates of accredited professional physical therapy program. I also support the need for licensure for these therapists to protect the public and ensure that quality services are provided. My experience on the state licensing board has demonstrated to me many times that only physical therapists or physical therapist assistants working under the supervision of physical therapists are qualified to treat our medicare patients. Unqualified personnel attempting to provide physical therapy often leads to poor outcomes or even injury to patients. Medicare has already set standards for providers in hospitals, physical therapy private practices, CORFs and ORFs, and the same standards for physical therapists providing services should be extended into the "incident to" requirements.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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 was informed of Docket 1429-P recently and I am shocked that anyone would consider giving "incident to" services over to just one group of care providers. There are many other care givers who can help these people. Chiropractors and Massage Therapists are just two examples of other care providers that can provide good and affordable care. It makes me wonder about the kind of care that is being provided when people would take such great pains to "lobby" their way to something when their abilities should be enough to get them there.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

GPCI

We oppose implementation of the proposed GPCI's in localities in multi-locality states with county GAFs exceeding the 5% threshold of their locality and proposed GPCI increases. We propose locality revision as the priority.

Although we support input of state medical associations in locality revision, we oppose the proposal that the state medical association be the only impetus behind locality changes.

Attached are full comments.

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 professionals should be allowed to provide services to patients with a physicians prescription or under their supervision. Please keep in mind the positive effects that alternative therapies have on stress reduction and disease control. Certified Massage Therapists should be included. Thank you.

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.
Thank You. Sincerely, MS. Otilia Poltarack MA#4184

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Sir/Madam,

I want to strongly ask that you 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 doctors prescription or under their supervision. A physician has the right to delegate the care of his or her patients to trained individuals whom they deem knowledgeable and trained in the protocols to be administered. Medicare and private payers have always relied upon the professional judgement 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. Secondly to mandate that only physical therapist, occupational therapists, speech and language pathologists can provide "incident to" outpatient therapy services would improperly remove the states' right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services. Thank you in advance for your vote opposing this policy that will most certainly restrict the physicians abilities to utilize their judgement and limit those who could provide ANY "incident to" service. In addition thank you for not supporting exclusivity to providers of therapy services and deminishing from the States right to license and regulate the allied health care professions. Sincerely, Laura Benson, L.M.T., C.N.M.T.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Services billed as Physical Therapy should only be reimbursed if those services are performed by a licensed Physical Therapist or a licensed Physical Therapy Assistant. To do otherwise may result in harm to the consumer due to untrained personnel performing duties they are not licensed to perform. This will also result in a decrease in consumer confidence for the profession of Physical Therapy as consumers assume that anyone can perform Physical Therapy interventions.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

SECTION 952

I, as a Physical Therapist who hold a Masters Degree in the field, strongly support CMS's proposal that individuals who furnish physical therapy services in physician's offices MUST be graduates of an accredited professional physical therapist program. PTs and PTAs are the ONLY caregivers who have the appropriate training to provide PT services. Graduating PTs are now required to hold master's degrees in the field in order to be eligible for licensure. Many weeks of specific clinical affiliations are requisite to all PT programs. Exercise physiologists and athletic trainers do NOT have the scope of knowledge of disease processes and their implications, to make sound therapy related decisions regarding treatment plans. These unqualified personnel are likely to not know many of the CONTRAINDICATIONS of therapy treatments, thus potentially harming their clients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See Attached Letter

Submitter : Catherine Thompson Date & Time: 09/24/2004 01:09:17

Organization : Catherine Thompson

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Massage therapy is a necessary service physicians and other practitioners should be allowed to provide. A physical therapist is not a massage therapist and a massage therapist is not a physical therapist. They have aspects in common. It is a disservice to both professions and the unique qualities they offer to promote one over the other. The choice should be left to the patient and the physician/doctor in their unique situation. Please do not take this choice away. Each has something unique to offer. Please do not bring in mediocrity into the healthcare system when these unique modalities are historically separated FOR A REASON. They are not the same. It is not fair to the consumer, it's disrespectful to physicians that are trying to offer good care and it's not fair to the dedicated massage professionals or the physical therapists. Physical therapists did not go to school to be massage therapists. They may use similar techniques but their intention and approach is different. I have had both physical therapy to recover from injuries - and various specialties of massage for my well-being to address various issues. I experienced both experiences as being dramatically different. You cannot and should not substitute one for the other.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a medical massage therapist working in an outpatient physical therapy clinic, I have been privileged to work on patients of Medicare age both in clinical and private practice. The benefits they hve received great benefits from this type of therapy. I do not want physical therapists to be the only health care professionals allowed to provide medically related care to physicians' patients. I do not "do" physical therapy in my work, and the PT's I have worked with say they prefer qualified massage therapists to provide that service to patients so that they can attend to the areas that require their expertise. Most likely it would be a "task" assigned to a physical therapy assistant and many are not qualified to do specialized massage work. Massage Therapists are specialists. I had 700 hours of inital training and have to complete many more hours each year to maintain my license. Therapists who work under the supervision of physicians take pride in the Continuing Education coursework they pursue. And that coursework has nothing to do with the type of continuing education that a PT would be taking. Please keep this work covered under the care of our older citizens. The physical therapy and massage therapy work in conjunction with each other very well. Please allow services to be covered by licensed medical massage therapy and not restricted to physical therapists. Thank you for reading this message.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I ask that you 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.
Thank you

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Attached please find our comments.
Thank you

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please refer to the attached file

CMS-1429-P-3610-Attach-1.pdf

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I write about the extremely unfair reimbursement plan now existing in Santa Cruz County in CA. Our neighboring county, Santa Clara, pays doctors 25% more. It's hard to recruit doctors here and it interferes with patient care.

Please bring us up to parity with other Bay Area Counties.

Thank you.

Maryellen Walsh and Mac Small

Submitter : Michele Porzel Date & Time: 09/24/2004 01:09:52

Organization : Intuitive Healing Center

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

I ask you not to pass this policy (Issues 20-29) 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. I am a Massage Therapist, a member of AMTA and hold the national certification, NCBTMB. Clients have the right to a greater range of services than what physical therapists can provide. I often see that clients need relaxation and opening of tissue before exercises that are usually prescribed. Please make sure that the clients options are not limited to physical therapists. Thanks!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Attached please accept our comments. Please send us an e-mail to confirm that you have received the attachment as we have tried this two times now and we are not sure that the attachment has been received by CMS.

Thank you
Denise Merlino for Dr. Gary Dillehay
dmerlino@snm.org

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not pass this policy whereby a physician 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.

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 an Athletic training student at Indiana University and will be graduating in December. The proposed revisions concerning the profession of athletic training is threatening my career as an athletic trainer. We provide immediate care and rehabilitation of injuries as well as take care of chronic overuse problems. State of the art equipment has been a major part of our learning environment which will continue to better the athletes we deal with as well as the general public. Athletic trainers are definitely an added benefit to the medical profession and will continue to work along with all other medical branches in order to benefit anyone who may need our help.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

'Therapy-Incident To'

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I oppose Medicare's proposed policy to eliminate any provider except PT's from providing medical professional's services to patients. As a health professional and client, I find that alternative methods such as Massage Therapy provide equal and sometime better relief than other methods. A few of my clients have come to my office after having no success with prescribed drugs and Physical Therapy. For those who are for this policy; you should try Massage Therapy as an alternative therapy. It does work.

Submitter : melanie stillion Date & Time: 09/24/2004 01:09:47

Organization : AOBTA

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Under the current proposal, medicare, patients, and qualified therapists all lose. 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 physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I would never visit a podiatrist for my toothache. It is the quality of care I seek from a professional trained in my particular ailment I will require. The most skilled and educated professional will administer optimal care, safety and assistance in my maintaining a healthy life.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

?Please see attached file?

A financial limitation on the provision of therapy services (referred to as the therapy cap) is scheduled to become effective January 1, 2006. Under the current Medicare policy, a patient could exceed his/her cap on therapy without ever receiving services from a physical therapist. This will negatively impact patient?s outcomes.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

"Please See Attached File"

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I agree that the Association strongly opposes the use of unqualified personnel to furnish physical therapy services. I am a Physical Therapy Assistant student and although I have no personal experience on this matter, I do feel that it has a negative impact of using unqualified personnel to furnish physical therapy services. They should be billed under their own therapy.

Submitter : Mrs. Dayna McCall Date & Time: 09/24/2004 01:09:54

Organization : UMDNJ

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 23, 2004

The Center for Medicare and Medicaid Services

Dear Sir or Madam:

Would you want your barber performing surgery on you or a loved one? Back in the 1800's it was common place for a local barber to practice medicine. It is now the year 2004, and unqualified personnel are still providing medical services! The proposed 2005 Medicare physician fee schedule rule can make a difference in the evolution of healthcare.

Physical therapy is a profession that involves a great deal of knowledge and specialized skill. I am currently enrolled in the Doctor of Physical Therapy Program at The University of Medicine and Dentistry of New Jersey. In order to become qualified to practice physical therapy I must complete seven years of schooling, four clinical affiliations, and pass a state licensing examination. It is imperative that I prove my level of competence so that the public will receive safe and effective treatment.

No one other than a licensed physical therapist encompasses the expertise needed to perform physical therapy. The physician fee schedule rule can maintain healthcare standards, protect patients, and ensure that credible services be administered to patients. Therefore I strongly support the proposed personnel standards for physical therapy services provided ?incident to? physician services.

Sincerely,

Dayna McCall
Student Physical Therapist
UMDNJ

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

PLEASE CONSIDER THE FOLLOWING LETTER REGARDING CMS-1429-P

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

THERAPY ASSISTANTS IN PRIVATE PRACTICE

No in room supervision of PTA's, rather in clinic

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I do not agree that only physical therapists should 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 : Mrs. Melanie Bauer Date & Time: 09/24/2004 01:09:29

Organization : Orthopaedic Center of Southern Illinois

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

ASSIGNMENT

I am a Certified Athletic Trainer and I worked in an orthopaedic clinic providing care for many medicare and medicaid patients. I am very upset about this new revision on not allowing athletic trainers to provide care to this people population. Certified athletic trainers are required to attend a 4 year undergraduate program to become skilled in providing care and rehabilitation to injuries, while only most Physical Therapy assistants have 2 years of schooling.

We (ATC)focus on sport but we also focus on other orthopaedic injuries that occur outside of sport. Our required curricula include classes such as Advanced rehabilitation techniques, modalities, kinesiology, biomechanics, emergency care, and more involved classes. Along with class room work we are required throughout our college career to work in many different clinical settings to learn and acquire skills not only in the sport setting but also in industry, clinical and injury prevention fields.

While having most of my work experience in a clinical setting I feel that I have as much knowledge as a physical therapist assistant and I could also add more skill in my rehab techniques to those patients who were still physically active and I am able to provide help for those patients who may not be. Please do not take away our priviledges for working on medicare and medicaid patients. These patients need our help to get better and live healthier and happier lives.

CARE PLAN OVERSIGHT

I am a Certified Athletic Trainer and I worked in an orthopaedic clinic providing care for many medicare and medicaid patients. I am very upset about this new revision on not allowing athletic trainers to provide care to this people population. Certified athletic trainers are required to attend a 4 year undergraduate program to become skilled in providing care and rehabilitation to injuries, while only most Physical Therapy assistants have 2 years of schooling.

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DIAGNOSTIC PSYCHOLOGICAL TESTS

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IMPACT

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LOW OSMOLAR CONTRAST MEDIA

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MANAGING PATIENTS ON DIALYSIS

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TECHNICAL REVISION

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THERAPY - INCIDENT TO

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THERAPY STANDARDS AND REQUIREMENTS

I am a Certified Athletic Trainer and I worked in an orthopaedic clinic providing care for many Medicare and Medicaid patients. I am very upset about this new revision on not allowing athletic trainers to provide care to this people population. Certified athletic trainers are required to attend a 4 year undergraduate program to become skilled in providing care and rehabilitation to injuries, while only most Physical Therapy assistants have 2 years of schooling.

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THERAPY TECHNICAL REVISIONS

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Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See Attached Letter

Submitter : Mrs. Holly Gunyan Date & Time: 09/24/2004 01:09:33

Organization : Mrs. Holly Gunyan

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

CMS-1429-P-3630-Attach-1.txt

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a licensed massage therapist I feel all qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision. The language I have reviewed could be interpreted to interfere here.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

My name is Judy and I am currently enrolled in a PTA program, in Northern Virginia. I have been working at HEALTHSOUTH an out patient PT office for over three years. I feel that it is unfair, and not in the patients best interest a patient to receive Physical Therapy by someone who is not specifically educated in this area. I strongly agree with the CMS's proposed requirement that physical therapists working in physicians offices be graduates of accredited professional physical therapist programs. Its very important that the person treating a patient for P.T. has a license which proves that they have successfully passed the state board. I feel that physical therapists and physical therapist assistants under the supervision of physical therapist are the only practitioners who have the education and training to furnish physical therapy services. In my work as a tech, I know that it is very important to have your patient do their exercise appropriately. You must have your patients in particular positions using the correct muscle in order for the patient to improve. Unqualified personnel should NOT be providing physical therapy services.

Submitter : Margaret Brownlie Date & Time: 09/24/2004 01:09:55

Organization : Associated Bodywork

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am adamantly opposed this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health professionals should be allowed to provide services to patients with a physicians perscriptionn or under supervision. Please do not further limit the choices of patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Tereza Pochman
Doctor of Physical Therapy Student
1146 Opal St. #103
Broomfield, CO 80020

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

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

I am a third-year Doctor of Physical Therapy (DPT) student at Regis University in Denver, CO and will be graduating in May 2005. Majority of my clinical experience has been in outpatient private practice; however I have also spent time in skilled nursing facilities and adult rehabilitation. I have been actively involved in our professional organization for the past two-years at both the state and national level.

I wish to comment on August 5th proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005." I strongly support the proposal made by CMS that the qualifications of individuals providing physical therapy "therapy-incident to" a physician should meet qualifications for physical therapy in 42 CFR ? 484.4, with the exception of licensure. As a Doctor of Physical Therapy student we have been expected to be evidence based practitioners and to utilize research to enhance the care we provide to our patients. Our education also provides us with a comprehensive understanding of neuromotor and musculoskeletal function and therefore we are the only appropriate practitioners adequately educated and trained to provide quality therapy services. As of January 2002, a post-baccalaureate degree is the minimum educational requirement to become a physical therapist and by 2005 majority of the programs will offer the Doctor of Physical Therapy. It is insulting and disheartening for me to think that personnel with less education and qualifications than I would be able to provided the therapy services that I have spent years training for.

Having unqualified personnel perform therapy services is harmful to patients because they do not have the ability differentially diagnose complex clinical cases. Our curriculum requires us to be able to recognize when the problem is outside of our scope and make referrals as warranted. I believe in order to guarantee that no patient is harmed from services provided by unqualified personnel it is the duty of CMS to require that physical therapy services be only provided by graduates of accredited professional physical therapist education programs.

In conclusion, I would like to thank you for your time and appreciate your consideration of my concerns on this issue.

Sincerely,

Tereza Pochman

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Re: Therapy-Incident to

Dear Sir/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. During the decision-making process, please consider the following:

- 1) "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 a right to delegate the care of his or her patients to trained individuals (including ATHLETIC TRAINERS) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician' CHOICE of quality therapy provider is inherent in the type of practice, medical subspecialty and the individual. It is imperative that physicians continue to make decisions in the best interests of the patients.
- 2) 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 right to license and regulate the allied health 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.

Sincerely,
Bart Welte MS,ATC,LAT
Ohio #AT1314

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I support CMS's proposal in the rule that establishes these standards for personnel providing physical therapy services in physicians' offices. Even though current law prevents the agency from requiring licensure, it would be the most appropriate standard to achieve its objective.

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

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 : Mrs. Victoria Boyd Date & Time: 09/24/2004 02:09:28

Organization : Mrs. Victoria Boyd

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a massage therapist treating many cases of pain and long-term discomfort per week, most of which were ineffectively treated prior with other methods by doctors and physical therapists, I implore you, 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 the most effective and least invasive services to their patients with a physician's prescription or under their supervision. Many of my patients have gone years without relief, because insurance would not cover a treatment at the time that could have lessened or eliminated the cause of their pain, receiving instead medications that masked symptoms, treatments that were covered but didn't help, or surgery that was only marginally helpful. Often these people are/were unaware that they could live pain-free, that their problems could be fixed, because their doctor only prescribed what insurance would cover, and are amazed at the lasting results they receive from simple work they only received via a loved one's gift.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Hello,

Here is a letter regarding the "incident" to proposal issue.

Kristina Carter, SPT

Submitter : Mrs. Linda Mazzoli Date & Time: 09/24/2004 02:09:17

Organization : Cooper University Hospital

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

ASSIGNMENT

? 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. I am one of those with an advanced degree. 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).

? CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services. This is not what is best for the consumer. This is clearly a business issue.

? For the last 16 years I have worked within the outpatient rehabilitation sector treating physically active individuals at all age levels and professional levels. I did this day in and day out with a team of individuals with varying educational and experience back rounds. We had one common goal; to get our patients better. All of us (ATC, PT, OT, PTA, COTA, and SLP) did this under the guidance of the referring physician. Why is it different now?

? CMS does not have the statutory authority to restrict who can and cannot provide services ?incident to? at 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.

? 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. I am asking that you please reconsider your proposed changes.

Sincerely,

Linda Fabrizio Mazzoli, MS, ATC, PTA, PES

THERAPY - INCIDENT TO

Linda Fabrizio Mazzoli,
MS, ATC, PTA, PES
Cooper Hospital, Bone & Joint Institute
3 Cooper Plaza
Camden, NJ 08103

September 22, 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.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See Attached File

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am an oncologist in greater Hartford, CT and part of a 7 physician practice. I have had the opportunity to meet with some representatives from CMS located in the Northeast region. I would reiterate in this comment as I have to them personally, that implementing the above revisions without appropriate trial and data is foolhardy.

Major Issues-

ASP does not represent what oncology practices pay for these drugs but rather is more indicative of the price to large volume distributors. The addition of 6% may at best make us "neutral" but in no way compensates for the business costs of acquiring storing and managing these drugs. Just because we are physician practices does not mean that we are free of the business issues of any small company maintaining an expensive inventory. ASP + 12% might more accurately reflect these costs.

The reduction of practice expense reimbursement will be a major loss to the practices. The AWP-15% factor currently in place for drug reimbursement on average covers the cost of the drugs. The practice expense reimbursement largely has been utilized to offset the costs associated with and unique to the provision of outpatient cancer care (disproportionately large office space for patient comfort for long term infusions, highly skilled chemotherapy nurses, bags tubing and other ancillaries uses for the infusion, volumetric pumps to minimize drug infusion errors, the hood for processing the meds, etc., etc. Without disparaging our internist colleagues, we run a more complex operation but are reimbursed largely from the same code book. If drug "margins" are eliminated (as I think they should) there needs to be an alternative source of funding to pay for the very specific labor and technology-intensive services we provide.

We appreciate CMS' efforts to allow billing of 96408 each day for each chemo agent administered. However, nonchemo drugs administered via push technique involve the same resource consumption and I would ask that multiple billings for 90784 per day be allowed as well.

Similarly I would argue that "additional hours" be billable for each of multiple drugs used in a combination chemo regimen perhaps with a -59 modifier indicating a combination regimen.

The position of CMS that losses from the Medicare system will be potentially less than you are predicting because of more favorable payment systems in operation, presumably from private insurers, is laughable. Many of our HMO systems have already taken your AWP-15% program for drugs as a starting point and have conveniently foregone the increase in practice reimbursement expenses in 2004 built into the MMA. If anything, some of these groups are using Medicare guidelines as a ceiling for their reimbursements rather than a floor.

CMS has stated that these initiatives will not affect access to care. I beg to differ. Although we have no specific plans as of yet, I believe that this program has the potential to be disastrous. We cannot subsidize the cost of this care, and I am concerned that this will be the net result. If that is the case we will likely have to shift some patients to the hospital setting, a prospect not looked upon enthusiastically by my institution and/or we will have to pare staff limiting the efficiency of my office and disrupting what should be a caring and nurturing setting for therapy. I am not afraid to be reimbursed somewhat less for my services. The system is clearly in crisis. Implementing an untested and unproven program without any sense of its implications is the wrong approach. The system needs to be approached with a scalpel and not a sledge hammer.

As physicians are squeezed in an effort to lower the cost of cancer care, eliminating our "margins" and limiting our practice expense reimbursements will save some money only in the short run. Ultimately you will have succeeded in dismantling a successful system of outpatient oncology care but have done nothing about the real culprit-pharmaceutical costs.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached document. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

I provide a much needed service to the patients of the Medical Doctors I work for. Medical massage within the present parameters focuses on pain management and range of motion, using hands on techniques that most Physical Therapists in my area are loath to use because the techniques are too time consuming and labor intensive.

Here are some interesting Q&A's I have heard, Q - Why don't you do the Massage and deep tissue work I do then you wont need me? A's - 1. I didn't go to school for 8 years to give someone a massage, if they need it or not. 2. I have a 30 year career ahead of me and i'm not going to injure myself stretching some 250 lb aircraft mechanic. 3. I can't do what you do my hands and arms can't take it.

I see this as a lobbied change to protect the physical therapists job/ power. They wish to force out any profession that is encroaching on what they see as their Domain, when in fact the greater number of them would not perform the needed therapy themselves. Simply put I beleive they are afraid that some one will raise the bar. (And we are)forcing them to produce the work instead of continuing the billing mill practices they run now.

I have personally been a patient in a "Heat, Ultrasound, TENS.,Tredmill, Ice and bill 200+ dollars" facility. Then after becoming a Massage therapist I found myself working in one as an independant contractor with independant billing and protocols. I was replaced by 4 therapists who were assigned 7-9 min treatment windows and were billed out at 23 dollars per treatment. These are the people you are about to give near absolute control over patient recovery, and removing all other options for the recovery of their patients.

I am a Medically retired law enforcement officer, the oppertunity for fraud and embezzelment that would be created by granting exclusive right to all therapy to PT's, let alone the the Governmental Discrimination issues, would enevitably cause the repealing of the change.

Medical massage therapists are not just any bimbo slathering lotion most of us are well educated professionals.

If you want to increase the quality of therapy throughout the medical professions, create enforceable national licensure for medical massage therapists and othr crediblr CAM. providers. The reasoning is that most states PT.s are now have eather Masters degrees or Phd's PTA.s have bachulers degrees or equivilent certificates this leaves a large hole for up and coming group to fill namely Medical massage therapists.

Another reason not to make this change is that Complamentry altneritive medicine is a multi billion dollar industry that the federal government is soon to recognize needs to be paid for, and this change is just positioning to prevent those professionals from forcing the physical therapy profession to raise the bar in quality of therapy instead of over education.

Making this change would be criminal.....Joseph T. Carr, CMT.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

I oppose this suggested regulation change.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

SEE ATTACHED LETTER

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

As a physical therapist who is required by Louisiana State Law and CMS Medicare reimbursement to possess a qualified education and licensure to provide services to patients who qualify for Medicare coverage, it is unfathomable that an individual of less education and licensure could provide the same levels of quality, professional care. Additionally, the level of physician supervision provided for non-qualified providers of physician outpatient physical therapy services is questionable.

The present process allows for a double standard in which the client/patient does not receive the same level of quality patient care in the physician outpatient services setting as required of outpatient services provided by physical therapists or physical therapist assistants supervised by physical therapists.

I believe that the revisions of the Medicare guidelines, specifically Medicare 'incident to' Physical Therapy Services, are appropriate and necessary to ensure quality patient physical therapy services and reduce the potential for fraudulent billing of physical therapy services by non-physical therapy providers.

Thank you for the opportunity to comment on this matter.

Submitter : Charles Peeples Date & Time: 09/24/2004 02:09:09

Organization : AMTA

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We oppose, and ask you to NOT pass this policy, obviously crafted by a lobby of medical "power-elite," 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

Licensed Massage Theapists have MUCH more education and training in massage therapy than any other profession. In NYS we are required to take at least a 1000 hour course of study and pass a stringent licensing exam. Thanks for your time and consideration.

Submitter : Date & Time:

Organization :

Category :

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

THERAPY - INCIDENT TO

To Whom it May Concern,

I was appalled when my massage therapist told me about this rule change to disallow anyone other than physical therapists to give care to patients! I am a patient who had both my tibia and fibula broken, a separated shoulder, and elbow gashed open when a local mayor hit me in his truck while I was walking in a clearly marked crosswalk, wearing a bright yellow coat. Although my physical therapists have helped me tremendously with strengthening and range of motion issues, I would be in considerable greater pain if it weren't for the body work people, I see a massage therapist who employs a host of massage techniques as well as a reflexology/polarity therapist, I see them both on a regular basis (at first once a week and now twice a month). They have helped my hip, shoulder, back, neck, leg and soft tissue damage. Imagine what doesn't hurt on a human body after a truck has plowed into it! And all that pain cannot be simply addressed by physical therapists. Physical Therapists are important to one's recovery but so are all the practitioners of massage therapy. Massage Therapists provide relief unavailable in the traditional American medical milieu. The world of western medicine plain and simply doesn't cut the proverbial mustard. It is high time that the government and insurance companies not only acknowledge, but accept, that we the consumers crave and are demanding more alternative choices in our healthcare that are thoroughly accepted, respected and covered by insurance. This rule change is disgusting at best and at worst, nothing more than the powerful and monied physical therapist association attempting to clear the field of what they, no doubt, consider competition for patients and market share. How interesting that I didn't know or find out about this rule change until the second to last day of the comment period. No coincidence I'm sure. As a state employee, I'm all too aware of how comment periods regarding rule changes are hardly covered by the news media and are usually buried in the back of newspapers!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I 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. Massage therapy is proven to be a viable health care option for physician related prescriptions to help with pain and injury. Medical massage therapy is tried and proven to assist in the recovery and healing process. Thanks.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please see attachment

Issues 20-29

THERAPY - INCIDENT TO

Please see attachment

CMS-1429-P-3654-Attach-1.doc

CMS-1429-P-3654-Attach-1.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Re: "Therapy Incident To"

I am writing in support of Centers for Medicare and Medicaid Services proposed requirement that physical therapy services only be provided and billed for by Physical Therapists and Physical Therapy Assistants if under the supervision of a licensed Physical Therapist. Physical Therapists are the only practitioners who have the unique education and training to furnish safe rehabilitation services. Our extensive knowledge of musculoskeletal anatomy, differential diagnosis, manual skills, and therapeutic exercise sets us apart from any other profession. This unique background enables physical therapists to obtain positive outcomes for individuals with disabilities and impairments. Physical Therapists are professionally educated in Universities accredited by the Commission on Accreditation of Physical Therapy, an independent agency recognized by the U.S. Department of Education. All programs offer at least a master's degree, and the majority will offer the doctor of physical therapy (DPT) degree by 2005. The delivery of physical therapy services by unqualified personnel is not only dangerous but insufficient for treating functional limitations and impairments.

Thank You. Your actions on this matter are very important for our profession and our population at large.

Sincerely,
SD
Senior Northeastern University Physical Therapy Student

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am opposed to the policy to eliminate any provider except PT's from providing "incident to" medical professional's services to patients. Other trained professionals like massage therapists and acupuncturists can also provide valueable service. All qualified health careproviders should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Ms. Carolyn Chanoski

Date & Time: 09/24/2004 02:09:27

Organization : Ms. Carolyn Chanoski

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

Comments to CMS on Therapy??Incident to?

September 23, 2004

Dear Sir or Madam,

I am a physical therapist writing in support of the proposed ?Incident to? regulations for therapy.

Physical therapists have extensive training in the use of physical agents and therapeutic exercises. Minimum credentials for licensure as a physical therapist is a bachelor?s degree but many therapists have degrees at the master?s and doctoral levels. In most states, continuing education is required for physical therapists to maintain licensure as well.

I believe it is in the best interest of Medicare patients to have therapy services which are incident to physician?s services be provided by qualified personnel. There would be improved quality of care and fewer incidents of errors and injuries if qualified therapists were delivering these services.

The 1974 OIG report, ?Physical Therapy in Physicians Offices? outlined numerous abuses associated with services provided ?incident to? physicians? services. If services were provided by qualified therapists, if believe there would be a reduction of these abuses.

I urge you to adopt the regulation as proposed relating to ?incident to? services.

Thank you,

Carolyn Chanoski, PT

Issues 10-19

DEFINING THERAPY SERVICES

Comments to CMS on Therapy??Incident to?

September 23, 2004

Dear Sir or Madam,

I am a physical therapist writing in support of the proposed ?Incident to? regulations for therapy.

Physical therapists have extensive training in the use of physical agents and therapeutic exercises. Minimum credentials for licensure as a physical therapist is a bachelor?s degree but many therapists have degrees at the master?s and doctoral levels. In most states, continuing education is required for physical therapists to maintain licensure as well.

I believe it is in the best interest of Medicare patients to have therapy services which are incident to physician?s services be provided by qualified personnel. There would be improved quality of care and fewer incidents of errors and injuries if qualified therapists were delivering these services.

The 1974 OIG report, ?Physical Therapy in Physicians Offices? outlined numerous abuses associated with services provided ?incident to?

physicians' services. If services were provided by qualified therapists, I believe there would be a reduction of these abuses.

I urge you to adopt the regulation as proposed relating to "incident to" services.

Thank you,

Carolyn Chanoski, PT



Submitter : Mrs. Alyson Pearson Date & Time: 09/24/2004 02:09:50

Organization : The Orthopedic Specialty Hospital

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please view attached letter. Thank you for your time in this matter.

Sincerely,

Alyson C. Pearson, MPH, A.T.,C.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I strongly support the proposed personnel standards for physical therapy services that are provided "incident to" physician services in the physician's office. Interventions should be represented and reimbursed as physical therapy only when performed by a physical therapist or by a physical therapist assistant. I strongly oppose the use of unqualified personnel to provide services described and billed as physical therapy services. I feel this would be unsafe for the patients, and would misrepresent physical therapy to others, confusing the populace.
Thank you for your work on this. Sincerely, Dana Austin PT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

John Tillery, ATC, LAT
PO Box 4049
Clinton, MS 39058

9/23/2004

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.

This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working ?incident to? the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment. Patients who would now be referred outside of the physician?s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient?s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.

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

CMS, in proposing this change, offers no evidence that there is a problem that is need of fixing. Athletic Trainers are employed by almost ever U S post-secondary educational institution with an athletic program to work with athletes to prevent, assess, treat and rehabilitate injuries sustained in athletics. For CMS to suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary is outrageous and unjustified.

CMS-1429-P-3661

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

Sincerely,
John Tillery, ATC, LAT
Head Athletic Trainer



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY STANDARDS AND REQUIREMENTS

To Whom it may Concern:

As an Athletic Trainer of the past 16 years, I am appalled at the lack of judgement being used in regards to the latest proposed Medicare revisions. My level of education and experience have allowed me to successfully participate in the care of many Medicare recipients over the years.

Limiting the amount of care providers is not the answer. Providing the Medicare recipient with qualified, affordable care is. As certified athletic trainers, we are trained to provide an important link in the healthcare system. I am quite confident in my abilities, as well as the abilities of my constituents in this matter.

Limiting the ability for athletic trainers to participate in this area of care is more costly to the Medicare program and a hinderence to the patient's treatment options.

Thank you for your consideration in this matter.

Sincerely, Mark Stonerock, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do NOT pass the policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care professionals should be allowed to provide services to patients with a physician's prescription or under their supervision no matter what state they practice in with or without a license since some states do not have licensing laws yet.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

CMS-1429-P-3664-Attach-2.txt

CMS-1429-P-3664-Attach-1.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Comments to CMS on Therapy??Incident to?

September 23, 2004

Dear Sir or Madam,

I am a physical therapist writing in support of the proposed ?Incident to? regulations for therapy.

Physical therapists have extensive training in the use of physical agents and therapeutic exercises. Minimum credentials for licensure as a physical therapist is a bachelor?s degree but many therapists have degrees at the master?s and doctoral levels. In most states, continuing education is required for physical therapists to maintain licensure as well.

I believe it is in the best interest of Medicare patients to have therapy services which are incident to physician?s services be provided by qualified personnel. There would be improved quality of care and fewer incidents of errors and injuries if qualified therapists were delivering these services.

The 1974 OIG report, ?Physical Therapy in Physicians Offices? outlined numerous abuses associated with services provided ?incident to? physicians? services. If services were provided by qualified therapists, if believe there would be a reduction of these abuses.

I urge you to adopt the regulation as proposed relating to ?incident to? services.

Thank you,

Carolyn Chanoski, PT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Being in the Hemophilia Community for the past 7 1/2yrs I have come to realize that this community is very much a tight knit community. When the community has to fight for what they believe they are in the forefront ready to be heard. This community has been hit hard economically, financially and spiritually. In the 80's it was the HIV and AIDS. Most recently, Hepatitis C. So where does it stop? When can we provide these families with support for the affects of this disease?

Since I personally service hemophilia patients and their families I have come to understand not only their hemophilia needs but their social economic needs. WE do NOT just provide factor for these patients. HTC's have continually commented that our work is so desperately needed especially in times of cutbacks that have occurred in the healthcare field. The shortage of social workers, intepretors and liaisons between the doctors and nurses have impacted the quality of care for patients especially for hemophilia patients. Their care demands close contacts with physicians and their Hemophilia Treatments Centers. Also, the intepreting piece to all this is due to the spanish speaking patients who do not have any extra income to provide their own intepretors. Language barriers usually come in to play since there is a shortage of staff and personnel who speak spanish. Customers have continually commented on how they are extremely lucky to have someone to confide in and just "bounce things off of" if they are having a "bad day" with their son/daughter/husband/wife. We provide care that cannot be measured in dollars and cents. However, we, as a company and the customer has to depend on this in order to provide the quality of care that we are so familiar with and want to continue. Please understand that these proposed cuts in the factor reimbursement would be detrimental to our hemophilia community. Our future for these customers would be a huge change for them. WE need to start bringing back some of the compassion and heart to heart work that is so desperately needed in our healthcare field. Please do not add another burden to them. I urge you to to separate the add-on payment at \$0.20 per unit. This community does not need another disappointment with their health issues.

I thank you for your time.

Patti Nieves
Sr.Customer Service Sales Representative

Submitter : Mrs. Stephani Dill Date & Time: 09/24/2004 02:09:21

Organization : Stephani Dill LMT

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not pass a policy which would allow patients to receive incident to care from only or specifically physical therapists. All qualified professionals should be allowed to provide services to patients with a physicians prescription or under supervision.
Thank You.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am in strong support of the proposed change for the physician fee schedule for calendar year 2005 regarding physical therapy services 'incident to' a physician. PT's are the only persons qualified to provide physical therapy services. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I would like to comment on the proposal regarding ultrasound vein mapping in patients with chronic kidney disease. Simply, it is imperative that in order to increase the percentage of patients with fistulas in the US, veins need to be identified very early and preserved. The only way to do this in those patients who don't have visible cephalic veins is to ultrasound map both arteries and veins of the upper extremities. If CMS believes that it is not cost-effective to pay 100-200 dollars in order to move in this direction then they can continue to pay 10,000 dollars yearly to maintain AV grafts.

Limiting the provision of this service to surgeons who see the patient the week before they do surgery is absolutely ludicrous. Nephrologists can provide this service with the assistance of qualified RVT's. I will provide the best service for the patient with kidney disease if they are referred early enough and I am given the ability and opportunity to ensure that their dialysis access is properly planed.

I request that both arterial and venous mapping of the upper extremities is allowed and reimbursed. In addition it is extremely important that the nephrologist be allowed to provide this service as well as radiologists and others who are willing to devote time to this important aspect of our patient's care. Hopefully, expanding this option to providers other than the surgeon, "word will get out" to ohter primary practitioners that they should consider early referral of patients with CKD and think about the importance of vein preservation.

The Fistula First initiative is a brilliant idea and I thank you so much for moving in this direction. I hope that CMS sees the importance of trying to identify and preserve veins at the earliest time possible. I'm afraid that by not being able to do this our percentage of patients with autogenous AVF's will not increased dramatically.

Thank you for all of your hard work and allowing us in the renal community to vent.

Sincerely,
Joseph Aiello M.D.
Asheville NC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Limitations to the practice of manual therapy to just those persons who are PTs is restrictive and places a severe limit to the scope of what can be done manually to help clients. Not everyone responds to PT or MT. Both are therapies that can be helpful in many but not all persons. I think that policies should be broad enough to include help for all people. Why start off with a policy which can't cover the most people? Keep the policy board to include all helpful therapies.

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 am a physical therapist and i highly oppose unlicensed personnel in physicians offices perform physical therapy. Physical therapy is not just applying heat, e stim, ultrasound and etc. which usually happen in physician offices 'physical therapy treatment'. the enumerated modalities alone cannot be considered physical therapy treatment because these are only adjuncts to therapy. Physical therapy is actually the exercises+modalities that physical therapist provide. another point that we have to understand is that physical therapy includes education of the disease process making patient understand why each modality+exercise is needed(importance). How can u explain to the patient the disease process if u don't know the effects of these modalities/exercise physiologically and anatomically. its just sad that unqualified personnel is able to charge physical therapy even though it is not done by physical therapist. They might say that it is supervised by a physician but the question is how can u see 50-80 patients per day seeing patients(doctors) and at the same time supervising 5-10 unqualified personnel seeing 80-100 patients per day providing physical therapy. COMMON SENSE REVEAL TO US THAT ALL THIS IS IS A MONEY MAKING SCAM. Imagine, physical therapy not provided by a physical therapist. Patients are always on the losing end of all these misrepresentations and only greedy physicians offic (benefit?\$\$\$). Passing this bill will insure patients will get what they deserve, a physical therapist providing physical therapy. Imagine buying a rotten apple, all these go to waste. consumers are at the losing end. Another point we have to consider is that physical therapist went to school for about 6 yrs. only to be misrepresented by an unqualified person because they say they are 'supervised by the physician'. All these misrepresentation is just a degradation and disrespect to the physical therapy profession. For the people who will pass these bill 'PUT YOURSELF IN OUR SHOES, HOW WOULD YOU FEEL'.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

THERAPY ASSISTANTS IN PRIVATE PRACTICE

Dear Administrator,

As a physical therapist, I strongly support CMS's proposal to replace the requirement that physical therapists provide personal supervision (in the room) of physical therapist assistants in the physical therapist private practice office with a direct supervision requirement. This change will not diminish the quality of the physical therapy services.

In our state, physical therapist assistants are licensed under state law, have attended a 2-year college level educational program, and have passed a licensure exam. Physical therapist assistants are supervised by physical therapists, but do not require in the room supervision to provide physical therapy interventions. The physical therapist/physical therapist assistant team works together to manage a client's care. The need for the physical therapist to be directly in the client's room when the physical therapist assistant is providing selected interventions is not needed. The team approach provides a means for consistent discussion regarding the client's intervention and progress. This team approach allows all involved to be aware of the client's needs and provides the client with excellent physical therapy services.

Thank you for considering this comment.

Issues 20-29

THERAPY - INCIDENT TO

I am writing this comment in response to the August 5 proposed rule on 'Revision to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005.' I am in support of the proposal in the rule that establishes qualifications of individuals providing physical therapy services 'incident to' a physician should meet personnel qualifications for physical therapy.

As a physical therapist, I have had training specific to providing physical therapy services, have sat and passed a licensure exam, and am required to keep abreast of evidenced based practice to maintain my license. Additionally, the physical therapist assistant under my supervision also has passed a licensure exam and has the education and training to furnish physical therapy services. Licensure provides a basis of protection to the client receiving physical therapy and ensures that the individual providing that physical therapy service has the knowledge needed to appropriately implement the intervention.

I strongly support CMS's proposed requirement that physical therapists and physical therapist assistants under the supervision of the physical therapist working in physicians offices be the personnel providing those physical therapy services. Unqualified personnel should not be providing physical therapy services. The client deserves to know that the personnel who have a license to practice physical therapy provide the physical therapy services they are receiving. I have frequently had clients and friends say, they have been receiving physical therapy services. When questioned it is determined that an unqualified person, who cannot explain the intervention nor assess the client's progress, is providing the intervention. That places the public at risk.

Please consider approving this proposed rule change.

Thank you for considering this comment.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I know from personal experience that when unqualified persons provide "physical therapy" "incident to" a physician they are at risk for harm. It gives the qualified physical therapists a bad reputation when people pretend they are qualified/trained to provide these services. Physical therapists are professionals and should be the only professionals to provide physical therapy services to patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I absolutely oppose your thoughts on considering Massage Therapists to no be a vaild part of patient healing in a medical setting. I currently work as a Massage Therapist for a small Medical Center and the most frequently referred to form of therapy that our auto-accident patients (about 90% of our patients)say has helped them recover the most from pain, depression, tension, and discomfort is Massage Therapy. By no longer offering this service to the people who benefit by it would be terrible mistake.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Due to a shortage of licensed Physical Therapists in the United States, LMTs, PTAs, OTs and aides provide needed assistance in the care of patients. To overburden PTs with all the therapies would jeopardize the care of the patient.

THERAPY STANDARDS AND REQUIREMENTS

Not all Physical Therapists are trained to do bodywork, massage therapy, hand therapy, etc. Many chose to stick with the exercise programs and depend on LMTs, PTAs, OTs, etc. to provide these other specialized therapies.

Each State has its own licensing and certification requirements that were created to protect the public from unprofessional conduct and untrained personnel. These specializations were created because there is a need for them. Do not try to "fix" something that is not broken.

Submitter : Miss. Julie Rose Latorre Date & Time: 09/24/2004 03:09:01

Organization : Miss. Julie Rose Latorre

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 23, 2004

To Whom It May Concern:

My name is Julie Rose Latorre. I am a second year graduate student of the Doctor of Physical Therapy program at the University of Medicine and Dentistry of New Jersey (UMDNJ). I am writing in regards to the proposed 2005 Medicare physician fee schedule rule which was published on August 5, 2004. I strongly agree and support the proposal that require a graduate of an accredited professional physical therapist education program, or one that has met educational requirements for foreign trained physical therapists, or an individual who has met certain grandfathering clauses to be required for providing physical therapy services in a physician's office. As a physical therapy student, I am aware of the extent and enormity of knowledge that goes into providing physical therapy services. So much more goes into providing physical therapy than most people think. In order for patients to have a successful and safe rehabilitation, there are many factors that need to be taken into consideration. The rigorous and challenging curriculum of the program both in class and in the clinic shows how the profession demands their physical therapists to be professional, knowledgeable and competent to ensure proper care is given to patients. Allowing an unqualified individual to provide physical therapy services can have serious consequences for patients. By implementing this proposal, I believe that society is being protected from a potentially unsafe treatment for their problems requiring physical therapy services. This proposal is of great importance. Please consider implementing it.

Thank you,
Julie Rose Latorre, SPT

Submitter :

Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

MALPRACTICE RVUs

Regarding Section 303, Malpractice is more expensive for providers that run infusion center and administer medications in the office. The administration codes need to be increased to include this expense.

PRACTICE EXPENSE

Comments for the Medicare Payment Advisory Commission (MedPAC)

Section 303 of the Medicare Modernization Act requires the Secretary to promptly evaluate existing drug administration codes for physicians' services to ensure accurate reporting and billing for such services, taking into account levels of complexity of the administration and resource consumption. The statute further specifies that the Secretary will use existing processes for the consideration of coding changes and, to the extent changes are made, will use the process to establish relative values for these services. The Federal Register's proposed rule states that MedPac is seeking comments regarding the work value that goes into the administration of drugs.

Work value that goes into administering drugs in a physicians office for infusion may include the following: Supplies including but not limited to ? tubing, needles, cotton balls, tape, alcohol.

Each visit may also include patient assessment, monitoring for side effects and/or secondary infections, ordering and reviewing lab work up information. Patient's phone calls in between treatments. Time and overhead involved in ordering, storing, inventory control, and preparation of the medications. Initial infusions also have extended time explaining and monitoring patients. Malpractice insurance is increased because of these treatments also.

We ask that the reimbursement for the administration of drugs be increased to include the above work and overhead expense that practices incur for these administrations.

We ask that CMS create a new CPT code for the initial infusion, because of all the increased work involved in beginning these treatments.

We ask that CMS allow Providers to bill the Chemotherapy administration codes base on the product being administered and not by the DX treated. The same work value and overhead expense goes into the preparation and monitoring of these drugs regardless of the DX. CPT codes are should describe the procedure performed, not the DX treated.

SECTION 303

E. Section 303 ? Payment Reform for Covered Outpatient Drugs and Biologicals.

106% of ASP.

We believe that it will be very difficult for providers to purchase drugs at or below the proposed rates discussed in this proposed rule. If providers are not able to purchase drugs at or below the proposed rates it may interfere with patients' treatments.

We have spoken to distributors and discussed ways that providers might be able to purchase product under 106% of ASP. Some options are as follows :

Group Purchasing Companies ? this was mentioned in the Federal Register also.

*Some issues with Group Purchasing is that they are not available to all providers and/or all areas.

*Group purchasing may also involve disclosing some proprietary information.

*Not all medications are available under Group Purchasing orders. The medications that we have a hard time purchasing, below Medicare's reimbursement, can not be purchased through Group Purchasing companies below 106% of ASP.

Allowing Providers to Purchase products for Medicare Patient's at a lower fee - This solution would help providers continue to treat Medicare patient's but distribution companies worry about the implications if they sell products for Medicare patients at a different rate than non-Medicare patients. We would need CMS's direction on this possibility.

Provider Rebates to make up loss - Providers would send reports to manufacturer's detailing the number of units used for Medicare patients and the Manufacturer could rebate providers only enough to make them whole. Again we would need CMS direction on this possibility, especially with the ASP reporting that is required of the Manufacturers.

Some products need to be mixed before they can be shipped. The mixing requires expensive equipment that the provider does not own. The mixing increases the distributors overhead expense, which he must pass on to the provider. Medicare's ASP reimbursement does not take this into account and this expense must somehow be addressed. Example ? J9293 Novantrone, manufactured by Serono, is a chemotherapy drug FDA approved to treat MS (ICD-9 code 340).

We do not believe it is CMS' intent to interrupt patients care nor is it their intent to force providers into a loss situation. The proposed rule however if not changed can and will create these situations. Therefore, we ask that CMS consider options that will cover providers if they continue to treat patients at a loss.

v. Limitations on ASP

Section 1847A of the Act describes in detail the use of ASP payment methodology. Sections 1847B of the Act describes the Competitive Acquisition of outpatient drugs and biologicals. Section 1847A(a) (2) gives providers the option to elect section 1847B. When CMS was asked, during and Open Door Forum, if providers could elect Section 1847B per drug, CMS answered ?we don't know?. CMS is in the process of developing this methodology and it will ?phase in? in 2006 as the Secretary determines appropriate. As providers we ask CMS to allow Section 1847B of the Act to be a per drug election.

We ask that if CMS's reimbursement, for a specific drug under Section 1847A, is below a provider's cost the providers be allowed to electing Section 1847B for that specific drug only.

CMS-1429-P-3678-Attach-1.doc

CMS-1429-P-3678-Attach-1.doc

CMS-1429-P-3678-Attach-1.doc

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

Many times over the past few years I have heard from patients that Physical Therapy did not work for them especially if there was soft tissue damage. PT's do not address this issue never have never will.

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:

09/24/2004 03:09:55

Organization :

Category :

Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a physical therapist practicing in New York State for 22 years, 17 of which have been in my own independent practice for 17 years. I wish to comment on the August 5 proposed rule to the above mentioned policy.

CMS in the proposed rule discusses establishing requirements for individuals who supply outpatient physical therapy services in physician's offices. According to this, individuals providing Physical therapy must be graduates of an accredited professional physical therapy program or the equivalent if educated outside the U.S. I am strongly in support of this requirement. Physical therapy licensure should be the required standard for the reimbursement of physical therapy services otherwise there is no assurance whatsoever that quality physical therapy services are being provided. Although there is some legality that prevents the agency from requiring licensure at least requiring appropriate education means that physical therapy services are being provided by those who are trained to provide such services and who are accountable to their profession standards and ethics.

Physical therapists and physical therapist assistants under the supervision of physical therapists are the only practitioners who have the education and training to furnish physical therapy services. Physical therapy education most of which is currently at a master's degree level and by 2005 at the clinical doctorate level, provides significant training in anatomy, physiology and pathology and comprehensive patient care experience. This training allows physical therapists to obtain positive outcomes for individuals with disabilities and other conditions or injuries needing rehabilitation.

Physical therapy training is a patient goal centered functional outcome discipline. This education and training is particularly important when treating Medicare beneficiaries. It assures that unnecessary or prolonged treatment will not accrue. I have heard of many examples of poor or detrimental treatment from patients of mine who have received treatment masquerading as physical therapy and billed as such but administered by non-physical therapists before coming to my practice. One patient complained of only receiving hot packs and a 'canned' exercise program given to him on a sheet of paper. He said he was never instructed on how to do the exercises. They hurt his legs and back so he never did them. He was extremely thankful when after several sessions his back pain had subsided from being instructed in proper sitting and sleeping positions and by a specific 20 minutes exercise program which he became diligent in doing.

In order to provide physical therapy services which will produce desired outcomes, they should be provided by physical therapists and physical therapist assistants under the supervision of physical therapists. For this reason I support maintaining the proposal requiring the provision of these services by an individual who is a graduate of an accredited professional physical therapist education program or must meet certain grandfathering clauses or educational requirements for foreign trained physical therapists.

Thank you in advance for the opportunity to provide this statement and your consideration of my comments.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a licensed athletic trainer in the state of Nebraska. I have been practicing now for 12 years. It is my opinion that there is absolutely no reason to change the current policy regarding issues 20-29. Licensed athletic trainers bring a vast knowledge of anatomy, physiology, kinesiology, and rehabilitation to the medical world. I have seen articles from physical therapists that seem to feel that we are not 'qualified' to treat injuries. But they seem to feel that physical therapy assistants are 'qualified'.

I have worked in the clinical setting my whole 12 years in practice. I have worked very closely with PT's and PTA's. I can tell you that I have gotten along GREAT with them both. And I can agree with PT's that PTA's are qualified to treat these injuries. My disagreement lies with the statement that ATC's are not 'qualified' to treat injuries. I would ask you to analyze the programs that licensed athletic trainers go through to get their degrees. I would put it up to ANY PTA program in the country. We study anatomy and rehabilitation just as much, if not more, than PTA programs. PTA programs are 2 years in length. NATA programs are a minimum of 4 years.

I see the APTA concerned that our association is making great gains in the eyes of the general public. They are concerned that we may take money out of their pocket. That, in my opinion, is all this issue is about. DO NOT change this policy because they are leading you to believe that we are not 'qualified'. That is ridiculous.

Licensed athletic trainers have a lot of knowledge and can help a lot of people. Do not deny us the chance to continue serving the public.

Thank you for your consideration.

Terry Nitsch

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am asking you to do not allow the proposed ruling or policy to go through or pass where you are planning to eliminate any health care provider to supply "incident to" physicians professional services. Physicians should be the ones to either prescribe to independent licensed or certified health care providers or to allow those of his choice to provide those services under his or her supervision.

Thank you!!

Darlene Worrell, licensed massage therapist, FL.

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

As a resident physician I oppose this policy whereby a physician can only refer 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 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

Physicians and athletic trainers often have a greater level of communication and work closer together than many other types of therapy providers. Certified Athletic Trainers have extensive education and training in evaluating and treating injuries to a wide variety of individuals. We are trusted and relied upon throughout the world to rehabilitate and return individuals to pre-morbid levels and beyond. The United States armed forces believes in the skills of Certified Athletic Trainers such that they are employed to keep the elite groups such as the SEAL's at peak health. Who better than a Certified Athletic Trainer to care for you, me, and our aging population than a Certified Athletic Trainer. Please see attached file.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not limit American's options - we are all unique individuals and more than one type of professional can provide their training and talents to address a patients needs. Physicians should not be limited to only referring 'incident to' services to Physical Therapists. I feel that all qualified health care providers should be allowed to provide services to patients with a physicians prescription or who are under a physician's supervision.

Submitter : Mrs. Barbara Wire Date & Time: 09/24/2004 03:09:16

Organization : none

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY TECHNICAL REVISIONS

I don't want PTs to be the only health care professional allowed to provide medically related care to phsician's patients. Massage therapy is valuable and needed.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I do not believe that physicians should charge patients for physical therapy services. While physicians are knowledgeable about the human body and how it functions, physical therapists and physical therapists assistants are specifically trained in the rehabilitation of patients. Physicians spend much of their patient interaction time dealing with diagnosis and explanation of the injuries suffered. The PT/PTA is able to spend their whole session treating the injury. If physicians were to spend time rehabbing patients and being allowed to bill for it, then the quality of their other responsibilities would surely suffer. Please allow those who train and study for rehabilitation be the ones who actually do the rehab for patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I feel that these revisions will only be bad news for both athletic trainers and medicare patients

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

PLEASE don't toss out our rights to work with or for medical doctors or chiropractors as massage therapists or to allow our family & friends to receive professional health care in physician's offices from those other than physical therapists only. This policy would make it so a physician could refer 'incident to' services ONLY 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. I have witnessed the healing power of massage therapy and I don't think it, or cranio sacral therapy have been given the credit they deserve as effective healing modalities. In an enlightened future time, all emergency units and wards will be staffed by massage and cranio sacral therapists, where impact to the patient is minimal, but the healing is induced.

THERAPY STANDARDS AND REQUIREMENTS

Cranio-Sacral Therapy should be added to the standards of health care.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached comments

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Submitter : Mrs. Erin Gooldy Date & Time: 09/24/2004 03:09:33

Organization : Mrs. Erin Gooldy

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attachment for comments.

Submitter :

Date & Time:

09/24/2004 03:09:35

Organization :

Category :

Other Health Care Professional

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

THERAPY - INCIDENT TO

I am writing this letter to you in regards to recent proposal, CMS-1429-P. This proposal would limit providers of "incident to" services in physical therapy clinics. If this is to pass it would eliminate well qualified health care professionals from providing much needed care to a population that is soon to grow in great numbers as the "baby boomer" population gets older. It would reduce the quality of health care given to our Medicare patients and ultimately increase the health care costs on a system that already needs help in today's time.

I am a certified Athletic Trainer who went to school for 4 years as a Physical Therapist does. I obtained clinical observation hours needed to sit for my board of certification exam as a Physical Therapist has to. I sat for and passed my board certification exam like a Physical Therapist has to. I applied for and met the standards for my state license as a Physical Therapist has to. The NATA has mandated that each certified Athletic Trainer has to complete 80 hours of continuing education to have each Athletic Trainer current and up-to-date on the latest training practices. Physical Therapists do not need to have this in New York State. I have been a Certified Athletic Trainer for 9 years and have worked in physical therapy clinics treating Medicare patients for all of those 9 years. I know for a fact that I have made a considerable difference in the people's lives that I have worked with. To have this proposal changed would be a great blow to not only the Physical Therapists and the clinics that we as Athletic Trainers work in but ultimately the quality of care that is given to Medicare patients.

When looking at this decision please consider the following:

The physician should continue to be the one to decide the best interests of their patients. There have never been limitations or restrictions placed upon the physicians in terms of who he or she can utilize to provide ANY incident of service. The physician takes upon themselves legal responsibility for the service of their patients under their supervision. Medicare and other providers have always relied upon their professional judgement of the physicians to be able to determine who is qualified enough to give care to their patients.

CMS, in proposing this change, offers no evidence that there is a problem with the care given to Medicare patients that needs fixing. The NATA feels that this is being done to appease the interests of a single professional association who would seek to see themselves as sole providers 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 can be construed as an attempt by CMS at the behest of a specific type of health care professional, to seek exclusively as a provider of physical therapy services.

Independent research has demonstrated that the quality of service provided by certified Athletic Trainers is equal to the quality of service provided by Physical Therapists.

The CMS proposal only relates to the delivery of outpatient therapy services. These are exactly those services provided by certified Athletic Trainers. CMS proposes to establish minimum standards for individuals who can work "incident to" physicians. The proposed change would only qualify physical therapists to perform these services. As a Certified Athletic Trainer I find this to be extremely offensive of the services that I work so hard to provide. I feel that the CMS is judging me unqualified to provide these therapy services. I am outraged as a professional care giver and feel that I am just as qualified as a physical therapist to provide therapy services to not only Medicare patients but anyone with an orthopaedic problem.

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

Jamie Heffron, ATC, CSCS
Sports Physical Therapy of NY, P.C.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See Attached File

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

It does not make sense with regard to patient welfare and needs, cost to benefit of services, or the advancement of healing alternatives that a physician should be limited, or stuck, to using only physical therapy for "incident to" services. With the many different modalities and methods there are to treat problems, limiting a doctor's choice to only P.T. is a big step in a backward direction.

I ask that you reject this policy that physicians be only allowed to refer "incident to" services to physical therapists.

Thanks

Vernon Arnold

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not pass a policy where a physician can only refer 'incident to' services to physical therapists. The physician should be able to prescribe and supervise the provision of services by all qualified health care providers.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As part and on behalf of the Massage Therapy community, I beg you, please do not pass this policy wherein a physician can only refer "incident to" services only to Physical Therapists. We all have a great hand in the recovery process for many individuals who have benefited from the use of massage as PART of their therapeutic avenue. I have actually been approached by a physical therapy company associated with a hospital to aid in the recovery of their patients. There are many physicians who recomend massage therapy to aid in the recovery of their patients and, in many cases, massage therapy can save insurance companies money in the long run, decreasing the long duration of physical therapy appointments patients may otherwise be required to attend for full recovery to be accomplished.

Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

See attached file

Pierre Minerva, M.D.
Bryn Mawr Medical Specialists Association
933 Haverford Rd., Bryn Mawr, PA 19010
610-668-1968

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I'm a physical therapist/athletic trainer with 7 years of experience working in a Montana outpatient rehab facility. Approximately 30% of the patients I see are medicare recipients.

I strongly support CMS's proposal that physical therapists working in physician offices be graduates of accredited physical therapy programs. Physical therapists and physical therapist assistants under the supervision of physical therapists are the only practitioners who have the education and training to furnish physical therapy services. Others should not.

The delivery of so-called "physical therapy services" by unqualified personnel is harmful to the patient by:

1. Patients being misled to believe that they are receiving physical therapy by a qualified, licensed physical therapist. Would you want an unqualified, inexperienced person working on your car or being responsible for part of your surgery?

Physical therapist assess a patient's function and based on their findings develop an individualized program to best meet the patient's needs. By allowing unqualified individuals to provide physical therapy services, and have the physician charge for physical therapy services is fraudulent. That is not what physical therapy codes were established for. An unqualified individual is likely to instruct a patient on a series of exercises or interventions that are generalized and not specifically modified to meet each patient's individual needs.

2. The delivery of physical therapy services by unqualified personnel is also harmful by patients being misinformed and/or inappropriate care provided. Misinformation can lead to further injury or no benefit from the services provided.

If the therapy cap becomes effective in 2006, a patient could exceed his/her cap on therapy without ever receiving services from a physical therapist.

Physical therapists receive extensive training in anatomy and physiology and have a greater understanding of the body and its functions. Physical therapists should be the ones providing physical therapy services.

Thank you for your consideration of the above comments.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 11-20

Drugs, Biologicals, and Radiopharmaceuticals NonPass-Throughs

September 22, 2004

Re: Reimbursement for Tositumomab (Bexxar)

As a Professor of Medicine at the University of Washington and as a member of the Fred Hutchinson Cancer Research Center, I am writing to protest the proposed rules for 2005 Hospital Outpatient Prospective Payment for radioimmunotherapy, particularly Bexxar. As a specialist in the treatment of patients with malignant lymphoma, I believe that the availability of radiolabeled monoclonal antibodies such as Bexxar and Zevalin, provides an important new treatment and hope for patients with this type of cancer who have failed conventional chemotherapy and antibody regimens. Clinical studies have shown that 50-80 % of patients who have failed other types of treatment will respond to this treatment, and that 15-20% of patients will not experience recurrence of their disease for many years after treatment. Although this sophisticated treatment is very safe and effective, it is expensive to produce and administer. The proposed reduction in reimbursement for Bexxar from \$24,777 in 2004 to \$21,663 in 2005 will make it virtually impossible to administer this novel new treatment because hospitals and physicians will lose money with every dose they administer. Indeed, the proposed reimbursement amount for the product is below the acquisition price of the product without even accounting for the necessary expenses for compounding each patient's dose, administering the doses, and providing professional fees to supervise the treatment in a safe environment. We believe that this 13% reimbursement rate reduction is excessive and unwarranted and will prevent the delivery of this important new treatment to the patients who could benefit from it.

Thank you for considering this request.

Sincerely,

Oliver W. Press, MD, PhD
Member, The Fred Hutchinson Cancer Research Center
Recipient, Dr. Penny E. Petersen Memorial Chair for Lymphoma Research
Professor of Medicine and Biological Structure
Associate Director, Medical Scientist Training Program
University of Washington Medical Center

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a physical therapist and an athletic trainer I believe that qualified physicians should be making the decision as to whom should be providing any incident to services within their offices. The physician, and only the physician, can make these decisions based on a variety of factors. Included in these are the knowledge of their patient population, social factors of that population, and what is the best course of treatment for that population. Incident to services should and need to be provided by the best professional for the task. That may be a physical therapist but also could be a speech therapist, occupational therapist or an athletic trainer. Limiting incident to services will increase the costs of medical services, hinder the availability of services and create a situation were patients will go without care.

As a health care professional and a citizen, I would ask CMS to keep the decision to provide incident to services in the hands of physicians.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I feel that physicians should be able to refer out health care to more than just physical therapist. Patients should be allowed to have more options than just physical therapist

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 his or her supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attachment

Submitter : Mrs. Lisa Mell, CMT Date & Time: 09/24/2004 03:09:07

Organization : LAHP and ABMP

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly urge you not to pass this policy whereby a physician can only refer "incident to" services to physical therapists.
All qualified healthcare providers should be able 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 attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

THERAPY INCIDENT TO

I wish to comment on the August 5 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005."
I am currently a Physical Therapist Assistant Student and would like to express my concern for unqualified person(s) administering out of scope practices to patients. Patients place their trust and well being into the hands of the health care providers. I firmly believe that a Physical Therapist and Physical Therapist Assistant (under the supervision of a PT) should be the only person(s) to administer physical therapy to a patient. Its unethical otherwise and takes away from those who have the proper education and training to furnish PT services. Not to mention all the hard work, time, and effort it takes to reach such a goal.
Sincerely, VTS,SPTA

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, including massage therapists, 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 whereby a physician may only refer "incident to" services to a physical therapist.
There are many instances where other qualified healthcare practitioners can provide equal or better services at a more reasonable rate, and they should be allowed to do so!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please see and recognise the past and current re benefits for patients receiving massage/manual therapy from a licensed massage therapist. Medicare patients (PRONE TO CANCER ECT) who receive Lymphatic Drainage = by a qualified LMT - NOT by a PT (not trained in) improve drastically - thus SAVING medicare dollars and improving patients quality of life.

Submitter :

Date & Time:

Organization :

Category :

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

THERAPY - INCIDENT TO

I am a licensed physical therapist and I strongly support CMS's proposed requirement that individuals providing physical therapy services "incident to" a physician should meet personnel qualifications for physical therapy in 42 CFR S484.4, with the exception of licensure. I have more than 20 years of experience in outpatient physical therapy (primarily orthopedic), with increasing responsibility in supervision of staff. I have observed different non professionals participating in outpatient physical therapy, including physical therapist assistants, athletic trainers, and technicians/aides. I can speak from experience that quality care is provided to the patient when a thorough physical therapy initial evaluation is performed by a physical therapist and specific problems are identified, a treatment plan is developed to address the problems, and a skilled physical therapist or physical therapist assistant provides treatment with specific techniques to address the problem.

Physical therapists receive significant training in anatomy and physiology, have a broad understanding of the body and its functions, and have completed comprehensive patient care experience. They have the ability to assess joints, muscles, etc. and the skill to increase mobility to a joint not moving enough or teach strategies to address joints that move too much. Physical therapists have the ability to stretch muscles without stressing the lumbar spine and strengthen muscles without stressing a freshly repaired ligament. They treat problems as opposed to non-qualified personnel treating symptoms with a "band-aid" treatment.

This delivery of so-called "physical therapy services" by unqualified personnel is potentially harmful to the patient. A patient may have to undergo a surgical procedure, such as a manipulation under anesthesia when he or she doesn't not receive appropriate physical therapy intervention for a joint with decreased mobility. A physical therapist most likely would have been able to provide various joint mobilizations to improve joint mobility. I have seen patients who have had spine surgery following a non successful bout of "so-called physical therapy" at the doctor's office, consisting of modality treatment. I feel that if specific care such as traction, stretching, stabilization exercises and patient education had been used, surgery might have been avoided.

A financial limitation on the provision of therapy services (the therapy cap) is scheduled to become effective on January 1, 2006. Under the current Medicare policy, a patient could exceed his or her cap on therapy without ever receiving services from a physical therapist. This will negatively impact patient's outcomes when the patient receives symptomatic "band-aids" that "use up" the physical therapy services without the problem being addressed. As stated earlier, the patient may end up requiring invasive intervention, have a short term disability become a long term or life long one, or have unnecessary progression of symptoms, injury or disease process.

In my experience, patients do not realize that they may not be receiving physical therapy from an appropriately educated, trained and experienced individual. Patients do not realize that there can be a significant difference in their outcomes based on who they choose to provide the service. A patient also assumes that his or her physician will provide top quality care, whether it be in diagnosis of the problem or resolution of it. With the implementation of the proposed rule, patients will be guaranteed to receive care from an appropriately trained individual.

The approach that I use is that I want Physical Therapy care provided to all patients in a manner that I would want my family members treated. I want an educated, trained physician treating me medically, an educated, trained dentist treating my dental issues, and I want an educated, trained physical therapist treating my musculoskeletal problems.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

"Incident to" services should not be limited only to physical therapists. Massage therapists are qualified health care providers and should be allowed to provide services to patients with a physicians prescription. Physicians should be able to prescribe the health care provider they choose to benefit the patient.

Submitter : Date & Time:

Organization :

Category :

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 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

Diapulse Wound Treatment System, Diapulse Non-Thermal Electromagnetic Therapy Code G0329

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 provideers should be allowed to provide services to patients with a physicians prescription or under their supervision. Different therapies work for different patients. Please allow them choices for recovery. Thank you.

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

Physical therapists are professionally educated at the college or university level in programs accredited by the Commission on Accreditation of Physical Therapy, an independent agency recognized by the U.S. Department of Education. Physical therapists are required to be licensed in the states where they work.

We can train monkeys to do a lot of tasks but that does not mean we give them drivers licenses and let them loose on our highways. Having unqualified and uneducated people providing services they do not know the scope of is detrimental to the patient. Providing services in this matter is fraudulent.

Physical therapy services need to be provided by individuals with the significant training and experience necessary to maximize positive outcomes for patients.

The goal should always be about providing the best possible care for patients not about who gets the money. It is an extremely sad state of affairs that in this country good health care is being pushed aside.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

This new policy should NOT be passed as it only has negative impacts and is detrimental to the overall healthcare industry for patients and practitioners alike. To optimally serve the health needs of patients, all qualified healthcare professionals need to be able to provide "incident to" services, not just Physical Therapists.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am writing to urge you NOT to restrict doctors to only refer to Physical Therapists. Medicare patients need to be able to receive the care that will be most effective in restoring health.

I believe it is critical that physicians are free to prescribe the treatments that will most benefit their patients. There are numerous adjunct therapies such as Massage Therapy, CranioSacral Therapy, Jin Shin Jyutsu, Accupuncture, etc. that can offer relief and improvement of symptoms in ways that physical therapy does not address.

By restricting coverage to only physical therapists, the full range of needs cannot be addressed. Not only is this unnecessarily poor care, in the long run, it is less cost-effective. In many cases, the correct therapy can eliminate the need for continuous return visits to the doctor or ongoing prescriptions.

Wouldn't you want this for yourself and your family?

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Sir/Madam:

Attached, in Microsoft Word format, please find my response to the proposed "incident to" billing of outpatient therapy services. Your review of my attached letter is greatly appreciated.

Gregory L Gaa, MBA, ATC/L, CSCS
Director of Outreach Services
Great Plains Sports Medicine & Rehabilitation Center
Great Plains Maximum Performance
Phone 309-676-5546
Fax 309-676-5045

Submitter : Date & Time:

Organization :

Category :

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- whether nurse massage therapists, massage therapists, athletic trainers, or physical therapists- should be allowed to provide services to patients with a physician's prescription or under their supervision. Having a massage can produce many benefits for a person. It can: improve one's blood and lymph circulation; promote the relaxation of one's muscles; promote one's ability to experience an overall sense of relaxation and wellbeing; increase one's mental clarity and alertness; decrease pain; decrease adhesions between one's muscles and other tissues; promote a person's body's ability to form healthier scar tissue; promote a healthier state for one's connective tissue; and enhance sports performance. If a person gets chiropractic care, massage therapy can also help the chiropractic adjustment to last longer. For further info on other documented benefits of massage, go to <http://www.miami.edu/touch-research/>.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do NOT pass this policy. It would allow only "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a doctors prescription or under their supervision. If you are looking to limit something require that the specialist be certified in their field. This policy would change (for the worse) many people's current solution to their health problems. This is one door that shouldn't be shut.

Thank you for considering these thoughts.

Sincerely,
Corrie Drosnock, CMT, NCBTMB, AMTA

Submitter : Mrs. Cathryn Wright Date & Time: 09/24/2004 04:09:58

Organization : ABMP

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 physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

DEFINING THERAPY SERVICES

September 23, 2004

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

Re.: CMS-1429-P

Dear Sir or Madam,

I am writing as a representative of occupational therapists and occupational therapy assistants in New York State, regarding the proposed revisions to 42 CFR 410.26, 410.59, 410.60 and 410.62 concerning `incident to physician services.

The New York State Occupational Therapy Association would like to express its support for the proposed revision. Occupational therapy should be provided by occupational therapists or occupational therapy assistants who are properly trained and meet the standards and conditions required to provide such services.

Too often, the current practices regarding `incident to physician services' has provided a loop-hole for the delegation of responsibilities to provide rehabilitation services to unlicensed and unqualified personnel. We don't believe that this current practice is safe for the public, since it allows personnel who are not specifically trained in occupational therapy to provide restorative interventions that impact on a patient's physical and cognitive functioning and their safe performance of tasks in the home and community. The delegation of occupational therapy to someone other than an occupational therapist or an occupational therapy assistant, is a practice that provides less than optimal care, and it should not be reimbursed by Medicare.

The New York State Occupational Therapy Association would like to convey our deep appreciation for the work you and your office are doing to provide protection for health care consumers. We hope that you will take our comments into consideration. Thank you.

Sincerely,

Jeffrey Tomlinson, OTR, CSW
Legislative & Government Relations Coordinator

THERAPY ASSISTANTS IN PRIVATE PRACTICE

September 23, 2004

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

Re.: CMS-1429-P, Therapy Standards and Requirements

Dear Sir or Madam,

I am writing as a representative of occupational therapists and occupational therapy assistants in New York State, regarding the proposed revisions to 42 CFR 410.59 and 410.60 concerning `Qualification Standards and Supervision Requirements in Therapy Private Practice Settings.

The New York State Occupational Therapy Association would like to express its support for the proposed revision. We agree that an occupational therapy assistant can safely and effectively provide services in a private practice setting without full-time personal supervision. Requiring `direct supervision' provides adequate patient protection, while at the same time allowing the more cost-effective utilization of occupational therapy assistants for many services.

Occupational therapy assistants have been safely and effectively providing occupational therapy services in many settings, and in many states, with supervision that is at the Medicare standard of direct supervision.

The New York State Occupational Therapy Association would like to convey our deep appreciation for the work you and your office are doing to provide protection for health care consumers. We hope that you will take our comments into consideration. Thank you.

Sincerely,

Jeffrey Tomlinson, OTR, CSW
Legislative & Government Relations Coordinator

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

"Therapy--Incident To" I am an Occupational Therapist in Private Practice for the past 14 years and in practice for 28 years. I employ 9 other Physical and Occupational Therapists. I am very much in favor of this Rule. It will help with providing the proper guidelines and restrictions to those who have been providing Physical and Occupational procedures who are not PT's and OT's. Also, I support the revisions to the supervision requirements of PTA's and OTA's. I appreciate CMS making these changes.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Incident to proposed changes will severely limit recipient's access to health care if AMA recognized and Nationally board certified athletic trainers are eliminated from the regulations all due to political influence.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Submitter : Mrs. Karen Graham Date & Time: 09/24/2004 04:09:56

Organization : ABMP

Category : Health Care Professional or Association

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 should be allowed to provide services to patients with a physicians prescription or under their supervision.

Thank You.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I've just completed 1,000 hours of training to become a Licensed Massage Therapist in New York. Much of this training was devoted to medical massage and spent working with patients (under supervision) who were referred to my school's medical massage clinic by their doctors and chiropractors.

I strongly urge you not to pass a policy whereby a physician can only refer "incident to" services to physical therapists. To do so would prevent hundreds of thousands of Americans from receiving the skilled care of thousands of licensed massage therapists.

There have been many studies proving the various benefits of massage therapy done by licensed massage therapists in a wide variety of diseases. The therapeutic effect and benefits of massage have been well and widely documented, many in research studies conducted at the Touch Institute at the University of Miami.

According to a survey published in 1993 in The New England Journal of Medicine, more than one-third of Americans used alternative therapies for serious medical conditions. Massage therapy was listed as being the third-most common therapy used (after relaxation techniques and Chiropractic care). Massage therapy is now used to enhance the health and wellbeing of infants, the elderly, those recovering from trauma and athletes. With continued research and documentation of the benefits of massage therapy, massage therapists will experience continued success in their field.

It should be stressed that massage therapy is not the same as physical therapy. In New York, as well as most states, the scope of practice for physical therapy is different than that for massage therapy. For years, doctors have referred patients to both, depending on the circumstances and needs of the patient. To limit a doctor's choice by eliminating a large pool of trained and experienced massage therapists seems counterproductive and risky for the health of all Americans.

I urge you not to pass this regulation, as it would be detrimental to health care in America.

Submitter : Mrs. Erin Geer Date & Time: 09/24/2004 04:09:59

Organization : American Physical Therapy Association

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 23, 2004

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

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

Dear Administrator McClellan,

My name is Erin Geer and I am a third year Doctorate of Physical Therapy student at Regis University in Denver, Colorado. I have had the opportunity to work with Medicare patients in a skilled nursing facility during my first clinical. On behalf of myself and thinking of the best interest for Medicare patients', I would like to comment on the August 5 proposed rule on 'Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005.' In the proposed rule, CMS proposes that individuals providing physical therapy services 'incident to' a physician must be graduates of an accredited professional physical therapist program or must meet certain grandfathering clauses or educational requirements for foreign trained physical therapists. With my recent background of educational study in anatomy, physiology, neurology, etc., and experience in clinicals, I feel that I have a special niche for understanding the whole body and its functions. Moreover, the doctoral program has given me a broad background in creating physical therapy diagnoses, establishing goals, and treating patients' with a variety of disabilities. Without a physical therapy education I believe myself and others would not be able to perform physical therapy services on a patient safely and appropriately. For example, while working with an occupational therapist at a skilled nursing facility, she tended to be very knowledgeable with a person's activities of daily living primarily focusing on the upper extremities. However, during conversations with her she was very timid when it came to the overall anatomy and especially the neurological and physiological components of the body's musculoskeletal system. If this occupational therapist had treated a patient and billed for physical therapy services, she would most likely concentrate on the upper extremities and interventions based on activities of daily living. Yes, this may benefit the patient some, however, the patient might need more of a lower extremity or neurological/physiological functional intervention that the occupational therapist may not be knowledgeable with. Hence, only physical therapists should be able to perform the needed physical therapy services on patients to better serve the patients' interest in a safe and accurate manner. Occupational therapists and other professionals have their specialties and can bill for those specialties which do not include physical therapy.

Thank you for your consideration of my comments.

Sincerely,
Erin R. Geer
Doctor of Physical Therapy Student Class of 2005

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Section 1862(a)(20)

Opposed to statement omitting licensed Massage Therapists to be included. All qualified and licensed health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision. No exceptions. Massage Therapists in particular have proven with scientific verification to be valuable in the treatment of many conditions.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

PRACTICE EXPENSE

The proposed revisions to the RVUs for CPT 36870 (Percutaneous Thrombectomy AV Fistula), which will in fact reduce significantly the allowable, may have unintended consequences. The former RVUs for a non-facility, significantly higher than for facilities (hospitals), served to cover the supplies used in the out-patient setting. Facilities were able to bill for these supplies on a pass-through basis. This situation functioned to shift incentives to the out-patient and overall less-costly place of service while allowing for some profit, as long as there existed efficient use of costly supplies. The proposed decrease in RVUs for 36870 in the non-facility setting, runs the risk of transferring incentives for performing this procedure in the overall more costly facility setting, which appears to be a step backwards for patients, doctors, and CMS. Indirectly it may also result in less efficient use of costly supplies, since in the facility setting these supplies are separately reimbursable by Medicare. The cost of supplies in the outpatient setting is not deflating with time, such that the actual practice expense for those performing this procedure continues to rise. Thank you for the opportunity to comment.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

To whom it may concern:

It has been brought to my attention that the proposed new Medicare regulations may not allow adequate assessment of osteoporosis .
As a practicing rheumatologist for over 25 years -and who because of the recent Medicare guidelines that allow me to assess possible osteoporosis in males who have lost height-I implore you not to cut such codes in future Medicare guidelines.Because of the present guidelines and the recognized importance of assessing osteoporosis and fracture risk in elderly males I have found many cases of occult osteoporosis(and hopefully prevented future fractures).
Please do not change the rules- that we as practicing physicians need to continue to prevent future hip and vertebral fractures.

Fred Dietz
Rockford Illinois

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 physicians perscription or under their supervision

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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 also, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient's recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.

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

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

Centers for Medicare and 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.

Centers for Medicare and Medicaid services 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.

Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat, and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers accompanied the U.S. Olympic team to Athens, Greece this summer to provide these services to the top athletes from the United States.

For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of walking in a local race or event and goes to their local physician for treatment of that injury is outrageous and unjustified.

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 anatomy and physiology, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Seventy 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 professionals.

Thank you very much for your time and concern in this matter.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am a current student studying to become a physical therapist assisant. I believe as though it is wrong to allow doctors to write off their patients as taking physical therapy when they have not been treated by a physical therapist. It is wrong to have just anyone performing treatments because they may have knowledge of what they may be doing but have no idea why they are doing it. Also, how they can help the patient get better which is the main purpose of a physical therapist.

Submitter : Mrs. Diana DeVault Date & Time: 09/24/2004 04:09:45

Organization : Mrs. Diana DeVault

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

I oppose CMS-1429-P where changes are being made concerning Massage Therapist. Massage Therapy has proven through medical research to be a valued medical treatment and should remain available through physician reference as an insurance option.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We implore 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 physicians prescription or under their supervision. I am a Licensed Massage Therapist and have been working with a pain management doctor and have had some remarkable results with many of his patients. Not only are Massage Therapists qualified to work with a medical team, with all the research being done at the Touch Institute at Miami Medical School with Dr. Tiffany Fields and other recognized institutions, Medicare should be considering to include Massage as a recognized modality. Massage is very effective for not only physical problems, but psychological ones as well like depression and anxiety. So PLEASE, do not pass this policy!! We're counting on Medicare to take us into the 21st Century and be more responsive to the needs of Americans!!!!

Submitter : Date & Time:

Organization :

Category :

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

THERAPY - INCIDENT TO

Therapy-Incident To. I am a third year Doctor of Physical Therapy student at Regis University in Denver, Colorado. I have obtained a baccalaureate degree in Exercise Physiology, however I was determined to pursue higher education in the field of physical therapy to become a qualified therapist. 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.' In this rule, CMS discusses establishing standards for individuals who furnish outpatient physical therapy services in physician's offices. CMS proposes qualifications of individuals providing physical therapy services 'incident to' a physician's professional services must meet personnel requirements for physical therapy. Specifically, physical therapy services must be provided by individuals who are graduates of an accredited professional physical therapy educational program or must meet certain grandfathering clauses or educational requirements for foreign trained physical therapists. I strongly support CMS's proposal that physical therapy services provided in physicians' offices must be graduates of accredited professional physical therapy programs. A licensed physical therapist and a physical therapist assistant under the supervision of the physical therapist are the most qualified individuals to provide physical therapy services. Physical therapists are professionally educated at a college or university level in programs accredited by the Commission on Accreditation of Physical Therapy, an independent agency recognized by the U.S. Department of Education. This profession has progressed tremendously by offering at least a master's degree and most programs will offer the doctor of physical therapy degree by 2005. As a doctor of physical therapy student, I have experienced an extensive educational background in anatomy, neuroscience, physiology, functional management of the body, and experience in patient care. I have been properly trained in using current literature to effectively treat patients to provide the highest quality of care. My education and training in patient care have established a foundation to ensure effective outcomes and patient satisfaction. Any unqualified personnel should NOT be providing physical therapy services because it is unfair and exposes the patient to high harmful risks. For example, if my cousin had a below knee amputation and had physician's orders to participate in rehabilitation services, I want a specialist (physical therapist) to provide the best care. Any other health care provider outside the scope of physical therapy (exercise physiologists, athletic trainers, nurses, physician assistants, and other individuals) would be unable to provide the highest quality of care for my cousin. One of CMS' goals is to protect and improve beneficiary health and satisfaction. Permitting graduates of an accredited professional physical therapist program to provide rehabilitation services incident to physician services will be meeting this CMS goal. A financial limitation on the provision of therapy services (therapy cap) is scheduled to become effective January 2006. Under the current Medicare policy, a patient could exceed this therapy cap without receiving care from a physical therapist. This will negatively impact patients' outcomes by not meeting the patients' needs. Thus, patients will not receive the proper care, causing more injury which leads to physical disability. Disability requires more money by impacting the economy negatively. Section 1862(a)(20) of the Social Security Act requires that in order for a physician to bill 'incident to' for physical therapy services, those services must meet the same requirements for outpatient therapy services in all settings. Thus, services must be performed by individuals who are graduates of accredited professional physical therapist programs. Thank you, Dr. McClellan, for considering my comments. Sincerely, Rose Bechet

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am writing to express my concern over the recent proposal that would limit providers of "incident to" services in physician 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.

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

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

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

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

Submitter : Laurie Henthorne Date & Time: 09/24/2004 04:09:47

Organization : Laurie Henthorne

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

PLEASE DO NOT pass any 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. A doctor may determine that a patient will benefit most from a therapeutic approach other than PT, and the patient should have the right of access in such a case. This may even provide cost savings!

Thank you for NOT passing this limiting policy.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am taking the time to submit my support for CMS-1429-P. This provision, governing "Incident To" services is absolutely critical if proper care, as it pertains to physical therapy, is to be administered to Medicare patients. Medicare would not reimburse a physical therapist for a medical procedure performed by a physical therapist. This is as it should be. Logically, it would follow, only a properly educated, accredited, trained, and licensed physical therapist should be reimbursed for outpatient physical therapy services. In addition, only a physical therapy aide under the direct supervision of a licensed physical therapist should be eligible for reimbursement of physical therapy services by Medicare.

It seems obvious the reasons for this provision, but to state the obvious: Physical Therapist currently have 6 - 8 years of educational preparation specific to the recovery/correction of neuromusculoskeletal pathology. NO OTHER disciplines' trainings are nearly this extensive and specific to the patient population requiring physical therapy services (billable and reimbursable by Medicare).

Again, I stress, a physical therapist would not be reimbursed for medical services billed outside of their expertise. A lawyer who has not graduated law school and passed the bar cannot practice law and cannot therefore be paid as a lawyer. Why then would we pay for physical therapy services administered by those who are not licensed and trained specifically in this discipline. An athletic trainer, inesiotherapist, exercise therapist, or any other individual other than a licensed physical therapist may be trained in the anatomy and function of the neuromusculoskeletal system. That is where the similarity to physical therapy training ends. The practice and administration of physical therapy treatment is founded upon the principles of correction and recovery of the aforementioned. No other disciplines, including and especially the aforementioned, address these essential cornerstones of physical therapy.

Education requirements for a physical therapist alone include a B.S. with (2) Physics, (3) Chemistry, Pharmacology, several Psychology, Pre-Calculus, Statistics, just to name a few. Add to that 3 years of classroom training in a physical therapy program, 6 months of clinical training. All of this before a candidate can even sit for the licensing exam. Furthermore this is a brief outline of the requirements, as I believe they are currently more arduous and extensive. When the candidate does complete what is necessary they are able to take to licensing exam. To become a licensed physical therapist, to practice physical therapy legally under the best of conditions for the professional as well as his/her patients, one must pass a rigorous licensing exam. This examination ensures their education and training has prepared him/her to be a competent physical therapist and capable of administering services safely and effectively to his/her patients.

Compromising the requirements necessary to practice physical therapy only puts the patient at risk and prevents them from receiving the safe, optimal care they are entitled to receive.

Allowing anyone other than a educated, trained physical therapist to administer physical therapy services put patients in danger. It is simple, they are not extensively trained and educated in the disciplines specific to physical therapy treatment. There is a reason the schooling is as rigorous and extensive as it is. There is a reason for the hands-on training. There is a reason for the licensing exam. All of these are truly required to be accomplished before a even a physical therapist is capable of performing their services. With that in mind, the implications of allowing anyone other than a physical therapist trained and licensed, could ultimately be catastrophic. We've all heard about doctors practicing medicine without a license, sometimes without even a degree.

Submitter : Mrs. Catalina Baran Date & Time: 09/24/2004 04:09:08

Organization : Indiana University

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am asking that you very seriously consider the reimbursement schedule for physicians in Santa Cruz County which has been given a rural classification for decades. Our county borders Santa Clara County which has a significantly higher reimbursement schedule than Santa Cruz County. It is well known here that we are unable to attract physicians because of our high cost of living (equal to that of Santa Clara County). The inequality of Medicare reimbursement adds another significant obstacle to the hiring of physicians. We fear that there will be a time when Medicare recipients may not be able to find a physician willing to treat them in this county. There already are physicians who no longer treat Medicare recipients as well as those who no longer take new Medicare patients. Please, please remedy this issue this year.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

August 23, 2004

Dear Sir/Madam:

I am an athletic training student at Grand Canyon University. After reading about the CMS-1429-P proposal, I feel concerned for the future of athletic training services to patients. With this proposal, Certified Athletic Trainers will not be able to treat patients in physician offices and clinics. It will also result in an abundance of negative effects on the healthcare system. Doctors rely on licensed, certified athletic trainers to provide care to many of their patients. If patients are sent to physical therapy clinics for their care, more time and resources will be utilized. Patients may be forced to drive further to a clinic for their care and pay more money for the services of a physical therapist.

This proposal will allow physical therapists, physical therapy assistance, occupational therapists, and occupational therapy assistance to care for patients. Certified Athletic Trainers are capable of providing an equal quality of care to patients. In reality, the federal government recognizes the preparation of an athletic trainer to be equal to the preparation of a physical therapist. Athletic training education exceeds that of an OT, OTA, and PTA. In Arizona, athletic trainers are required to have a bachelor's degree, from an accredited athletic training education program, be certified, and have a license to practice. Among the classes that athletic training students must take before graduating include modalities, theory of prescribing exercise, exercise physiology, pharmacology, and care and prevention of athletic injuries to mention a few. Not only do athletic training students learn from taking classes but also from spending numerous hours working under certified athletic trainers. It is also mandatory for all certified athletic trainers to receive continuing education hours every year, unlike the physical therapy profession which does not require physical therapists, in certain states, to obtain continuing education credits.

I am sure that if a physical therapy assistant can take care of a patient, a certified athletic trainer is definitely qualified. For years, athletic trainers have provided care to patients under the direction of a physician. This leads me to believe that this issue is more about increasing revenue for the physical therapists, when instead it should be focused on quality patient care.

This is a serious issue that must be carefully examined from all angles. The best interest of the patient should be kept in mind. Patient care will not be jeopardized by the referral to certified athletic trainers.

Sincerely,

Kimberly Candelaria
Athletic Training Student, Grand Canyon University

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached document
Thank you

Submitter : Date & Time:

Organization :

Category :

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 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

?Therapy?Incident To?

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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



Submitter : Mrs. laura hanley Date & Time: 09/24/2004 05:09:24

Organization : National Athletic Trainers Association

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attached file

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

GENERAL

GENERAL

Please do not allow this regulation/policy to be passed. In my opinion, it will not only adversely affect massage therapy practitioners, but also people seeking alternative, therapeutic treatments. Massage therapists will be limited to working in spas, hair salons and the like, or privately, at prices some people cannot afford. We need to be accepted by more insurance carriers in addition to Medicare. It will bring down the cost of insurance premiums if people remain healthy. Massage therapy is an excellent modality for this purpose and intent. We, as massage therapists, deserve to be recognized as medical professionals not just as "massuses". We are highly trained professionals in anatomy, physiology, pathology and Swedish massage technique. We probably know just as much about the human body as nurses do. If insurances pay for massage as a part of healthcare maintenance, in connection with chiropractic or general medicine, people will stay healthier. Please do not allow the government to limit, and therefore dictate a person's choice to stay healthy if they want to include massage as part of their health care regimen. Thank you. Lisa M.Parella, C.M.T., Professional Member AMTA, PA Chapter. ID Number# 121391

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 physicians prescription or under their supervision. Physical therapists are limited in their education... other therapists are trained specifically and extensively.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I beg you not to pass this policy whereby a phisicain can only refer 'incident to' services to physicak therapists. Some of the most valuable work a client can receive is structural alignment, myofacial release, hands on body work, hypnosis or neuromuscular re-education. These are best provided by therapists who are trained in those modalities . Trying to rely strictly on Physical Therapists is short changing the client since other therapies have been shown to be more effective in an overwhelming number of cases. Medicare should concern itself with the best therapies that are available and the mind/body/emotional connection is being porven to be the area where real and long lasting healing can take place. All qualified health care providers should be allowed to provide services to patients with a physicians or chiropractors prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

see attached document



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a medical massage therapist who has worked full-time interactively and closely with numerous MD's, DC;s,& physical therapists on behalf of injured patients for several years. These medical professionals value my input both to the patient and to their overall knowledge of that patient's condition. Please do not limit patients' rights to massage! I understand no wanting to pay for 'paliatory fluffy spa treatments'. But medically therapeutic massage is not only 'helpful', it provides faster and more complete healing, reducing overall costs! If you cut massage, you will increase, not reduce costs.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I OPPOSE MEDICARE's
proposed policy to eliminate any provider except PT's from providing
"incident to" medical professional's services to patients.

I am a massage therapist and feel that myself and others in my field of health care should not be excluded.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

File Code CMS-1429-P, Re: GPC

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,

Matthew Zwerling, PT, MS

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 physicians prescription or under their supervision.

Thanks Jeffrey A. Erb

Submitter : Mrs. Pamela Pfeil Date & Time: 09/24/2004 05:09:16

Organization : OSMC

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

To whom it may concern:

Grouping Santa Cruz County as Locality 99 cannot be justified. A cursory examination of the cost of living for this community will show that housing cost is one of the highest in the country. Young physicians cannot be attracted to the area and are lost to adjacent counties. Key physicians are leaving for "urban" designated communities. Services are being curtailed here for lack of the required service needed. Adjacent counties can't meet our needs and are closing there facilities to us.

Please examine our community now as compared to your maps of forty yeqrs ago. We need a change now. We are not rural under your definition . Your help is needed.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

To whom it may concern: I have been working as an athletic trainer in a physical therapy clinic for 12 years. I have worked with many patients that qualify for Medicare. Some of my patients live a very active lifestyle, some will never be able to live life without the support of another individual. Either way, it is very disturbing to me that these fine people will potentially have their lives affected in a negative way, once again, by politics.

I would never claim to be able to do a job of a physical therapist, just as the physical therapists that I work with would never claim to be able to do the job of an athletic trainer. Right now, we work as a team with the common goal to make sick or injured people feel better. It saddens me that people are trying to destroy the working relationship that our clinic has in trying to obtain that goal.

This past year, I had the privilege of working with an elderly lady, that is the current world record holder in the 100, 200, and 400 meter races within her age group. I would be very hard pressed to have to look her in the face and tell her that Medicare does not consider her to be an athlete, and does not deserve to be able to use the services of an athletic trainer. Is it the right of CMS to tell the patients, and their doctors, who they are able to see?! Why are certain organizations targeting athletic trainers?!

I have a 4 year degree, spent over 3,000 hours in a collegiate training room, have completed the following courses,(anatomy and physiology, biomechanics, kinesiology, therapeutic modalities, therapeutic exercise, legal issues in health care, pharmaceuticals in sports, chemistry, physics, genetics, microbiology, beginning and advanced athletic training, etc.), and successfully qualified and passed our national certification exam. If I need any additional information, or education, to set a baseline of knowledge to be able to work with people who qualify for Medicare, I would really like to know what that is. Please remember, it is not only the education that is important to work in certain situations, it's how the person applies that knowledge through experience.

Whatever decision comes from this, I hope that the people who made those decisions were able to go out in their communities and get a good sense of the impact that you will have on those individuals. It's easy to make decisions on paper, it's a lot harder to face the responsibility for one's actions.

Thank you for your time and hard work. Let's make this a better world for everyone, not just a few selected individuals.

Mike Obergottsberger, A.T., C.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see Attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I believe patients should be able to receive supervised treatments given by massage therapists. We are interested in improving the health and well-being of our clients. To take away that option for a client is cruel.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Apparently you do not realize the INCREDIBLE healing power of Massage Therapy! For nearly 30 years clients have been telling me of the benefits they've recieved from my massages that tehy did not derive from other modalities, including, but not limited to Physical Therapy. Physicans need to be able to prescribe massage as it is sometimes the only thing that does help! Please DO NOT PASS THIS!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am writing in support of the provisions in the proposed 2005 Medicare physician fee schedule rule. I have attached a file containing a letter in regards to this matter. Thank you for your time. - Sharmilee D. Bavaria, SPT

CMS-1429-P-3772-Attach-1.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 22, 2004

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

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

Dear Administrator McClellan,

'Therapy-Incident To.' My name is Luke Geer. I am a third-year Doctor of Physical Therapy student at Regis University in Denver, Colorado. This letter is regarding my support on the August 5th proposed rule in 'Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2005.' I firmly advocate for all persons providing physical therapy (PT) services 'incident to' a physician should meet personnel qualifications for physical therapy in 42 CFR 484.4, with the exception of licensure. Throughout my doctoral schooling and clinical experience, I have come to learn and understand that in the health rehabilitation field, professional physical therapists possess a greater knowledge encompassing overall musculoskeletal and neurological rehabilitation than other types of therapists. Just as speech therapists (ST) are the most proficient at speech therapy, and occupational therapists (OT) the most proficient at upper extremity rehabilitation associated with activities of daily living, each therapy entity has a niche. Even though there exists some small amount of crossover between these therapeutic sciences, each has a different educational background and practice, where OT, PT, and ST efforts are not interchangeable. Furthermore, letting unqualified individuals practice rehabilitation in areas where they are not educated or trained can create at best an unproductive and at worst a dangerous therapy situation/environment for patients. For example, an elderly patient needing rehabilitation for a total knee arthroplasty who also has a cardiac comorbidity (hypertension) could have their life endangered if unqualified personnel provided contraindicated therapies that would drastically increase the patient's heart rate and blood pressure, increasing the risk of an acute myocardial infarction. I would not take my car to get fixed by a plumber, and patients needing physical therapy should not be treated by a personal trainer. Lastly, allowing unqualified personnel to treat and bill for physical therapy services negates my education and life investment, and the education of many thousands of true physical therapists across the United States of America. Only dentists should practice dentistry, and only physical therapists and physical therapy assistants should treat and bill for physical therapy services.

Thank you for your consideration of my comments.

Sincerely,

Luke D. Geer
Doctor of Physical Therapy Student Class of 2005

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I believe in the right to work as a Massage Therapist and the right to work with or for medical doctors or chiropractors as massage therapists or to allow our family & friends to receive professional health care in physician's offices from those other than physical therapists only.

I do not want PT's to be the only health care professionals allowed to provide medically related care to physician's patients.

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

It is our urgent request that you 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:

09/24/2004 07:09:23

Organization :

Category :

Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

I am a physical therapist, and have been practicing for 12 years. I have experience working in various settings from hospital based out-patient services, home health, nursing home services to private practice out-patient clinics. I obtained a Masters of Physical Therapy degree from an accredited program, and have been licensed to practice physical therapy in several states. I strongly support CMS's proposed requirement that individuals providing physical therapy services 'incident to' a physician should meet personnel qualifications for physical therapy. Physical therapists are professionally educated at the college or university level in programs accredited by the independent agency, the Commission on Accreditation of Physical therapy. As of January 2002, the minimum educational requirement to become a physical therapist is a post-baccalaureate degree from an accredited education program. All programs offer at least a master's degree and the majority will offer the doctor of physical therapy (DPT) degree by 2005. My physical therapy education gave me a broad understanding of the body and its functions. This education and training has been particularly helpful when treating Medicare beneficiaries. An elderly patient with a rotator cuff injury can also have heart disease and diabetes. A patient with multiple system involvement takes more skill and consideration when developing their rehabilitation and treatment programs. It is through my education and continuing education that I am able to carefully consider all the individuals problems and develop the best program to help my patients fully recover in the shortest period of time. Physical therapy service delivered by unqualified personnel is harmful to the patient. A diabetic person with a rotator cuff injury can have their full recovery delayed by an unqualified individual providing an exercise program without consideration for the patient's compromised healing abilities. Allowing unqualified personnel to provide physical therapy services can also negatively impact a Medicare beneficiary's outcome under the current Medicare therapy cap. If the therapy cap becomes effective January 1, 2006, a patient receiving physical therapy services 'incident to' could exceed his/her cap on therapy without ever receiving services from a physical therapist. For example, a patient being seen in the physician's office by a massage therapist for neck pain and billed for physical therapy services could exceed the financial cap without getting treated for the actual cause, cervical disc herniation, by a physical therapist. A massage would not do anything to reduce the nerve irritation, where by specific treatment by a trained physical therapist will reduce the pressure on the nerves involved and help the patient return to his/her previous level of function. Massage therapists' do not have the training to provide safe physical therapy treatments to all individuals. Physical therapists' training is critical to the provision of effective and safe treatments which provide patients with the best possible recoveries. Section 1862(a)(20) of the Social Security Act clearly requires that in order for a physician to bill 'incident to' for physical therapy services, those services must meet the same requirements for outpatient therapy services in all settings. Thus, the services must be performed by individuals, who are graduates of accredited professional physical therapist education programs.

Unqualified personnel should NOT be providing physical therapy services. Physical therapy interventions should be represented and reimbursed only when performed by a physical therapist. I urge you to strongly support the proposed requirement that physical therapists providing services 'incident to' a physician meet the qualifications for physical therapy in 42CFR;484.4. Thank you for your consideration of my comments.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 23, 2004

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

Dear Dr. McClellan:

I have been a physical therapist for 28 years, 23 of them in private practice. I wish to make a few comments regarding the August 5th proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule to Calendar Year 2005 regarding standards for personnel providing physical therapy services "Incident to" in physician offices.

I strongly support CMS' proposed requirement that physical therapists working in physicians offices should be graduates of accredited professional physical therapist programs. Requiring licensure would be the most appropriate standard to guarantee the quality of care that the consumer deserves. Physical therapists or physical therapist assistants under the supervision of physical therapists are the only personnel qualified to administer physical therapy.

It is unrealistic to assume that aides or other unqualified personnel can administer physical therapy because they are "under the supervision" of the physician owner. I am old enough, and have been practicing long enough to remember the bad old days when it was legal for physicians to employ aides to do a physical therapist's job. Secretaries were administering hot packs, and Medicare and other insurance companies were being billed for physical therapy. Unfortunately, it was the case more often than not that the bottom line was more important than the patient's rehabilitation.

Patients who found their way to my office, after being treated by unqualified people at a physician's office would often say, "I never knew it (physical therapy) could be like this!" Instead of being pleased, I was angry to think of all the people who had received sub-standard care, and had come away from the experience thinking that they had had physical therapy! These terrible times may return with even worse consequences as a financial limitation on the provision of therapy services (referred to as the therapy cap) is scheduled to become effective January 1, 2006. Under current Medicare policy, a patient could exceed his/her cap on therapy without ever receiving services from a physical therapist. The consumer would be cruelly cheated!

You are, by now, aware of the extensive education of physical therapists, and the expertise required in our treatment of pain and disability. It is this expertise that is sacrificed when unqualified personnel, uneducated in anatomy, physiology, fail to properly assess a patient's status, fail to prescribe exercises, or worse, fail to prescribe the correct exercises, and wind up hurting the patient. I remember many times having to completely overhaul a patient's home exercise program because they had been given a standard list of exercises that was indiscriminately handed out to everyone, but which were obviously inappropriate for some patients, had anyone bothered to do a proper evaluation.

Please ensure that all patients, even those treated in physician's offices, are protected against substandard care. Section 1862(a)(20) of the Social Security Act clearly requires that in order for a physician to bill "incident to" for physical therapy services, those services must meet the same requirements for outpatient therapy services in all settings. Thus, the services must be performed by individuals, who are graduates of accredited professional physical therapist education programs.

Thank you so much for your time and consideration of this very important consumer protection issue.

Name withheld by request.



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

Please see the attached file.

I am opposed to the proposed guidelines limiting 'incident to'. To allow one health care group to dictate the way that the government operates is not in the best interests of the patients or the citizens of the United States.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Issues 20-29

THERAPY - INCIDENT TO

As an LMT, Craniosacral and Manual Lymphatic Drainage practioner, I have seen the benefits of these alternative therapies in combination with doctors treatment plans.

I urge you NOT to follow through with these proposed revisions. Help keep these and other life changing treatments within patient's reach.

Sincerely,

Brande LeBlanc, LMT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

I am a licensed physical therapist employed by a group of physicians in a family based practice. I strongly support the requirements for individuals who furnish outpatient physical therapy services in a physician's office be graduates of an accredited professional physical therapy program. The intense training and education one receives from such programs allows the professional to evaluate accurately, educate the patient properly and set specific goals to achieve their objective. In a time where our insurance dollars are constricted with the cap, it is imperative that the patient receives the proper care that will give them the best outcomes.

The group of physicians I work with had the foresight to recognize this. Originally they employed an exercise physiologist and an employee with several years of tech experience to work for them, this arrangement did not last long. Family practice involves a great number of Medicare patients and it is imperative that a qualified, licensed physical therapist and physical therapist assistant obtain positive outcomes for individuals with disabilities and other conditions needing rehabilitation. I have referred patients back to our doctors due to rib fractures (from Osteoporosis), TIA's, bulging discs that required surgery, physiological changes that required changes in the patient's medication and evaluated patients that required special equipment to perform safe daily functions. Under-qualified personnel are not trained to deliver such care and can endanger patients with improper treatment.

Section 1862(a)(20) of the Social Security Act 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. Services must be performed by individuals, who are graduates of an accredited professional physical therapist program. It is imperative this requirement be met in order to provide proper care for patients in all settings.

Do not let patients lose their precious time and resources with underqualified personnel.

Sincerely,
Jenny Goodlett, PT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Taking the Certified Athletic Trainer out of the picture for reimbursement will have a negative impact upon the services provided to patients in our country. Athletic Trainers need to be allowed to continue practicing in a physician extender setting and billing incident to physician services for out-patient thereapy. Certified Athletic Trainers aree academically and clinically qualified to provide these services, and it is both false and insulting to suggest otherwise. CMS has no standing or authority to restrict the medical decisions of physicians. This proposed CMS action is clearly driven by the financial interst of other groups, to the detriment of patients and the athletic training profession, and the proposed change would reduce patient access to care.

Thank you for reviewing this letter.

Sincerely,

Randy C. Holland MS/ATC

Submitter : Mrs. Dawn Core Date & Time: 09/24/2004 09:09:32

Organization : ABMP

Category : Other Practitioner

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.

Thanks for your help!

Submitter : Date & Time:

Organization :

Category :

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. I feel it is limiting treatments for recovery for good health.

Submitter : Mrs. Linda Robidoux Date & Time: 09/24/2004 10:09:17

Organization : Compassionate Hands

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I sincerely ask 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 20, 2004

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

Dr. McClellan:

I am writing in regards to the Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2005. I am currently a senior Physical Therapy student at Texas State University - San Marcos. Attaining my Masters in Science of Physical Therapy will allow me to practice cost effectively and provide quality services to my patients.

I am commenting on the August 5 proposed rule, regarding Therapy-Incident To Services, which requires that individuals who furnish physical therapy services in a physician's office must be graduates of an accredited professional physical therapy program or must meet certain grandfathering clauses or educational requirements for foreign trained physical therapists. The rigorous curriculums provided by accredited physical therapy programs provide the background necessary for administering quality physical therapy services. In addition to differential diagnoses, proper technique and administration of physical therapy services, physical therapists are trained on contra-indications and adverse responses to treatments including modalities. Physical therapists should be the only individuals to perform and bill for physical therapy services.

Administration of physical therapy services without this training could physical therapy result a lower standard of care for physical therapy services, as well as cause injury to the patient and increase healthcare costs. Licensed physical therapist have passed a National Board Exam and must maintain their license by attaining continuing education classes annually, this achieves a quality standard for the profession. There is no standard for unqualified personnel; physicians do not have the physical therapy educational background necessary to qualify services provided by individuals who are not licensed physical therapists as physical therapy services. In addition to being unethical and the potential to cause harm to the patient, services not provided by or supervised by physical therapists and billed as physical therapy could result in a patient's insurance coverage of physical therapy services running out without the patient ever receiving therapy from a licensed physical therapist.

Physical Therapists and Physical Therapy students including myself have worked hard to achieve the knowledge and skills to become licensed in their profession to serve the public through quality cost effective services. Thank you for your consideration of my comments.

Submitter : Valerie Ryan Date & Time: 09/24/2004 10:09:56

Organization : American Massage Therapy Association

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 permitted to provide services to patients with a physician's prescription or under their supervision.

Submitter : Mrs. DONNA KIENTZEL Date & Time: 09/24/2004 11:09:57

Organization : MASSAGE THERAPIST

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I OPPOSE ANY POLICY THAT WOULD LIMIT HEALTH CARE TO BE PROVIDED "ONLY" BY PT'S. IF WE ARE LISCENSED BY THE STATE THEN YOU SHOULD RECOGNIZE THOSE QUALIFICATIONS TO TREAT FOR THAT WHICH WE ARE TRAINED AND QUALIFIED TO DO.

Submitter : Mrs. Nordia Hall Date & Time: 09/24/2004 03:09:28

Organization : University of Medicine and Dentistry of New Jersey

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

September 24, 2004

Dear Sir/Madam:

I do not support the use of unqualified personnel to provide services described and billed as physical therapy. It is my belief that such practices are not only harmful to patients and clients but also creates a false perception, that physical therapy as a profession is unnecessary.

The depth and quality of education received by physical therapists about the musculoskeletal system and its associated pathologies exceeds that of many specialties of medicine and other allied health fields. Allowing other healthcare providers (i.e. physicians, nurses, aides) to provide services for which physical therapists are specifically trained thereby places the patient at a disadvantage (because they are not receiving the best possible care), may potentially increase healthcare cost (since a lower quality of care may result in longer recovery times) and will make physical therapy education of null effect.

As a student physical therapist, a rule requiring only physical therapists to provide physical therapy services will create a sense of security not only because I will feel valued as a professional, but also as a possible patient (receiving physical therapy) because I will be certain that I will be treated by the most qualified individual. On the contrary, the prospect of a future without such a rule, may potentially lead to the elimination of physical therapy as a profession. Physical therapists are trained to be autonomous professionals; the state of NJ has recognized that fact by legally granting them direct access to patients, nevertheless, such recognition will be useless if physical therapists are denied ownership of their profession.

Please consider these comments as you make your decision about the 2005 Medicare physician fee schedule rule.

Sincerely,

Nordia Hall, SPT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Comments on Sections 302 and 305

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

CMS-1429-P-3791-Attach-2.doc

CMS-1429-P-3791-Attach-1.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

American Academy of Mohs Micrographic Surgery
and Cutaneous Oncology

555 East Wells Street Suite 1100 Milwaukee, WI 53202
Phone: 414-347-1103 Fax: 414-272-6071
Email: info@mohscollege.org

September 23, 2004

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

Dear Dr. McClellan,

The American College of Mohs Micrographic Surgery and Cutaneous Oncology wishes to file a comment on the August 5, 2004 proposed rule entitled: the Medicare Programs; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005 (CMS-1429-P). The College wishes to comment on the Sustainable Growth Rate (SGR) formula, the proposed update to the Professional Liability Insurance (PLI) relative values, and a correction to the practice expense component of CPT 17307 made in error in Appendix B. The College's membership is composed of Fellows trained in the Mohs technique, a normal tissue sparing procedure whereby a single physician acts in both capacities as the surgeon and pathologist, in the surgical removal of skin cancer. The procedure, performed in stages, removes thin cancerous layers with immediate histological examination while the patient waits. If tumor is found, an additional stage(s) is performed, until all tumor, sparing normal tissue, is removed.

SGR Formula

The College, like other dermatology colleagues, is concerned with the flawed SGR formula affecting the annual update in the Medicare Physician Fee Schedule. The College requests that you administratively correct the SGR by removing Medicare-covered outpatient drugs from the expenditure target, or properly account for the cost of these drugs. Another long needed administrative correction is to account for the impact of new laws and regulations on Medicare Part B spending.

Professional Liability Insurance Relative Value Units

The College is in support of requesting that the PLI updated RVUs be designated as "interim" to provide time for CMS to work with organized medicine on methodology and data issues of concern. We question the choice of insurers used, as well as data from rating manuals rather than survey data. We encourage CMS to work with the AMA RUC to refine the PLI relative values.

Appendix B Error in Practice Expense for CPT 17307

Upon initial review of the NPR, an error was noted in the nonfacility Practice Expense Relative Value of CPT 17307 whereby the value was reduced from the actual 2004 PE value of 3.78 when performed in the office to 2.63 where there was no review of this code by the AMA Practice Expense Advisory Committee. The error was the omission of some clinical labor in the PE calculation. CMS staff were immediately contacted, and stated that the error would be corrected. We want to file a comment to assure that the appropriate PE value has been inserted in the fee schedule so that there are no rank order anomalies in the Mohs family of codes.

Thank you for your careful consideration of our comment letter. If you have any questions about our comments or recommendations, please contact Diane Krier-Morrow at dkriermorr@aol.com or (847) 677-9464.

Sincerely,

Stuart J. Salasche, MD
President
American College of Mohs Micrographic Surgery and Cutaneous Oncology

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

A certified athletic trainer is more qualified than a physical therapy assistant to evaluate and plan a rehabilitation process for an individual. Certified athletic trainers are currently recognized by the allied health field as a medical provider and should be allowed to work as an extender to the physician in any type of health setting.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Medicare reduces payments to physicians and other practitioners whenever program expenditures for their services exceed the sustainable growth rate (SGR). The SGR formula requires Medicare actuaries to predict the unpredictable, leads to constantly changing government cost estimates, and creates volatile and unexpected payment swings that undermine the ability of medical practices to make rational business decisions and remain financially viable. No other Medicare provider group is subject to the SGR. The medical needs of patients do not decline during economic downturns. The increasing practice expense and professional liability costs for physicians make it necessary for them to have increased funding to avoid cuts that could jeopardize care to their patients.

CMS should not penalize physicians for volume increases when the government promotes greater use of physician services through new coverage decisions, quality improvement activities, and a host of other administrative decisions that are good for patients but are not reflected in the SGR. The Iowa Medical Society (IMS) encourages CMS to take steps administratively to remove the cost of prescription drugs administered in physician offices. Although the administration of a drug by a physician is clearly a physician service, the cost of the drug itself is not and should not be included in the calculation of the SGR. Without intervention, the situation will worsen. Medicare Trustees project that physicians face cuts of 5% a year from 2006 through 2012.

Issues 1-9

GPCI

Make the floor of 1.00 for the work GPCI permanent. Incrementally increase both the practice expense GPCI and the professional liability insurance GPCI to 1.00 over the next ten years.

Ultimately, the Iowa Medical Society (IMS) proposes that GPCIs should be eliminated from the Medicare reimbursement formula and, as a result, the nation be put on a single national fee schedule for Medicare reimbursement for physician services. While this is the goal of IMS, we are aware of the political impediments inherent to such a proposal. Placing all physicians in the nation on the same fee schedule will not completely solve the Medicare problem. Congress also needs to fully fund its obligation by raising Medicare reimbursement up to a level that, at a minimum, fully covers the cost of treating the U.S. elderly population.

SECTION 413

When determining the ratios of primary care and specialty physicians to Medicare beneficiaries for purposes of identifying eligible scarcity counties, CMS needs to also distinguish between LICENSED physicians and ACTIVELY PRACTICING physicians. Most physicians continue to be licensed long after they have retired and are no longer actively practicing.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

See attachment

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I have been practicing for 8 years in the field of Physical Therapy. In that time, I have seen many changes in Medicare and Medicaid. I am writing in regards to the proposed personnel standards for Medicare ?incident to? physical therapy services. The Physical Therapist and Physical Therapist Assistants that I am associated with have been working long and hard, on the behalf of Medicare and Medicaid recipients, to assure that they are getting the type of quality care that they need and deserve. One of my biggest concerns is that patient?s are not being treatment by qualified personnel. I went to an accredited school in order to be trained to properly provide soft tissue modalities in a safe and effective manner. I also had to pass a state board exam in order to be licensed to practice in the state of Texas. I do not feel that sitting in on an inservice qualifies one to administer soft tissue modalities. These modalities are only a very small part of a broader treatment philosophy that a Physical Therapist develops in a Plan of Care. The Plan of Care treats the persons as a whole, not just at a symptom. The Physical Therapist and Physical Therapist Assistant work together to address the causes of the patient?s symptoms and teaches the patient ways to resolve these causes. Our respective Practice Acts, Code of Ethics, and regulations hold Physical Therapist and me to higher standards by third party payers. I do not feel that we should let someone bill for the same services and not be held under the same standards. This is why I ask that you support the proposed personnel standards for Physical Therapy services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please, please do not approve of this policy. It is wrong to control who a physician will refer "incident to" services to. Physical therapists are not the only qualified health care providers.

This is a matter of our freedom of health care choice. All qualified health care providers must be allowed to provide services to patients with a physician's prescription or under the supervision of a physician. I appreciate your consideration.

DeeEtte C. Bruns, LMT, NCBTMB, ABMP
Bangor, Maine

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Save the rights for massage professionals to work with or for medical doctors and chiropractors as massage 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 disagree with the suggested change, please see attached word document.

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 strongly support the proposed personnel standards for physical therapy services that are provided "incident to" physician services in a physician's office. I am a licensed physical therapist who has worked in the profession for thirty in two different States. I have worked in outpatient hospital settings, private practice, & most recently, in skilled nursing facilities.

I would like to also point out that both my parents are in their eighties & regularly visit physicians. They often ask me "What do you think about..." a treatment they received in a physician office. They often state that they did not know the qualifications of the staff the provided the treatment. They have now decided that they will go to a hospital department or private practice, because they now know that the standards for personnel in those settings are stricter than in a physician's office.

Both my parents & I understand that physical therapy delivered by unqualified personnel is not the best way to protect the consumer. I believe that CMS has the opportunity to protect the consumer much more with the proposed revision. All settings for practice should require the same standards when a service is provided. A consumer should not have to stop & think, "Is the person here better qualified to do this treatment than the person there?" Physical therapy is physical therapy. The same qualifications should exist across all settings. The consumer does not compartmentalize the profession of physical therapy into practice settings.

For the past fifteen years I have worked primarily with the geriatric population & have treated many Medicare beneficiaries. Physical therapists are professionally educated at the college or university level, & are licensed in every jurisdiction in which they practice. The Medicare beneficiaries have every right to expect that physical therapy will benefit them as much as possible. This cannot be done if some or all of the treatment is rendered by an unlicensed person. The impact of this would be especially bad if and when a financial limitation of physical therapy services (the therapy cap) might mean that a beneficiary could exceed the cap without ever seeing a licensed physical therapist. I sincerely hope that the therapy cap does not get reinstated in 2006, but if it does the consumer would loose out twice.

Thank you for your consideration of my comments. I hope that you will support the proposed personnel standards concerning physical therapy in a physician's office.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

SECTION 952

September 24, 2004

The Honorable Mark B. McClellan
Administrator
Centers for Medicare & Medicaid Services
Room 445, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator McClellan:

I am concerned about the proposed regulations contained in the Medicare physician fee schedule related to section 952 of the Medicare Modernization Act (MMA) ? Revisions to Reassignment Provisions.

In Louisiana, many hospitals work with emergency physician groups that use independent contractors to provide quality emergency care to all their patients, including Medicare beneficiaries. This complex and technical Medicare issue was brought to my attention some years ago. In 2000, I supported asking the independent General Accounting Office to look at this issue. In 2003, when the GAO recommended Medicare enrollment for physician groups with independent contractors in 2003, I knew that that enrollment of these groups was the right policy decision.

I worked hard to assure that this provision was included in the final MMA package which I supported. I am concerned that the proposed reassignment regulations could undermine the Congressional intent of the statute ? to streamline enrollment. I have heard from my provider constituents that there is significant backlog to enroll in the Medicare program. I would urge you to reconsider whether these proposed regulations are necessary.

Sincerely,
Chris John Member of Congress

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 physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

To Whom it May Concern:

As a TRAGER PRACTITIONER I have helped countless patients referred to me by Orthopedic Surgeons, Neurologists, Chiropractors who have recognized the value of the work that Massage Therapy and Bodywork can bring to their clientele.
It has been a terrible surprise the acknowledgment about considering banning from LMTs the benefit of join their skills to medical doctors and establishments after so many years of hard work we have done in Florida and other states to bring awareness of the benefits of such rich association of forces.
Let's not forget that to this time and age when the most prestigious medical hospitals and Universities bring our profession as a valid ally to their fight to better serve their purpose to a wholesome approach of healthcare.
Blocking this alliance is to go back years of pure common sense.
We have proved Massage Therapy and Bodywork are a true source of speeding up the healing process of so many conditions, cutting down the dosage of medication, bringing down the expenses of medical bills.
Keep the doors open to better serve patients and doctors.
Do not set back what has been proved valid source of joined forces to better serve healthCARE.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 24, 2004

Dear CMS Officials,

My name is Amy Cantore. I am a student in Doctorate of Physical Therapy program at the University of Medicine and Dentistry of New Jersey (UMDNJ), at the Newark campus. I wanted to take an opportunity to voice my opinion pertaining to proposed law which will allow unqualified individuals to provide physical therapy services and bill patients for these services. I am strongly against this proposed law for the following reasons. Firstly, by allowing unqualified individuals to provide such services could cause a delay the amount of progress that patients make, or even worse seriously injure patients. Physical Therapists are qualified individuals who have been thoroughly instructed in the nervous, sensorimotor, and musculoskeletal systems; and therefore have the ability to make sound professional decisions, and treat patient safely and quickly. Secondly, since unqualified individual do not possess the specialized training and knowledge of physical therapists, patients may need to be treated longer for impairments and functional limitations. This in turn would cost both healthcare services and patients more money. Thirdly, if this law is passed the need for physical therapists will be void, because other health care professional or employees with minimal training will take on physical therapy duties.

Although I am still a student, in two years I will be joining the population of licensed physical therapists. As physical therapists, we are responsible to provide the best care possible for our patients. Consequently, if this law is passed we will no longer be providing the best care. We will not only be driving up the cost of healthcare, but also jeopardizing the health and quality of life in each of our patients.

Sincerely,

Amy Cantore, SPT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am opposed to the proposed policy change that would eliminate any provider except physical therapists from providing "incident to" medical professional's services to patients. I am a licensed, nationally certified massage therapist, and this will adversely effect the way I may treat my clients, and my level of health care when I eventually use Medicare.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

To go forth with this proposal and eliminate athletic trainers as treatment practitioners in PT facilities would severely limit the health care available to patientS, as well as extend the time for treatment in already overcrowded treatment centers. This would be a hardship on patients and probably cause them to opt for less care and slow or retard their full recovery. Case in point...I recently had knee surgery.

I chose an excellent PT facility for care that uses athletic trainers....

the practitioner there assists the physical therapists...monitors that i am adequately balanced and not overstraining while the PT's are busy and this assists my recovery guarding that i am protected from any bad movements that would possibly hurt me. The PT's are extremely busy and need theIR ATHLETIC TRAINERS OBSERVATIONS, ASSISTANCE and KNOWLEDGE for ultimate patient care.

As it is now...the facility is SOOOOO busy! I should be in and out in about an hr....but never get out under 2 hrs...and that is with this extra help.

With the loss of these wonderful trainers...I would be there for well over 3 hrs...this is not acceptable!! *I could never go to PT with that kind of time lost in my day. MY RECOVERY WOULD BE RETARDED...EVEN POSSIBLY REGRESSED IF I MISSED TREATMENT DUE TO TIME CONSTRAINTS!! I would suffer and be out of work longer...POSSIBLY LOSING MY JOB BECAUSE OF SLOWER RECOVERY. THEN THE GOV. WOULD BE PAYING MY UNEMPLOYMENT..BURDENING OUR GOV. BUDGET!!

PLease realize the repercussions of this ridiculous proposal. Go to facilities ...I've a day as a patient and see if you don't change YOUR mind!!!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attached letter.

Submitter : Mrs. Nordia Hall Date & Time: 09/24/2004 03:09:43

Organization : University of Medicine and Dentistry of New Jersey

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 24, 2004

Dear Sir/Madam:

I do not support the use of unqualified personnel to provide services described and billed as physical therapy. It is my belief that such practices are not only harmful to patients and clients but also creates a false perception, that physical therapy as a profession is unnecessary.

The depth and quality of education received by physical therapists about the musculoskeletal system and its associated pathologies exceeds that of many specialties of medicine and other allied health fields. Allowing other healthcare providers (i.e. physicians, nurses, aides) to provide services for which physical therapists are specifically trained thereby places the patient at a disadvantage (because they are not receiving the best possible care), may potentially increase healthcare cost (since a lower quality of care may result in longer recovery times) and will make physical therapy education of null effect.

As a student physical therapist, a rule requiring only physical therapists to provide physical therapy services will create a sense of security not only because I will feel valued as a professional, but also as a possible patient (receiving physical therapy) because I will be certain that I will be treated by the most qualified individual. On the contrary, the prospect of a future without such a rule, may potentially lead to the elimination of physical therapy as a profession. Physical therapists are trained to be autonomous professionals; the state of NJ has recognized that fact by legally granting them direct access to patients, nevertheless, such recognition will be useless if physical therapists are denied ownership of their profession.

Please consider these comments as you make your decision about the 2005 Medicare physician fee schedule rule.

Sincerely,

Nordia Hall, SPT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please see attached comments letter.

CMS-1429-P-3812-Attach-1.doc

CMS-1429-P-3812-Attach-2.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

SECTION 642

Please see attachment

SECTION 952

Please see attachment

CMS-1429-P-3813-Attach-1.doc

CMS-1429-P-3813-Attach-1.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I object to the current regulations which have kept Santa Cruz County designated as a rural county (locality 99). This will result in physicians in Santa Cruz County getting reimbursed 25% less than physicians in our neighboring counties of Santa Clara and San Mateo. The cost of living and doing business in Santa Cruz County is not significantly less than our neighboring counties. The median cost of a home in our county is \$630,000. We will not be able to retain current physicians and attract new physicians if this policy is not corrected. Santa Cruz County should have its own locations with reimbursement levels that are appropriate for the cost of living here.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

CODING-GLOBAL PERIOD

Coding-Bone Marrow Aspiration

We understand that in the physician final rule published on June 28, 2002 (67 FR 43863), CMS previously proposed a G-code that reflects a bone marrow biopsy and aspiration procedure performed on the same date, at the same encounter, through the same incision.

We also understand that due to comments received in response to that final rule, CMS elected to take the code through the CPT process and to date; CPT has not addressed the issue. As a result, the agency is again proposing to create a G-code for the above service in 2005.

In the absence of action on the part of CPT, CLMA is supportive of the G-code proposal for 2005. We are in favor of the use of one code when one incision is made.

SECTION 612

Section 612-Cardiovascular Screening Blood Tests

Statute provides that the Secretary shall establish frequency standards for coverage of cardiovascular screening tests not to exceed a frequency of more than once every 2 years.

However, based upon a review of scientific literature, CMS is recommending coverage of cardiovascular screening tests once every 5 years.

Other screening tests as defined by statute are covered annually. Again, having different frequency limitations for cardiovascular screening tests, and particularly a frequency limitation as long as every 5 years, creates an additional burden on laboratories to determine if the limitations are met or exceeded.

SECTION 613

Section 613-Diabetes Screening Tests

CMS is proposing that Medicare beneficiaries diagnosed with "pre-diabetes" be eligible for the maximum frequency allowed by law, that is, 2 screening tests per 12 month period. The agency proposes to define "pre-diabetes" as having a previous fasting glucose of 100-125 mg/dl, or a 2-hour post-glucose challenge of 140-199 mg/dl. Individuals not meeting the "pre-diabetes" criteria would be limited to one diabetes screening test per individual per year.

CLMA has concerns regarding the issue of determining "pre-diabetes." The definition proposed by CMS is based on "previous results," that is, a laboratory result first would set the diagnosis. This may create confusion in terms of the proper coding of these services.

Secondly, how will CMS determine if the beneficiary receiving the service is "pre-diabetic"? This would require a specific ICD-9-CM code in order for CMS to make that determination.

CLMA would like to propose that any patient with an ICD-9-CM diagnosis code of 790.29, Other abnormal glucose, Abnormal glucose NOS, Abnormal non-fasting glucose, Pre-diabetes NOS, be considered "pre-diabetic" and allowed 2 diabetes screening tests per 12-month period. Lastly, we want CMS to be aware that having different frequency requirements for those meeting the "pre-diabetic" criteria and for those who do not, creates an additional burden on the laboratories. The laboratory must not only to determine if the frequency limitations are met or exceeded, but also which frequency limitation of the two options applies to a particular beneficiary.

CMS-1429-P-3815

CMS-1429-P-3815-Attach-1.doc

CMS-1429-P-3815-Attach-1.doc

CMS-1429-P-3815-Attach-1.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please see the PDF attachment for ASHT's comments.

CMS-1429-P-3816-Attach-1.pdf

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I support the CMS proposed stipulation that physical therapy provided in a physician's office be administered by a licensed physical therapist. A physical therapist is a graduate of an approved physical therapy program and is licensed in the practicing state. In addition, those treatments rendered by a physical therapy assistant must be under the supervision of a physical therapist.

In the community where I practice, orthopedic surgeons have opened clinics of their own in conjunction with companies like Novacare. The more these physicians refer to themselves, the more revenue they generate for themselves. How can physician groups, Novacare, and the personnel they employ all make money unless by high referral numbers and high charges to such entities as the Medicare system? I am told by patients that they are walked from the physician's office right to the physician's physical therapy clinic before they leave the building and are signed up for treatment. The prescriptions for treatment are kept by the physician's staff, making it difficult for the patient to go elsewhere for their rehabilitation needs. Physician owned practices used to be illegal because of the potential abuse that can occur.

Currently physician offices are billing "incident to" for physical therapy services. These services should meet the same requirements for outpatient physical therapy services required in all settings. Otherwise there is no oversight as to whether the person treating the patient is a licensed physical therapist from an accredited university program. This situation promotes the delivery of alleged physical therapy services by unqualified personnel to the detriment of the Medicare patient.

Thank you for your support of the proposed CMS requirement that physical therapists practice physical therapy, not doctors who want to further their own financial gain.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

SECTION 302

September 24, 2004

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

Dear Sirs:

The American Orthotic and Prosthetic Association (AOPA), the leading business trade group in the orthotics and prosthetics industry with a full-range of services that support patient care facilities and the companies that manufacture and distribute O&P products, would like to submit comments (Attachment A) on L. Section 302 of the Proposed Rule for Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005,

Of particular importance, we find no legislative authority or requirement in the Medicare Modernization Act (MMA) for applying these new clinical conditions of coverage to orthotic and prosthetic devices. This proposed regulation cites Section 1832(a)(1)(E) of the MMA for the establishment of clinical conditions of coverage standards only for items of durable medical equipment.

Further, this section also requires the Secretary of Health and Human Services (HHS) to first establish standards for those covered items for which the Secretary determines there has been a proliferation of use, consistent findings of charges for covered items that are not delivered or consistent findings of falsification of documentation. We find no evidence that the Secretary has attempted to categorize and prioritize items of DME as required by this section. The blanket application of new clinical standards to all DMEPOS is contrary to the intent of Section 1832 9a)(1)(E).

We also provide specific comments in Attachment A to demonstrate why attempts to expand these additional clinical conditions of coverage to orthotic and prosthetic devices would have a severe impact on patient care and could significantly increase the cost to both the patient and to the Medicare program.

If you need further information about our comments, please contact Virginia Torsch, Senior Manager of Regular Affairs, by phone (571) 431-0812, or by email vtorsch@aopanet.org.

Sincerely,

Kathy Dodson
Senior Director, Government Affairs

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Comment from American College of Sports Medicine attached.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 23, 2004

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.

Dear Mr. McClellan,

This letter is a comment regarding standards for personnel providing physical therapy services in physician offices. I am most eager to comment on the 'Therapy-Incident To' clause proposed by CMS and I strongly support that proposal.

I am a physical therapist practicing in a small out patient clinic in rural western Nebraska. I have owned my practice for over 20 years and have some very strong opinions regarding the profession which I love. As a member of the Nebraska Board of Physical Therapy and the Federation of State Boards of Physical Therapy (FSBPT), I also have a passion for protection of the public.

CMS is proposing that any services provided as 'physical therapy incident to' in a physician's office should be delivered only by persons who meet the personnel qualifications for physical therapist in 42 CFR S484.4. This would align with the recently adopted position of the FSBPT, which is that any services represented, in any way, as 'physical therapy' be provided only by a physical therapist or a physical therapist assistant working under the supervision of a physical therapist.

As a physical therapist, I know that only members of my profession have the education and training for delivery of physical therapy services.

As a protector of the public, I know that the consumers of health care are confused and misled when a non-qualified person represents himself/herself as a physical therapist or represents the services he/she provides as physical therapy.

As an advocate for my patients, as well as my friends and family members who are covered under Medicare, I have a great concern that when the annual cap on physical therapy services is reinstated, as is scheduled to occur in 2006, much, or all, of a persons physical therapy annual allowance may very well be wasted away on 'incident to' charges without that beneficiary ever having actually received the services of a physical therapist.

I thank you for allowing this comment period and for considering my comments.

Sincerely,

Karen S. Brown, PT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a physical therapist for 25 years of practice in rehabilitation hospitals as well as private practice, I have come to learn that the Medicare population depends heavily on Medicare to assure that they are seeing qualified practitioners for services.

Because this is true, I strongly support the proposed requirement that physical therapists working in physician offices be graduates of accredited professional physical therapist programs. At the state level, all 50 states attach enough importance to this issue that physical therapists are required to be licensed. Further, Section 1862(a)(20) of the SSA requires that in order for physicians to bill "incident to" for physical therapy services, those services must meet the same requirements for outpatient therapy services in all settings. This means that individuals who are graduates of accredited professional physical therapist education programs must perform the services.

Physical therapists and physical therapist assistants, working under the supervision of physical therapists, are the only practitioners who have the education and training to furnish physical therapy services to Medicare beneficiaries. Medicare should not spend its money paying for services that are delivered by unqualified personnel.

CMS-1429-P-3821-Attach-2.doc

CMS-1429-P-3821-Attach-1.doc

Submitter : Mrs. Suzanne Halverson Date & Time: 09/24/2004 04:09:48

Organization : ATC/L, ACI at Northern Illinois University

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

PLEASE SEE ATTACHED FILE

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I believe as Athletic Trainer's we should be able to treat the Elderly population. In our defense as Athletic Trainer's we deal with Athlete's in a competitive field, We deal with both children, teen's, and elderly in the outpatient settings. I think it would be an injustice to regulate the trainer and limiting him/her to specific populations. CPT codes are now being used on other populations why limit the scope of coverage by taking out Medicare. The Board of Medicine requires all athletic trainers to be licensed by Virginia, why not let us exercise our right to do so by providing quality care to the elderly. Thank you for your time.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 24, 2004

To Whom This Matter Concerns:

The Centers for Medicare and Medicaid Services (CMS) published in the August 5, 2004 Federal Register, pages 47550-47551, a proposal that would restrict reimbursement of physicians for "Therapy-Incident To" unless a CMS designated group of allied health providers were utilized. CMS regulations currently allow the physician the freedom to choose any qualified health care professional to perform therapy services at the physician's office or clinic.

The American College of Sports Medicine (ACSM) is a multidisciplinary association that represents thousands of physicians in the United States and around the world, plus additional thousands of allied health professions in more than 50 areas of specialization. ACSM believes the physician is best equipped to make such medical decisions, and that such freedom serves the best interests of the patient.

Accordingly, ACSM does not support this proposal or similar ones contained in the Medicare Program: Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005 (CMS docket # 1429-P). We believe the provisions, which will restrict the physician's ability to determine the type of licensed or certified health care provider who administers "Therapy-Incident To" services, could have a detrimental effect on the welfare of Medicare patients. We believe the health and well being of the Medicare beneficiary must be the primary consideration, and this proposal fails that test. Physicians and all other medical professionals authorized to order "Therapy-Incident To" services should have the continued medical authority to determine proper care and treatment for the patient and select the best available and most appropriate health care professional to provide that care, including in the area of "Therapy-Incident To" services. Complex factors always affect a physician's choice of the most appropriate health care professional to provide "Therapy-Incident To" services in his/her office or clinic, and this medical judgment as to what best serves the interests of the patient should be maintained and not diluted by this proposal.

Please feel free to contact ACSM if we can provide additional information on this matter. Thank you for your attention in this regard.

Jim Whitehead
Executive Vice President
American College of Sports Medicine
jwhitehead@acsm.org

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

we need massage therapy to be listed as a resource for medicade users to be able to access. there are too many people all ready that need this kind of therapy who cannot receive it because they cannot afford it. massage therapy is a powerful healing technique for patients of all kinds. it is helpful to patients that have MS to accident victims to rape victims to autistic children who can receive craniosacral therapy

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

See attached letter

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

1. I oppose the proposed changes to "Incident to" billing regulations.
2. I support recognition of Certified Athletic Trainers as Providers of Rehabilitation Services. Athletic Trainers provide a valuable service to high school athletes in this regard.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

SECTION 302

American Academy of Orthotists and Prosthetists
526 King Street, Suite 201
Alexandria, VA 22314

September 24, 2004

Ms. Karen Daily
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
PO Box 8012
Baltimore, MD 21244-8012

Comments regarding file code CMS-1429-P
Issue Identifier: 302

Dear Ms. Daily:

The American Academy of Orthotists and Prosthetists is seriously concerned that the proposed changes to the Medicare Modernization Act Section 302(a)(2) will adversely affect the access, timeliness and quality of Orthotic and Prosthetic clinical care and related custom technology. The proposed requirement of an additional visit with a physician or authorized medical personnel and the delivery of such care within a further restricted time period, would create an undue burden on those requiring repair or replacement of existing orthoses and prostheses.

Orthotic and prosthetic care is regularly provided to the elderly and persons with a disability, for whom transportation is often onerous, and many will choose to forgo treatment rather than go through the necessary time and expense of an additional office visit.

For those requiring immediate assistance, the time to procure an office visit with a physician will result in the delay of medical treatment, with resultant potential harm to the patient, which will, in turn, raise medical costs.

Additionally, when working with patients who frequently require our care, it is often not feasible to provide treatment within a time period as short as 30 days, given the complexities of care, other medical conditions that may be affecting the patient and inherent transportation issues with this population.

As professionals who provide continuing care to individuals over many years, we believe that a physician evaluation is mandatory for the initiation of and the initial decision regarding type of treatment; however, in the best interest of the patient, we recommend that this change to the current Medicare policy in regards to the continuance of care not be implemented.

Sincerely,

David F. Moretto, CP, FAAOP
President
American Academy of Orthotists and Prosthetists

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Jonathan Burch, ATC

September 24, 2004

Centers for Medicare & Medicaid Services

Department of Health and Human Services

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.

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

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

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

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

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

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Please see the attached for Sections 302 and 305.

Issues 10-19

SECTION 302

Please see attachment.

CMS-1429-P-3832-Attach-1.doc

CMS-1429-P-3832-Attach-1.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

It is everyone's right to practice their therapy especially when we have the training and the education to help clients at a cheaper cost and shorter term care providing less cost to the insurance companies and to the client. It is unconstitutional to prevent massage therapists from receiving referrals from DR's and Chiropractors

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am writing to support CMS's proposal (42 CFS 484.4 with the exception of licensure in the rule that establishes these standards for personnel providing physical therapy services in physicians' offices.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

SECTION 303

VIA DHL AND ELECTRONIC SUBMISSION

Thank you for the opportunity to submit comments on proposed rule CMS-1429-P. Quintiles is a health care consulting firm providing reimbursement strategy and support services for a number of pharmaceutical manufacturers. On behalf of our clients, we are asking for clarification in the ASP reporting requirements and would like to share our concerns on the effect of the implementation of the ASP methodology on physician offices.

Calculation of ASP

With the increasing number of different transaction fees among manufacturers, physicians, and wholesalers, manufacturers have expressed their confusion over what specific elements are included in the ASP calculation. For example, manufacturers are questioning whether any specialty distributor fees or other administrative fees should be included in the calculation. As a result, we are requesting a comprehensive and precise list of all components (fees, discounts, rebates, etc.) included in the calculation of ASP.

Computation of rebates and discounts in the ASP calculation

The Medicare Modernization Act requires that in calculating the ASP, manufacturers are required to include volume discounts, prompt pay discounts, cash discounts, free goods that are contingent on any purchase requirement, chargebacks, and rebates (other than rebates under the Medicaid drug rebate program).

Neither the April 6th interim final rule on ASP submission nor proposed rule CMS-1429-P detail how manufacturers should calculate discounts (volume, prompt pay, cash). Therefore, we are asking for CMS' guidance to determine how a manufacturer should calculate discounts in the ASP calculation.

In addition, we are asking CMS whether a manufacturer must include rebates to a wholesaler in the ASP calculation. To illustrate this scenario, a manufacturer sells a drug for \$10 to a wholesaler, who in turns sells the product for \$8 to the physician. The manufacturer provides a \$2 rebate to the wholesaler for the product. We are asking whether manufacturers must report this \$2 rebate in their calculation.

Providers who are reluctant to join large purchasing groups will be forced to stop providing physician-administered drugs in-office

During the April 20th Special Open Door Forum on ASP submission, a number of physician practices expressed concern about their ability to purchase drugs at 106% of ASP because they are low volume purchasers and do not qualify for discounts enjoyed by large purchasing groups. In the proposed rule, CMS encourages physicians to participate in these large purchasing groups to take advantage of discounted rates. However, physicians may be reluctant to join such groups due to a number of issues, including geography and feasibility. Additionally, some physicians were just made aware of the drug payment changes and may not have sufficient time to enter into a contract with a large purchasing group.

If these physicians purchase drugs at rates higher than the anticipated Medicare allowables, they may no longer be able to provide drugs in their offices and forced to send their patients to hospital outpatient facilities for drug administration. We are asking CMS to consider ways to address this likely scenario.

Thank you for your consideration of our comments. We look forward to your response.

Sincerely,

Wilson Chu

Reimbursement Specialist



Submitter : Mrs. Amy Jo Larry Date & Time: 09/24/2004 04:09:03

Organization : Decatur Memorial Hospital

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

9/25/04

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.

As a healthcare professional with an athletic training certification and physical therapy license, I have seen first hand the similarities in education. I feel that athletic trainers are qualified to treat orthopedic patients of all ages. I have also work with several highly skilled athletic trainers in the clinic and feel that their contributions to our staff are invaluable.

Sincerely,
Amy Jo Larry, PT, ATC
1613 Burning Tree Drive
Decatur, IL 62521

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

This will patient access to qualified healthcare providers.

Submitter : Mrs. Beth Peel Date & Time: 09/24/2004 04:09:19

Organization : Mrs. Beth Peel

Category : Individual

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.

Why is medicare determining what is best for it's patients???? Let the patient and provider (Doctor) decide.

Submitter : Mrs. Natalie Turney Date & Time: 09/24/2004 04:09:36

Organization : Robinson's Chiropractic and Massage

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am requesting the right to treat Medicare patients with massage therapy/ bodywork. As a LICENSED PROFESSIONAL, trained to treat soft tissue, I am offended at the suggestion that physical therapists would suffice in tending to your patients who have a need for massage therapy. Massage therapists are dedicated to providing skilled TOUCH to their clients whereas physical therapists are more familiar with using devices to assist in their treatments with patients. This key difference in technique should not be minimized. Please allow licensed massage therapists the opportunity to do the work we are trained to do... Thank you for your time

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

This comment is in support of the proposal brought forth by CMS to allow psychologists to supervise diagnostic testing. I feel that the proposed change would allow psychologist's the opportunity to spend more time working with their patients and also give students and/or technicians the opportunity to work with patients as well. Further, according to Sloop & Quarrick, 1974, technicians performance in testing and assessment was highly correlated with psychology doctoral students with regard to reliability and vallidity with regard to test administration. Therefore, technicians have proven to be just as affective in test administration. In addition, Musante, 1974 found that psychology faculty and staff highly rated the performance of technicians. The study indicated that the faculty and staff used the behavioral observations of the technicians extensively to understand patient pathology abd toi write their reports, and that the availability of technicians enabled them to spend more time interviewing each patient. They concluded that the faculty and staff were quite pleased to have psychological technicians added to their work settings. I firmly believe that with the proper educational and field training, it is possible for technicians to complete reliable psychological testing. Technicians can also provide additional information to psychologists in order to provide a more reliable diagnosis and provide additional insight for treatment recommendations.

Musante, G. J., (1974). Staff evaluations of the technician role. *Professional Psychology: Research & Practice*, 5(2), 214-216.

Sloop, E. W., & Quarrick, E. (1974). Technician Performance: Reliability and validity. *Professional Psychology: Research & Practice*, 5(2), 216-218.

Submitter : Mrs. Jennifer Close Date & Time: 09/24/2004 04:09:25

Organization : Mrs. Jennifer Close

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please See Attached File.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached letter.



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

see attached letter

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Mark B. McClellan, MD, PhD:

I am writing in order to comment on the August 5, 2004 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005." I am currently a physical therapy student working on my entry level Doctor of Physical Therapy degree. I have only one more year of post-baccalaureate work before I graduate.

I strongly support CMS's proposed requirement regarding physical therapists who work in a physician's office. As a soon to be new graduate, I believe that anyone who is performing physical therapy services should be a graduate of an accredited professional physical therapy programs. I also believe in the licensure of physical therapists. After graduation I must pass the National Physical Therapy Exam in order to receive my license to practice as a physical therapist. Licensure ensures that I am fully qualified and that I have the knowledge to practice as a physical therapist. Without licensure, there is no way to regulate those providing physical therapy services to ensure that the correct care is being provided.

I am just beginning my third year of graduate school and once I am graduated I will be fully educated to practice as a physical therapist. My education has given me a deep understanding of the human body in regards to the musculoskeletal system and physiology. I have also learned how to properly use modalities to aid in treatment and I understand the science behind how the modalities assist in rehabilitation. I know how to provide the correct rehabilitation for a variety of diagnoses. I do not believe that someone without the same education I have received can competently provide treatment for a patient. It is my education that will allow me to provide patients with the best possible care and subsequently the best outcomes.

Thank you for consideration.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am opposed to the proposed changes to "Incident to" billing regulations which will affect Certified Athletic Trainers. I feel the trainers provide an excellent service to high school athletes.

Having had three sons in high school sports and experienced various injuries, our trainers have provided excellent care at the time of injury as well as any rehab they might require. Do NOT eliminate this very valuable resource to injured students.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Amputees need medical care at the same level as all other Medicare patients. Amputees having problems with their residual limbs, fit, function, suspension, etc. should be able to see their physician with regard to their medical condition even if it involves a prescription for a new prosthesis. The physician should be reimbursed for his services, as he has always been the "Gatekeeper" with regard to prosthetic services delivered by any prosthetist.

It is difficult to deliver a prosthesis within 30 days especially with an above knee amputee. It takes approximately 5 visits to deliver an above knee prosthesis.

Will physicians be reimbursed for prescriptions for routine supplies such as socks, sheaths, suspension sleeves, suspension belts, silicone liners and other routine maintenance repairs and or replacements? Will a face-to-face visit with the physician be required to obtain such items? Routine maintenance is a large part of any Prosthetic and Orthotic practice. In many cases emergency repairs are needed just to keep patients going until a prescription can be obtained.

What do you hope to accomplish with these new proposed guidelines? Prosthetic and orthotic services are such a small part of the entire Medicare expenditure. Do not be penny wise and pound-foolish. Pay the physician for the new prescription because if you do not? then you will have to pay for the patient to be on disability or to receive care in a patient care facility. This cost far exceeds the price of a new artificial limb.

Rob Reps, CPO

M.Kale Hinnant, PYU Amputees need medical care at the same level as all other Medicare patients. Amputees having problems with their residual limbs, fit, function, suspension, etc. should be able to see their physician with regard to their medical condition even if it involves a prescription for a new prosthesis. The physician should be reimbursed for his services, as he has always been the "Gatekeeper" with regard to prosthetic services delivered by any prosthetist.

It is difficult to deliver a prosthesis within 30 days especially with an above knee amputee. It takes approximately 5 visits to deliver an above knee prosthesis.

Will physicians be reimbursed for prescriptions for routine supplies such as socks, sheaths, suspension sleeves, suspension belts, silicone liners and other routine maintenance repairs and or replacements? Will a face-to-face visit with the physician be required to obtain such items? Routine maintenance is a large part of any Prosthetic and Orthotic practice. In many cases emergency repairs are needed just to keep patients going until a prescription can be obtained.

What do you hope to accomplish with these new proposed guidelines? Prosthetic and orthotic services are such a small part of the entire Medicare expenditure. Do not be penny wise and pound-foolish. Pay the physician for the new prescription because if you do not? then you will have to pay for the patient to be on disability or to receive care in a patient care facility. This cost far exceeds the price of a new artificial limb.

Rob Reps, CPO

M. Kale Hinnant, CP, FAAOP

Bill Alford, CP

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

9/24/2004

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. 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.

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.

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 do not think that the CMS should be able to pass this statute because it will not only hurt the Athletic Training profession, but also hinder the patient and doctors. The patient will not get the adequate treatment that they deserve and could face many delays that will cost them valuable rehabilitation time and possibly require the need of more surgeries to correct the problems that formed because of this. This will ultimately cost everyone involved much more money in the long run.

Sincerely,

Stefani Voudrie

501 S. Poplar

Pana, IL, 62557

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Philip Bonzo
343 Masonglen Ct.
Pataskala, OH 43062

9/24/04

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

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

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

? Incident to has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician?s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician?s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.

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

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

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

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

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

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached letter.



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

September 21, 2004

Department of Kinesiology
Greensboro College
815 West Market St.
Greensboro, NC 27401

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-149-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 right (the right to choose and the right for quality care) of our patients and my right as a future health care practitioner.

Sincerely,

Athletic Training Student at Greensboro College in Greensboro, North Carolina

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I would like to voice my strong support for the proposed requirement that physical therapy services offered in physician's offices be provided by graduates of accredited physical therapy programs.

I am a 'career change' physical therapy student in California. One reason I chose this field over other health-fitness related fields is because of the evidenced-based approach that has been increasingly emphasized over the past 10 years in physical therapy programs. This approach is an integral part of our training, and is crucial to positive outcomes and cost effective Medicare expenditures.

I believe that physical therapy program graduates can best incorporate ongoing research and clinical skills to positively effect patients' ability to return to full function. Physical therapy programs currently require substantial post-baccalaureate education in basic sciences, rehab procedures, and how to access and evaluate relevant research. Physical therapy services should not be provided by unqualified practitioners. Requiring licensure would help ensure quality, but requiring graduation from accredited physical therapy programs is a step in the right direction.

Thank you for the opportunity to comment.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

The National Registry of Rehabilitation Technology Suppliers (NRRTS) would like to offer the following comments on Section 320 regarding clinical provisions for coverage of DME.

NRRTS is a voluntary organization of almost 900 registered and certified rehabilitation technology suppliers (RTS). NRRTS was conceived and developed over 10 years ago as a grass roots effort by reputable DME and RTS's within the industry. The primary mission of NRRTS is to establish professional qualifications, standard operating procedures and ethical practice requirements of its registrants in order to insure high quality service delivery of a variety of rehabilitation products and assistive technologies. These products usually include durable medical equipment (DME) of a highly complex and technologically advanced nature (power wheelchairs with advanced control features, custom seating systems, advanced ambulation equipment and other specialized technologies) that is individualized for people with catastrophic conditions.

General Comments

? NRRTS agrees with CMS that beneficiaries of DMEPOS should be under the care of a physician, and that it is good clinical practice for the beneficiary to be seen by the physician for their medical condition as it relates to DME and other assistive or rehabilitation technologies, but we have serious reservations about the `face to face? requirements as proposed.

NRRTS believes that a detailed evaluation of the beneficiary's medical condition, functional and environmental needs and desired outcomes is essential to determine the most appropriate DMEPOS for that individual. The physician has the most primary role in this process, but in many cases, the physician defers this responsibility to other clinical professionals with more detailed knowledge and training. In the area of mobility (i.e. manual and powered wheelchairs and ambulation devices) specialized seating systems and other more advanced rehabilitation technologies, a physician routinely refers this duty to a occupational or physical therapist.

Recommendation: The face to face requirement by the treating physician should include provisions to permit the beneficiary to be evaluated by an occupational or physical therapist or other qualified professional at the physicians discretion.

? NRRTS agrees with the CMS goal of insuring good quality care and the reduction of instances of fraud, but do not believe that the requirement of a face to face visit with the physician will necessarily achieve that outcome.

One of the most notable instances of Medicare fraud for the provision of power wheelchairs involved unscrupulous providers in Harris County Texas. In this instance it was widely reported in the media that a physician was directly involved in this fraud, and that beneficiaries were allegedly transported by hired `head hunters? to visit this unethical physician who prescribed a power wheelchair whether the beneficiary needed it or not. Clearly, the requirement of a face to face visit with a physician would not have prevented this horrible example of fraud and abuse.

Recommendation: CMS should work with industry representatives, professional clinician organizations, beneficiary and other consumer advocacy groups and law enforcement agencies to develop other more effective ways to halt instances of fraud rather than implementing additional bureaucratic regulations and requirements that make it more difficult for honest and legitimate suppliers to provide high quality products and services to disabled beneficiaries.

Issues 10-19

SECTION 302

? NRRTS agrees with CMS that it is desirable for a prescribing physician or other practitioner to maintain appropriate and timely documentation in the medical records that supports the need for DMEPOS ordered, but to require verification of a face to face physician visit by the supplier in order

to process a claim for DMEPOS places an undue burden on that supplier.

Although it is true that the DMEPOS supplier is submitting a claim for payment and has a responsibility to obtain appropriate documentation of medical necessity, NRRTS must point out that suppliers are not in a position to tell physicians how to manage their professional entries into the medical records. When a supplier receives a written order (CMN) from a physician for DMEPOS, they would have very little or no capacity to comply with that order if the physician does not also provide the additional verification requirements of the proposed face to face visit with their patients. As a result, beneficiaries are likely to be denied essential and needed DMEPOS, not because it is unnecessary, but simply because there is insufficient documentation of an overly burdensome bureaucratic requirement. This face to face requirement places an undue obligation on the supplier in the event that the physician does not comply with the requirement, or in the event that they do comply, but do not document well.

Recommendation: CMS must establish a less intrusive method of verifying the medical need for DMEPOS of a beneficiary without placing the entire burden of proof of a physician's required professional behavior upon the supplier. Requiring the supplier to obtain information from the medical record for each and every order for DMEPOS is unrealistic and difficult at best.

Specific Comments

? NRRTS does not support the face to face requirement for renewal of continually need DMEPOS.

Recommendation: A complete and accurate CMN should be sufficient to renew the need for DMEPOS as long as the physician has seen the beneficiary within the past 12 months, and there has been no significant change in the beneficiary's medical condition. For example, a person with quadriplegia as a result of a spinal cord injury should not have to have a face to face visit with their physician in order to establish the continued medical need for an electric hospital bed, as long as there has been no change in the beneficiary's medical condition.

? NRRTS does not support the 30 day requirement between face to face visit and completion of a written order for DMEPOS.

Recommendation: For more extensive technology needs, a 120 day timeframe would be much more appropriate. This is particularly true when another professional clinician, such as an OT or PT, is involved in a more technical and highly detailed rehabilitation technology prescription (i.e. power wheelchair with power tilt in space and alternate drive control systems).

? NRRTS does not support the proposed CMS limitation that the face to face visit with a physician or other professional clinician (OT PT etc.) cannot be the sole purpose for obtaining an order for DMEPOS.

Recommendation: If CMS is going to require that a physician have a face to face meeting with a beneficiary in order to determine that they are in need of DMEPOS, then CMS must also realize that there may be no other reason for the beneficiary to visit the physician. The subsequent time required to perform an evaluation for appropriate for DMEPOS, whether it is by a physician or by another professional clinician such as an OT or PT upon a physician's order, should be billable and appropriate reimbursement be available to the physician or clinician to meet this requirement.

Respectfully Submitted,

Dan Lipka, Med, OTR/L, CRTS
Licensed Occupational Therapist and Certified Rehabilitation Technology Supplier
NRRTS President
ddl@zoominternet.net

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Therapy--Incident to--Dear Sirs, I urge you to adopt the proposed regulations regarding therapy services incident to physician services. It is in the best interest of Medicare patients that these services be provided by qualified therapists. Thank you. Gerard Williams 9/24/04

Submitter : Mrs. Melissa Klamm Date & Time: 09/24/2004 04:09:25

Organization : National Athletic Trainers' Association

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

I am a concerned healthcare provider. I have come to understand that this docket, if passed, will limit the amount of work an athletic trainer can perform in a clinical based setting. Certified athletic trainers are highly qualified and trained healthcare professionals. They must receive at least a bachelor's degree from an accredited program for athletic training, but many athletic trainers also have their master's or even doctorate degrees. In order to practice in the field of athletic training, a person must first pass the exam formed by the National Athletic Trainers' Association Board of Certification. The exam has three rigorous sections: practical, written simulation, and written. A person must pass each section with at least a 80%, which is a higher percentage than a doctor. Only one in three people pass all three sections on their first try. A certified athletic trainer is trained in the theories and application of modalities, such as ultrasound, electrical stimulation, traction, etc. They are also taught specific techniques for injury evaluation and relevant rehabilitation plans. I believe that certified athletic trainers are just as qualified to provide healthcare to patients as physical therapists in clinical, industrial, or sports settings. I understand that physical therapists may be more specialized in rehabilitation techniques for certain populations, but that does not mean that an athletic trainer cannot perform any treatment for a patient covered by medicare. Certified athletic trainers are highly qualified professionals and a viable link in the healthcare profession. I hope that the people responsible for this docket will revise the section affecting the ability of athletic trainers to provide care for patients. Thank you for your time and consideration.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Individuals providing physical therapy should be graduates of an accredited professional physical therapist program. The delivery of so-called "physical therapy services" by unqualified personnel is harmful to the patient. An untrained eye doesn't know what to look for in terms of body mechanics and positioning.

Thank you for your consideration
Sincerely
Christina Dinh, SPTA

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached letter.

Submitter : Mrs. Susan Banner Date & Time: 09/24/2004 04:09:41

Organization : Mrs. Susan Banner

Category : Occupational Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Therapy--Incident to
Dear Sirs or Madames,

I support the proposed change in regulations requiring that therapy services provided incident to physicians' services be provided by licensed therapists. I urge you to adopt them.

Thank you,
Susan Banner OT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

9/24/2004
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.

The Athletic Training profession has endured many hard times, but this should not be one of them. Many men and women have devoted a lot of hours to training and service to become important to the health care field, and this proposal would eliminate a great majority from their professions. Give this some serious thought before you do something that will definitely affect the health care system as we know it.

Sincerely,

Dustin J. Fink, MS, ATC/L
411 W. Washington
Clinton, IL 61727

Submitter : Miss. lina oeij Date & Time: 09/24/2004 04:09:01

Organization : NVCC

Category : Other

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly supports the proposed personnel standards for physical therapy services that are provided ?incident to? physician services in the physician?s office. I has argued that interventions should be represented and reimbursed as physical therapy only when performed by a physical therapist or by a physical therapist assistant under the supervision of a physical therapist. I strongly opposes the use of unqualified personnel to provide services described and billed as physical therapy services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

9/24/2004
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.

Sincerely,
Ruth E. Cook, MA, ATC/L
208 Hickory Lane
Lincoln, IL 62656

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 24,2004

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

RE: Therapy-Incident to

Dear Sirs:

I am writing to express concern over the recent proposal to 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 could reduce the quality fo health care to our Medicare patients and increase the costs associated with these services.

I believe the decisions about health care to our patients should be based on quality of care and not on the political or financial concerns of any entity, unless tht financial needs are so the entity can survive to provide the care. I believe there are other qualified personnel, such as licensed athletic trainers, that can provide these services to our patiients in a cost effective and medically sound way.

On reviewing the proposal information I had access to, I found it interesting that the licensed therapists that want exclusive right to provide these services also will be given the right to have assistants provide these services when they are not in attendance. These assistants, from what I have seen personally, have had no formalized schooling in this area other than on the job training. I have found them to be able to provide these services adequately. But, from what I have read, one of the concerns of the licensed therapists is that doctors use just the same type of personnel and should not be allowed to so.

I would hope that the decisions made in this matter, and all matters concerning patient care, would be made as to what is best for patient care. This will include access to care and quality of care. In rural areas of our country access is a very large factor. I do not propose to compromise care, but let us make our decisions on who is able to provide quality care, based on scientific inquiry, and allow all qualified entities to provide this care.

Sincerely,

Richard M. Ingle, M.D.
130 E. Haskell St. Suite A
Winnemucca, NV 89445

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Dear Dr. McClellan:

I am writing to you regarding the proposed rule published by the Centers for Medicare and Medicaid Services (CMS) that included the "Revisions to Payment Policies Under the Physician Fee Schedule for calendar year 2005." More specifically, I would like to comment on the provisions governing "incident to" services and express my strong support that it be included in the final rule.

I would like to strongly support the CMS proposal that individuals who provide physical therapy services in physicians' offices must be graduates of an accredited program. As a therapist with 25 years experience I have seen the growth in knowledge base of recent graduates. Today's graduates have earned the opportunity to practice therapy. If physicians are allowed to hire non graduates for a lesser price: why not? The person who suffers the most is the patient who many times doesn't even realize their being treated by an athletic trainer, exercise physiologist or other sub standard personal. Unfortunately in many cases it's a poor outcome, a lengthy rehab or reinjury.

In order to assure that all patients who are insured under CMS get safe, effective, high quality physical therapy, it is extremely important that the provision governing "incident to"

"incident to" services be included in the final rule. Thanks for your time and consideration regarding this manner.

Sincerely,

Philip C. Krause PT, OCS

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

9/24/2004
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.

Sincerely,
Darin Buttz, MS, ATC/L
166 N. Westlawn Ave.
Decatur, IL 62522

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

RE: Therapy - Incident To

I have been practicing as a licensed physical therapist for the past 30 years and wish to comment on the August 5 proposed rule on "revisions to payment policies under the physician fee schedule for calender year 2005." I strongly support CMS's proposed requirement that physical therapists working in physician offices must be graduates of accredited physical therapist programs. Physical therapists and physical therapist assistants, working under the supervision of a licensed physical therapist, are the only practitioners who have the education and training to furnish physical therapy services. To ensure that all people are provided the best quality care, it is important to ensure the high standards set out by our profession.

Submitter : Mrs. D. Derera Date & Time: 09/24/2004 04:09:58

Organization : Mrs. D. Derera

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Therapy--Incident to

Dear Sirs, I support the proposed changes in regulations that would require that qualified therapists provide therapy services incident to physician services and I strongly urge you adopt the proposed regulation.

Thank you very much,

D. Derera, PTA

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am a practicing physical therapist, licensed in the state of Idaho for 30 years. I am in support of CMS' proposal that individuals who furnish physical therapy services in physician's offices must be graduates of an accredited professional physical therapy program or meet certain grandfathering clauses or special rules.

I am further in support of physical therapy services being only offered out of physician offices so as to avoid any conflict of interest or restraint-of-trade issues related to self-referral.

Thank you,
Gary Bartoo, P.T. (208)667-3583
Idaho PT License RPT-105

Submitter : Date & Time:

Organization :

Category :

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

THERAPY - INCIDENT TO

My name is Ira Gorman, PT, MSPH and I am an Assistant Professor of Physical Therapy at Regis University in Denver. I wish to express my strong support for CMS's proposed requirement that physical therapists working in physician's offices be graduates of accredited professional physical therapist programs. Even though current law prevents the agency from requiring licensure, it would be the most appropriate standard to achieve its objective. Every state requires that physical therapists be licensed in order to protect the public. PT education has grown over the last 8 years and now is an entry level doctorate at over 100 institutions across the country and by 2005 will be the degree granted by over half of the accredited institutions.

Physical therapists receive significant training in anatomy and physiology, have a broad understanding of the body and its functions, and have completed comprehensive patient care experience. This background and training enables physical therapists to obtain positive outcomes for individuals with disabilities and other conditions needing rehabilitation. This education and training is particularly important when treating Medicare beneficiaries.

The delivery of so-called "physical therapy services" by unqualified personnel is harmful to the patient. An unqualified practitioner may not be able to recognize problems that are outside the scope of physical therapy and therefore unable to make the appropriate and timely referral. This is especially important in the Medicare population which has more complex medical problems than the majority of the population.

In addition a financial limitation on the provision of therapy services (referred to as the therapy cap) is scheduled to become effective January 1, 2006. Under the current Medicare policy, a patient could exceed his/her cap on therapy without ever receiving services from a physical therapist. This will negatively impact patient's outcomes and affect a patient's ability to receive qualified physical therapy services later during that calendar year for a different problem such as a stroke or hip replacement.

Finally Section 1862(a)(20) of the Social Security Act clearly requires that in order for a physician to bill "incident to" for physical therapy services, those services must meet the same requirements for outpatient therapy services in all settings. Thus, the services must be performed by individuals, who are graduates of accredited professional physical therapist education programs.

Thank you for your time and attention to these comments.

Sincerely,

Ira Gorman, PT, MSPH

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I OPPOSE MEDICARE's proposed policy to eliminate any provider except PT's from providing "incident to" medical professional's services to patients.

Massage Therapists should have the right to work with or for medical doctors or chiropractors. Patients should be allowed to receive professional health care in physician's offices from those other than physical therapists only. PTs should not be the only health care professionals allowed to provide medically related care to physician's patients. We know treatments that PTs do not. We provide the essential human touch that PTs do not. The client/patient should have the right to choose what type of care they want to receive. Education and affordable options are in the best interest of the patient. Physical therapy along with Massage therapy can lead to faster results and reduced medical expenses. Before passing this bill, please do some research on the benefits of clinical massage (also called neuromuscular massage or trigger point therapy). This technique really works; it allows the body to heal itself in a way that helps to prevent reinjury to the area. Preventing reinjury will save on medical claims and expenses. Massage therapy provides a WIN-WIN situation for both the client and the Medicare system.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

CMS-1429-P

Submitter : Mrs. Jane Winders Date & Time: 09/24/2004 05:09:27

Organization : Memorial Medical Center

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I wish to comment on the August 5 proposed rule regarding therapy incident to services. I am a physical therapist who manages a hospital based, outpatient therapy department. I strongly support the recommendation that physical therapists working in physician's offices be graduates of an accredited professional physical therapist program. Physical Therapists possess a professional education by a college or university accredited by the Commission of Accreditation of Physical Therapy. This is an independent agency that is recommended by the U.S. Department of Education. Currently a Physical Therapists graduate with a master's degree or a doctor of physical therapy. Physical Therapy Assistants have an associates degree from a program with the same accreditation. Physical Therapists are also licensed individuals holding them to a high degree of professional accountability in the states in which they practice. We possess a broad understanding of anatomy, physiology, the body and how it works through the nature of our education. This is imperative when treating the public. Our licensure tells the public that we possess this broad knowledge base. I hear frequent stories from patients who have received services that they perceived were physical therapy when they were not given by a person who graduated from a qualified program. They did not benefit from positive outcomes, and in some cases felt worse than when they started. There are business that advertise physical therapy, but do not have a physical therapist on staff. There are other professionals who are also licensed to perform specific tasks. Their education and training prepare them for those tasks and I would feel comfortable in obtaining those services from them. I would be concerned however, if they functioned beyond that. I am very proud to be part of a profession with strong academic requirements and competent clinicians. I am concerned that people who are not graduates of accredited professional physical therapist education programs who are attempting to provide these services.

Thank you for consideration of these comments.

Jane Winders P.T.

217-862-0433

winders.jane@mhsil.com

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 would like to urge you to NOT adopt this change that limits a physician to referring 'incident to' patients ONLY to physical therapists. I fully believe in allowing both doctors and patients to have the widest range of treatment options available to them. All qualified health care professionals should be permitted to provide prescribed services or work with a physician to provide treatment for a particular condition.

Physical Therapists are not the only people who can render aid. Other forms of treatment work as well, or better for certain cases. I urge you not to discount their value or deny access to them for the patients which they would benefit.

Thank you for taking the time to consider my opinion on this matter.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

As a professional Healthcare provider I urge you to not vote to limit the Dr.'s ability to refer to All categories of providers. It limits the patients and Doctors rights to seek the most beneficial treatment for that person. No one field of provider will be able to help all areas that need to be addressed. It needs to be written in that ALL health care fields be allowed under this docket.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Therapy--Incident To--

Dear Sirs, I support the proposed changes in the Medicare regulations that would require therapy services provided incident to physician's services be delivered by qualified therapists. Thank you very much, Tyler Buege, SPT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please do not pass a policy under which a physician may only refer "incident to" services to physical therapy. In some situations other helathcare professionals are more appropriate for the treatment needed. The doctor and patient should be able to choose the service needed in a particular situation.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg you to reconsider your policy change where physicians can only refer 'incident to' services to physical therapists. Any professionally trained health care practitioner should be allowed to provide services to clients with a physicians prescription or under their supervision. This will severelley limit the patients/clients choice of the health care practitioner they wish to go to, to be treated.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am writing this on behalf of my friends in the hemophilia community. I am urging you to please reconsider the NPRM proposed \$0.05 per unit separate add-on payment for items and services related to the furnishing of blood clotting factor. Those individuals with hemophilia who have Medicare coverage should be entitled to the same level of care as others. With this proposed separate add-on payment that level of care will no longer be there for them. There will be increased emergency room visits, which include physician fees, ER fees in addition to the cost of factor and supplies that could have been administered at home. There will be prolonged recovery period not to mention increase in pain. It would be like turning back the clock in an effort to contain cost by eliminating services that have not only improved quality of life but reduced the cost of care of an individual who has hemophilia. The services that are provided by full-service hemophilia homecare companies are essential and necessary to make hemophilia a manageable disorder rather than a devastating, catastrophic, chronic disease. Again, I am urging you to please reconsider the NPRM proposal.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

On behalf of the bleeding disorders community, I urge reconsideration of the proposed changes in blood clotting factor reimbursement by Medicare.

As someone who has been around hemophilia all of my life, it is so reassuring to explain our history to new families hit with this devastating diagnosis. There are no more days of long hospital visits and joint damage from non-treatment. My father, a small business owner 30 years ago, did not have the time to spend hours on end at the hospital waiting for treatment and infusions. He would suffer through bleeding episodes only to make it worse on his body and ultimately his insurer, costing them much more than would have initial treatments. The hemophiliacs of today can infuse at home, on their own schedule and not interfere with their work or their schooling. I am proud to offer new hope to families by telling them this. PLEASE do not make me have to start telling them where we came from, where we were and how we have to go back! It will be IMPOSSIBLE for home health care companies to supply factor to medicare patients under the proposed changes in reimbursement. Why don't medicare patients have the same rights as privately insured patients? If these changes go into effect, medicare patients will no longer have access to home infusion, will have to go to emergency rooms for treatment and wait, where long term damage can take place and drive up the total costs all the while. During this 'waiting period for treatment' they will immediately become unproductive.

In closing, if the day to day welfare AND long term effects on these patients, are of no interest to you, PLEASE just review the bottom dollar costs. Long term, over time, you will ultimately, without a doubt pay more for these patients' care.

REVIEW YOUR HEARTS AND YOUR LONG TERM BUDGETS!

Thank you!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 24, 2004
Dear Sir/Madam:

Regarding the issue of incident to billing, as a Certified Athletic Trainer who is licensed by the State Department of Health in Mississippi, I find this provision to be absurd. I attended the University of Southern Mississippi and received a BS in Sports Medicine/Athletic Training, which is a CAAHEP accredited program. This provision, if adopted, would severely affect my ability to utilize the skills I learned in school and throughout my seven years of experience. This will effectively cause my profession to become obsolete. However, more importantly, this provision would completely limit patient's access to healthcare. If this provision is allowed, the patient will suffer the consequences due to delays in care, greater cost, and a lack of immediate care. I do not see how this provision is good for the patient. We, ATC's, are educated healthcare professionals who have been providing excellent health care for over fifty years. I personally view this provision as saying that I am an uneducated, unimportant cog in the healthcare wheel, while physical therapy assistants, who have a two-year degree, can continue to charge incident to. This to me is insulting and forces me to believe that the future of quality healthcare in this country is in jeopardy. I feel that CMS should not institute the proposed changes and that this provision is a health care access deterrent.

Sincerely,
Eric Oehms, MS, ATC/L
Sports Medicine Coordinator
Encore Rehabilitation, Inc.
Bienville Orthopaedic Specialists

Submitter : karen fiske Date & Time: 09/24/2004 05:09:47

Organization : karen fiske

Category : Other Health Care Provider

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

please do not discontinue payment for massage therapy by massage therapists under medicare. massage therapy by massage therapists have helped many people live more productive, pain- free satisfying lives.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Submitter : Mrs. AnnMarie O'Hare Date & Time: 09/24/2004 05:09:43

Organization : Mrs. AnnMarie O'Hare

Category : Occupational Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Therapy--Incident to

Dear Sirs, I urge you to adopt the proposed regulations requiring that therapy services provided incident to physicians' services be performed by qualified therapists. It would provide better quality of care to Medicare patients. Thank you.

AnnMarie O'Hare, COTA

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Dear Sirs/Madames,

The proposed rule changes for drug reimbursement will have a profound impact on our ability to provide care for our patients since we do not have a fee schedule and these incomplete data make running a business extremely difficult. If these massive cuts are implemented, we may find ourselves unable to care for cancer patients in the outpatient setting.

A margin of six percent leaves very little room for patients with no secondary insurance, and will also have a profound effect on our ability to care for other patients, particularly indigents and medicaid patients.

We look forward to continuing to care for cancer patients in our practice, but we must maintain a viable entity in which to provide this care.

Sincerely,
William E. Blaylock, M.D.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please, please, please correct the gross injustice of classifying Santa Cruz County, California as a RURAL county in the proposed CMS rules for 2005.

According to federal guidelines Santa Cruz County is even more URBAN than Los Angeles, Sacramento and San Diego counties. To the immediate north, Santa Clara County is designated for the HIGHEST payments in the COUNTRY !!! And yet the costs of housing are HIGHER in Santa Cruz County. And Santa Clara County payments will be TWENTY-FIVE percent higher under the proposed guidelines. We are losing current and prospective medical personnel to Santa Clara County. My wife and I will be on Medicare in five years. We do not want to have to drive half an hour over a windy mountain road to obtain medical attention. Please do the right thing !!!!

Regards,
Lawrence Fogel

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

see attached

CMS-1429-P-3885-Attach-1.doc

CMS-1429-P-3885-Attach-2.pdf

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I respectfully request that you NOT pass this policy. That does not allow the patient's access to all qualified health care providers. Thus limiting their ability to achieve optimum health. This is not right. Nor is it cost effective. Thank you for your consideration and the opportunity to be heard.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Request confirmation of my electronic comments @ cflowers@aamc.org

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

All qualified practitioners, including massage therapist, should be allowed as part of a patients healthcare team.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I OPPOSE Medicare's proposed policy to eliminate any providers except PT's from providing "incident to" medical professional's services to patients. Massage Therapists should have the right to work with or for medical doctors or chiropractors.

Before passing this bill, please do some research on the benefits of massage. Educate yourself about massage therapy and different types of bodywork. Talk to those who have experienced the benefits of these healing techniques.

Massage Therapy can have a wide range of benefits. It can be a good way to relieve the body of stress which can prevent major health issues caused by stress. Massage can also address, heal and prevent specific injury.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

massage therapy from non PTs

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I think that you are being very short-sighted to limit physician referrals only to Physical Therapists. Licensed Massage Therapists are qualified to treat patients with soft tissue injuries and muscle pain. Please reconsider your change in policy. Thank you.

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 physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Reed Trettin, LAT
Progressive Rehab. Assoc., L.L.C.
2401 Towncrest Drive
Iowa City, IA 52240

September 24, 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. ? 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, 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 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,

Reed Tretin, LAT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear CMS,

My name is Diana Torres and I am attending the graduate entry level Doctor of Physical Therapy program at U.M.D.N.J. I am writing this letter to share my sentiments about the "Therapy-Incident To proposal." I am in full support of the proposal because we as physical therapists are taught an enormous amount of knowledge in kinesiology and musculoskeletal theory. Whereas physicians are taught pathophysiology, and physiology of the organ systems. I am not saying that they do not have any education on muscle and movement theory, I am just saying that we as physical therapy majors are more qualified in education when it comes to those theories because we are specialized in muscle performance and movement function. We are also taught how to correct impairment and functional limitations through therapeutic exercise activities, whereas physicians are not taught therapeutic exercise in their curriculum. If this proposal is put into effect then we as a physical therapy community are guaranteed to have a permanent profession as an autonomous health care provider. I do not know what ramifications against our profession and the patient population await if this proposal is not passed, and that is what most concerns me. I wish you luck on your endeavors to put this proposal into action. If there is any other way I can get involved in this process please let me know.

Sincerely,

Diana Torres, SPT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am writing to express my concern over the recent proposal that would limit providers of "incident to" services in physician offices and clinics. 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.

(see attached file)

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please see attached Word Document.

CMS-1429-P-3896-Attach-1.doc

CMS-1429-P-3896-Attach-2.txt

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see my attachment in that a letter has been written to CMS.

Thanks,
Carmece Cunningham, SPT

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

Dear Dr. McClellan:

My name is Matt Booth. I am a physical therapist in Boise, Idaho, where I run a private outpatient physical therapy clinic. I have been in practice for over six years as a physical therapist. My education was from the University of Southern California with a bachelor's degree in Exercise Science, and a Doctorate degree in Physical Therapy. Not only am I writing to you as a private practitioner of physical therapy, but also as the legislative chair of the Idaho Physical Therapy Association. I am writing to you about the 'Therapy-Incident To' policies.

I wish to comment on the August 5 proposed rule on 'Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005.' I strongly support CMS's proposed requirement that physical therapy services furnished in a physician's office be provided by graduates of accredited professional physical therapy programs. Physical therapists (PT's) and physical therapy assistants (PTA's) are the only practitioners who have the education and training to provide physical therapy services. Unqualified personnel should not be providing physical therapy services. I have treated many patients who have been seen at a physician's office and received what they were told was 'physical therapy' that turned out to be ultrasound or electrical stimulation provided by an office aide. I later treated these patients when they did not reach their functional goals, and they all have expressed that they thought physical therapy only consisted of ultrasound and electrical stimulation. They had no idea that they were missing out on valuable evaluation and assessment of their entire condition, to include range of motion measurements, joint mobility testing, sensation testing, and strength testing, to name a few. Once their treatment plan was put together and implemented, these patients have made dramatic improvement with appropriate manual mobilization of joints, and appropriate strengthening and stretching exercises. I fear that many patients are not receiving the care they need, and are led to believe that physical therapy is an unskilled profession when they receive 'physical therapy' from an unqualified aide in a physician's office.

Physical therapists are highly educated, receiving at minimum a post-baccalaureate degree as of January, 2002. The majority of physical therapy programs will offer a doctor of physical therapy (DPT) degree by 2005. Physical therapists receive significant training in anatomy, kinesiology, physiology, and are uniquely positioned to analyze body movement patterns to develop and implement plans to improve function in individuals with impairments, disabilities, and handicaps.

Thank you for consideration of my comments. I hope you will maintain the proposed rules as written on August 5, 2004 for Medicare 'Incident To' Physical Therapy Services.

Sincerely,

Matt Booth, DPT, OCS

Submitter : Mrs. Gina Abraham Date & Time: 09/24/2004 05:09:41

Organization : Vascular Center of Wichita Nephrology Group

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

RE: RVUS FOR CPT CODE 36870-PER CUTANEOUS THROMBECTOMY

I am greatly concerned that in the newly proposed fee schedule the Non-Facility RVUs for the the abovementioned code have been reduced from 46.98 to 32.39. This is a total reduction of 27.7%. Work RVUs are unchanged and malpractice RVUs increased slightly.

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

Dialysis patients need a dedicated angographic suite with Fluoroscopic unit along with supplies and dedicated, trained staff.

Dialysis patients require a working AV access in order to receive their life saving treatments. Unfortunately, these accesses clot and patients cannot dialyze until a declot is performed. An office dedicated to dialysis patients is able to perform the declot, and have the patient successfully dialyzing the same day. This is much more efficient and economical than any acute setting.

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

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

Submitter : Date & Time:
Organization :
Category :

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

THERAPY - INCIDENT TO

Dr. McClellan,

My name is Robin Swanigan and I am currently a student of the Doctor of Physical Therapy program at Regis University in Denver, CO. I will be graduating and beginning practice in May of 2005. My experience has been as a student both in outpatient and inpatient settings where I have participated in the rehabilitation of various patient populations.

I am writing in regards to the August 5 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005." I strongly support the CMS's proposed requirement that any person delivering therapy services should be a graduate of an accredited professional physical therapy program. Physical Therapy is a profession and a service like any other area of medicine, such as Cardiologist, General Practitioners, Internists, as well as many others. This profession requires licensure in order to practice as well as an extensive education. This education emphasizes anatomy and physiology, biomechanics, musculoskeletal, neurology and evaluation of all of these areas. Physical therapists have completed comprehensive patient care experience, which along with the education received enables physical therapists to achieve positive outcomes for individuals with disabilities and other conditions needing rehabilitation. This education is particularly important when treating Medicare beneficiaries. Physical therapists must be licensed in the states where they practice. As a licensed health care provider, physical therapists are fully accountable for their professional actions. Licensure is imperative to this profession, as well as any other healthcare profession, in order to attain a level of standard of service that is above what any other person is able to provide. Accredited physical therapists and physical therapy assistants, under the supervision of a physical therapist, are experts in the area of rehabilitation and therapy services and so should be the only profession able to bill for these services.

The delivery of so-called "physical therapy services" by unqualified personnel is harmful to the patient. Without the appropriate education and knowledge of rehabilitation a person would be delivering healthcare outside their scope of practice. One would not seek a cardiologist for a middle cerebral artery aneurysm, in the same respect; one should not seek any other profession than physical therapy for their therapy and rehabilitation needs. A cardiologist specializes in ailments of the cardiovascular system, a neurologist specializes in ailments of the nervous system and a physical therapist specializes in ailments of the musculoskeletal and neuromuscular systems. It is a form of malpractice to practice anywhere outside the scope of your profession.

A financial limitation on the provision of therapy services is scheduled to become effective January 1, 2006. Under the current Medicare policy, a patient could exceed his/her cap on therapy without ever receiving services from a physical therapist. This will negatively impact patient's outcomes due to the fact that their "therapy" services were rendered by an individual who is not accredited or educated in the profession of physical therapy.

I will close with this; Section 1862(a)(20) of the Social Security Act clearly requires that in order for a physician to bill "incident to" for physical therapy services, those services must meet the same requirements for outpatient therapy services in all settings. Thus, the services must be performed by individuals, who are graduates of accredited professional physical therapist education program.

I would like to thank you for your time and consideration of my comments. I hope that you will be able to understand my position on this matter. Again, thank you.

Sincerely,

Robin Swanigan, SPT
Regis University
Rueckert-Hartman School for Health Professions
Dept. of Physical Therapy
Mail Code G-4

Submitter : jeff schmidt

Date & Time: 09/24/2004 05:09:36

Organization : jeff schmidt

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 23, 2004

Mark B. McClelland, MD, PhD
Administrator
Centers for Medicare and Medicaid Services
US Department of Health and Human Services
Attention: CMS-1429
PO Box 8012
Baltimore, MD 21244-8012

RE: Medicare Program: Revision to Payment Policies under the Physician Fee Schedule of Calendar Year 2005 ? Therapy Incident ? To.

Dear Mr. McClellan:

As a physical therapist, I am writing in regard to the proposed rules of Revisions to Payment Policies under the Physician Fee Schedule of Calendar Year 2004 and in particular the section related to Therapy Incident ? To. I have practiced as a physical therapist in North Dakota for nearly 14 years in a variety of settings. I currently work in a hospital outpatient setting. My case load here includes a large number of Medicare Beneficiaries.

I strongly support CMS establishing the requirement that individuals providing physical therapy services within physician offices be qualified. Physical therapists and physical therapy assistants under a physical therapist?s direction, are the only practitioners who are educated and trained to provide such services.

Physical therapists receive their education at colleges and universities. Physical therapy programs must be accredited by the Commission on Accreditation of Physical Therapy (CAPT). All of these programs offer a master?s degree in physical and by 2005, the majority will offer a doctor of physical therapy (DPT). Physical therapists must be licensed within their practicing state.

Physical therapists are trained to evaluate and treat individuals with a variety of movement impairments. They are able to recognize how various medical conditions may affect an individual?s rehabilitation program and are able to adjust and progress their program appropriately. This education and training is particularly important when treating Medicare beneficiaries who are most likely to have a complicated medical history.

When physical therapy is delivered by unqualified personnel there is a much greater potential for harm to the patient. Treatment will be less cost effective because these personnel would lack the assessment skills necessary to make treatment individualized, functional and progressive.

Requirements for outpatient physical therapy services should be consistent in every setting. That is, services must be performed by individuals who are graduates of accredited professional physical therapy education programs.

Thank you for considering these comments.

Sincerely,

Jeffrey Schmidt PT, MTC, EMT-B



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please forward to:
Mark B. McClellan, MD, PhD
Administrator, Centers for Medicare and Medicaid Services
Department of Health and Human Services

Attn: CMS-1429-p

I am in strong support of the CMS proposal that individuals who furnish outpatient physical therapy services in physicians offices must be graduates of an accredited professional physical therapy program. Physical therapists and physical therapist assistants under the supervision of a physical therapist are the only caregivers who have the comprehensive requisite training in pathology , anatomy, physiology, biomechanics, modalities, patient evaluation and specialty techniques to provide physical therapy services to patients.

In particular, the education and training physical therapists vs other unqualified individuals allows for physical therapists (and PT assistants) to treat patients most thoroughly and safely with maximal potential benefit and minimal risk to the patient.

Therefore it is critical that the final ruling on this must contain the language "incident to" such that only qualified Physical Therapists (and PT assistants working under the supervision of a physical therapist) be covered under this ruling for the provision of physical therapy services.

Thank you for your consideration on this extremely important matter.

William Chapin, Physical Therapist
46 Prince Street, suite 402B
New Haven, CT 06519
203-752-7878
chapin.havlicek.pt@snet.net

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Patrick Cummings
280 Brookside Blvd.
Hinckley, Ohio 44233

9/23/04
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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attachment

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Krista Hilton
2323 Druid Oaks NE
Atlanta, GA 30329

Dear CSM:

I am submitting a letter regarding the proposal 1429-P. I do not support this proposal.

Sincerely,

Krista Hilton, M.Ed.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

PRACTICE EXPENSE

Mark McClellan, MD, PhD
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Ave., SW
Washington, DC 20201

RE: CMS-1429-P

Dear Dr. McClellan:

As a hematologist who treats patients with chemotherapy and other pharmaceutical treatments in my office, I write to comment on the proposed revisions to the physician fee schedule for 2005. I am particularly concerned that in the proposed rule, CMS fails to provide hematologists and other physicians affected by the Average Sales Price (ASP) methodology with clear and reliable information upon which to make decisions about our practices for 2005 and beyond.

Section 303-Outpatient Drugs and Biologicals

I am seriously concerned that CMS has not provided affected physicians with the opportunity to comment on the proposed payment allowances for drugs in 2005. CMS has identified tentative payment allowances for only a handful of drugs omitting many of the drugs commonly used by hematologists. Why has CMS not at least provided tentative prices for all of the covered Part B drugs. If, in fact, the complexity of the calculation of ASP is the reason why data was provided only for a few drug products, it is all the more reason why comments from affected physicians are necessary. Moreover, for the limited number of drugs provided, the prices do not reflect the data for the actual period that will be used to calculate the ASP rate; i.e., the 3rd quarter of 2004 but reflects data for an earlier period.

As CMS notes in the rule, drugs constitute a very significant portion of the revenues received by oncologists, in the range of 70 percent. This would include hematologists with large oncology practices. The inability to evaluate and comment on the adequacy of the proposed payment level prior to implementation of the changes January 1, 2005, is a major deficiency of the rule. What business can possibly operate in that kind of environment? Not knowing what will be paid for the majority of our services makes it virtually impossible for a practice to plan ahead. Physicians will not truly know (1) if they can afford to continue to provide chemotherapy to Medicare patients in an office setting, (2) to what extent they will need to reduce staff, close satellite offices, etc., and (3) whether they will need to change their purchasing practices, including possibly referring patients to hospitals for these services or buy the drugs on their own and bring them to the office.

Based on a review of the hematology-related drugs for which estimated ASP prices were provided, I am concerned about my practice's ability to continue to provide all needed drugs to patients. Although I use a group purchasing organization to buy drugs, there are several drugs for which I am currently paying more than the estimated ASP. It appears that CMS is basing the ASP rate on the sales data reported by manufacturers without regard to whether the product was sold to a hospital or other large purchasing group. I understand that the Congress believes that the ASP rate should reflect the prices actually paid by practicing physicians and that the 6% increment was adequate to cover the variability in the prices paid plus other costs such as inventory costs and wastage. Unfortunately, based on my review of the ASP prices, the proposed payment rate is clearly inadequate.

I urge CMS to delay the implementation of the ASP system for at least one year. CMS needs to develop ASP data that reflects the amounts

actually paid by physicians for drugs. And, before the system is finally implemented, CMS needs to provide physicians with the opportunity to comment on the proposed payment rates for the drugs that are covered under this system.

Sincerely yours,

Thomas A. Bensinger, M.D., FACP



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

CODING-GLOBAL PERIOD

The MGPO believes that implementation of a ninety-day global period for radiation treatment management is feasible as long as the global period only applies to the services provided by the radiation oncologist and not to any other specialists such as the patient's oncologist. Both the radiation oncologist and the oncologist are an important part of the care team and are part of the same group practice in large multispecialty groups. Denying the services provided by the patient's oncologist during the global period is unacceptable as both physicians are appropriately treating separate components of the diagnosis

SECTION 611

The concept of a "Welcome to Medicare" visit is a good one, but we are concerned that the proposed reimbursement structure for that visit will not support CMS goals.

The goal of improving access for seniors to high quality care and recommended preventive services cannot be met within the confines of a visit that is reimbursed at a level equivalent to a 99203 visit. To accomplish all of the required components of the preventive visit in 30 minutes -- including an informed discussion of the preventive services recommended by the U.S. Preventive Services Task Force -- is unrealistic. America's seniors deserve a thoughtful review of their preventive care options and the opportunity to make informed decisions. Unfortunately, the short duration of the visit afforded by the proposed reimbursement, and the documentation that must accompany it, could make it more difficult to provide these services rather than improving access.

We also believe that CMS's approach to implementing the new G code should be cognizant of the healthcare needs of America's seniors. Although some new Medicare patients are healthy and do not have chronic or acute medical conditions, our experience shows that this tends to be the exception rather than the rule. More often than not, Medicare patients have several medical problems that they want to address at a single physician visit. For many of them, the "Welcome to Medicare" visit will serve as a valued opportunity not only to address their preventive needs, but their acute and chronic care needs as well. We suggest that this reality should be acknowledged and that there be no limit on the code for problems outside the preventive visit.

The current proposal, which would limit the code to a 99211 or a 99212, fails to cover the level of treatment needed for patients with more complex issues. As a result, it is likely that our seniors will either have their preventive needs addressed or their acute and chronic needs addressed in any given visit rather than achieving the CMS goal of integrating all aspects of care.

After much analysis, the MGPO believes that the proposed RVU calculation of 3.29 for the new G code is inadequate. The amount of face-to-face time spent with a patient would exceed the 30 minutes described in the benefit. We believe that CMS should reconsider the value it has placed on these visits and ensure that expectations and reimbursement are appropriately aligned.

In addition, we believe that the inclusion of the EKG service in the new code is problematic. The RVU calculation does not take into account the amount of time needed with a patient to develop, write and review a plan for appropriate screenings nor does it recognize that some practices do not provide and interpret EKG services in their offices. If a provider does not perform all the required services including the EKG would this now make a practice ineligible to provide treatment to Medicare beneficiaries? That could be one interpretation of the proposed regulation, which does not seem to be consistent with the CMS goals.

If implemented, the proposed regulation also raises several operational issues:

- ? How will CMS identify the Medicare beneficiaries who are eligible for this new service? Only CMS can accurately determine eligibility. Information about new beneficiaries is not currently shared with providers. CMS needs to work with providers to ensure that all eligible Medicare beneficiaries can take advantage of these new services.
- ? How will a provider know that a beneficiary has not already received this service from another provider?

? Beneficiaries have six months from the time they become eligible to receive this benefit. If the service is not performed within that time, who is responsible



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

My comments are contained in the attached letter.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

THERAPY ASSISTANTS IN PRIVATE PRACTICE

I wish to comment on the August 5 proposed rule on Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005. In the proposed rule, CMS discusses establishing requirements for individuals who furnish outpatient physical therapy services in physician's offices. I support CMS's proposal in the rule that establish these standards for personnel providing physical therapy services in physicians'offices.

I have had the expeience treating patients where the care provided at the physician office has been inappropriate for the condition which was presented. In this situation the exercises prescribed were not appropriate for the condition presented. In addition, I have treated patients were the utilization of modalities in the physician office were the only form of treatment. The use of modalities only, in these situations, where there was a mechanical problem will not resovle the problem exclusively. In both situations, the services were provide by support staff whom were unlicensed.

I strongly support that the application of physical therapy services is from licensed personel regardless of the setting.

Thank you for your consideration.

Sincerely,

Timothy Brinker, PT, OCS, COMT
Therapeutic Associates, Hillsboro Physical Therapy
5880 NE Cornell RD Ste C
Hillsboro OR 97124
503-844-9294

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

Dr. Mathew Levey

Ohio City Orthopedics

1730 W25th

Cleveland, Ohio 44113-3170

9/23/04

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am an Athletic trainer who works alongside PT's. I am astounded that they do not participate in CEU which is intergral to the development of knowledge. The people who I work with really know their stuff, but we work in the same clinic, doing the same service, and should have the same opportunity with medicare/medicaid patients. It has to be all about the patient, and how can we offer them care

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dr. Mathew Levey

Ohio City Orthopedics

1730 W25th

Cleveland, Ohio 44113-3170

9/23/04

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

Submitter : Mrs. Jo-Ann Badar Date & Time: 09/24/2004 05:09:07

Organization : Mrs. Jo-Ann Badar

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

Please see attached document

CMS-1429-P-3914-Attach-1.txt

Submitter : Mrs. Sally Schepper Date & Time: 09/24/2004 05:09:46

Organization : Decatur Memorial Hospital

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

9/24/2004
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.

I have had the privilege of working with many ATC's who are highly skilled with orthopedic injuries.

Sincerely,

Sally Schepper
144 N. Westdale Pl
Decatur, IL 62522

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Commenting on TeleHealth

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Hello. My name is Vincent P. Simmarano, of Worcester, MA, a licensed physical therapist in the Commonwealth of Massachusetts. The purpose of my writing to you is that I wish to comment on the August 5 proposed rule on "Revisions to of your letter Payment Policies Under the Physician Fee Schedule for Calendar Year 2005." In the proposed rule, CMS discusses establishing requirements for individuals who furnish outpatient physical therapy services in physician's offices. CMS proposes that qualifications of individuals providing physical therapy services "incident to" a physician should meet personnel qualifications for physical therapy in 42 CFR ?484.4, with the exception of licensure. This means that individuals providing physical therapy must be graduates of an accredited professional physical therapist program or must meet certain grandfathering clauses or educational requirements for foreign trained physical therapists.

I would like to express my strong support for CMS's proposed requirement that physical therapists working in physicians' offices be graduates of accredited professional physical therapist programs. Physical therapists and physical therapist assistants under the supervision of physical therapists are the only practitioners who have the education and training to furnish physical therapy services. Unqualified personnel should not be providing physical therapy services.

Physical therapists are professionally educated at the college or university level in programs accredited by the Commission on Accreditation of Physical Therapy, an independent agency recognized by the U.S. Department of Education. As of January 2002, the minimum educational requirement to become a physical therapist is a post-baccalaureate degree from an accredited education program. All programs offer at least a master's degree, and the majority will offer the doctor of physical therapy (DPT) degree by 2005.

Physical therapists receive significant training in anatomy and physiology, have a broad understanding of the body and its functions, and have completed comprehensive patient care experience. This background and training enables physical therapists to obtain positive outcomes for individuals with disabilities and other conditions needing rehabilitation. This education and training is particularly important when treating Medicare beneficiaries.

Physical therapists must also be licensed in the states where they practice. As licensed health care providers in every jurisdiction in which they practice, physical therapists are fully accountable for their professional actions. Services rendered by unqualified personnel can lead to serious injury to Medicare beneficiaries.

Also, a cap on the provision of therapy services 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. The patient may not receive the same comprehensive level of care that would be provided by a physical therapist. No other medical service offered can provide neurologic, orthopedic, cardiovascular, pediatric, or geriatric expertise and specifically relate these backgrounds to individual improvement in one's functional status.

Section 1862(a)(20) of the Social Security Act clearly requires that in order for a physician to bill "incident to" for physical therapy services, those services must meet the same requirements for outpatient therapy services in all settings. Thus, the services must be performed by individuals, who are graduates of accredited professional physical therapist education programs.

In closing, I thank you for your consideration of my comments.

Sincerely,

Vincent P. Simmarano, PT, MS, MA License #13361

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See Attached Document

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

9/24/2004
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.

Sincerely,

Jeff Rounds
312 S. Woodale
Decatur, IL 62522

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am writing to express my concern over the recent proposal that would limit providers of 'incident to' services in physician offices and clinics. 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.

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

To allow only physical therapists, occupational therapists, and speech/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 interest 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.

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. 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.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I support that services provided to Medicare patients in physican offices continueto be provided ONLY by the following professions: RPT,PTA, OTR, and OTA. I do not feel the Athletic trainers have either the training or experience to be qualified to provide such rehab services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I wish to emphasize the importance of massage in the chiropractic office in regards to treat medicaid patients. This form of treatment relieves pain and increases the patient's ability to heal quicker, not to mention increasing range of motion and bringing them out of health services earlier. Please continue to allow massage therapists to provide care in this way. Thank you

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I Oppose Medicare's proposed policy to eliminate any provider except physical therapist from providing "Incident to" medical professional services to physician's patients in home or office.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

To Whom it May Concern:

I am writing to make my opinion known. I oppose the proposed changes to 'Incident to' billing regulations. I am in support of certified athletic trainers as providers of rehabilitation services. I have used the services of athletic trainers as both a student and an athletic coach. They do a wonderful job of making our athletes recover safely. Thank you for your consideration.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Licensed massage therapist provide an invaluable benefit to the patient. As specifically trained and educated professionals we contribute a service other types of therapists are only minimally familiar much less trained to perform. Clients comments and doctors expressed approval substantiate that our therapies are a much needed contribution to the care and healing of the patient. Please acknowledge the validity and benefit of our profession.

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.

I am an RN, LMT and a client who has received each of these services myself. I feel comfortable in expressing my views from the standpoint of patient, Therapist and tax payer. I think LMT's need to be "included" and not "excluded" for recognition of their medical/Therapeutic value and our fees be reimbursed accordingly. CAM's are becoming more marketable, as client's/taxpayers and the voting public are "demanding" these essential services be "covered by their insurance providers". It is a narrow view to think that only Physical Therapists who deal mainly with exercises can be the "end all be all" treatment modality. I ask you to consider your own backaches or medical concerns and think for yourself if Medical Massage can facilitate healing and promote pain relief faster than Physical Therapy modalities and exercises alone. I do recognize that you must represent the "voice" of the voters in your domain, so this voice sings out loud and clear in recognition and respect of the LICENSED Massage Therapist being "allowed" to treat the patients whom are referred to us by Medical Doctors who obviously feel we are a "Medical Necessity". Thank you for your time.

Submitter : Jennifer Nickita Date & Time: 09/24/2004 06:09:16

Organization : Jennifer Nickita

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attachment

Submitter : **Dr. Daniel Lehman** Date & Time: **09/24/2004 06:09:10**

Organization : **Michigan Society of Hematology and Oncology**

Category : **Health Care Provider/Association**

Issue Areas/Comments

Issues 1-9

SECTION 303

September 23, 2004

Mark B. McClellan, M.D., Ph.D.
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-8018

Re: CMS-1429-P Section 303

Dear Dr. McClellan:

On behalf of our membership of 296 practicing oncologists in the state of Michigan, the Board of Directors of the Michigan Society of Hematology and Oncology requests that CMS reconsider the reductions in oncology reimbursement set forth in the MEDICARE PROGRAM: REVISIONS TO PAYMENT POLICIES UNDER THE PHYSICIAN FEE SCHEDULE FOR CALENDAR YEAR 2005.

The 29% reduction in drug administration reimbursement as well as the change to the ASP + 6% drug reimbursement model will result in significant reductions in access and services to the cancer patients in the state of Michigan.

The Michigan Society of Hematology and Oncology has surveyed our member oncologists. Oncologists treating more than 30,000 cancer patients from a cross section of different size facilities and demographics responded. Based on our survey results, practices universally anticipate:

? Reduction/reassignment of staff ? Most practices will be forced to reduce hours and/or numbers of RNs and significantly reduce nurse time dedicated to services such as telephone triage and patient/family education. Other support staff will be eliminated. Rural practices will be forced to close satellite offices, requiring patients to travel greater distances for their care. Cancer research nurses would be reassigned and community cancer clinical trial participation would be diminished.

? Possibly limiting the number of new Medicare patients accepted in their practice. 80% of practices responding indicated that they would have to limit those with Medicare only coverage. The other 20% were reviewing this policy. No office indicated that they would continue to accept new Medicare patients as in the past.

September 23, 2004

Page: 2

? Limitations to access for care. The drug reimbursement projections for a number of commonly used chemotherapy and supportive care agents identified in the proposed revisions are below acquisition costs. (Repeatedly Gemzar, Aredia, Procrit and Zometa were listed on our surveys.) Medicare patients in most Michigan metropolitan areas could be sent to the hospital (if the hospitals are willing to accept them) for these treatments, typically at a higher cost to the Medicare program. Many rural practices have indicated that their local hospitals currently do not have the appropriate treatment facilities or could not possibly handle the increased volume.

Our practices continue to provide convenient, compassionate, state of the art care to a vulnerable patient population. Providing chemotherapy in the office is not only efficient and cost effective but provides more personal and better integrated care. We urge CMS to reassess the impact of these severe reductions to cancer care reimbursement. Maintaining the 2004 transitional drug administration fee schedule would allow practices to avoid

drastic cuts in personnel and services while the ASP + 6% formula is being evaluated.

We appreciate the opportunity to submit these comments and would make every effort to provide your staff with further information should you require it.

Sincerely,

Daniel J. Lehman, M.D.
President
Michigan Society of Hematology and Oncology

BOARD OF DIRECTORS

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Daniel Lehman, M.D.

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MSHO Office
17360 W. 12 Mile Suite 101
Southfield, MI 48076
800-456-3413
Fax - 248-569-1270

CMS-1429-P-3929-Attach-1.doc

CMS-1429-P-3929-Attach-2.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

SECTION 611

AOTA supports CMS' proposed definition of the new initial preventative physical examination benefit. In particular, AOTA agrees that a review of the beneficiary's functional ability and level of safety is a crucial component of quality care that must be covered. CMS proposes to define this benefit as including, "at a minimum, a review of "activities of daily living, falls risk and home safety." 69 Fed. Reg. at 47515. These factors are key indicators of health and independence and fit squarely within the domain of occupational therapy. In fact, scientific research published in the Journal of the American Medical Association (JAMA) has shown the positive effects of preventative occupational therapy in reducing rates of decline and incidence of need for expensive acute or long-term care. See Occupational therapy for independent-living older adults: A randomized controlled trial. JAMA, Vol. 278, No. 16, p. 1321-1326. 1999. We agree with CMS' decision to not define the term, "appropriate screening instrument" because the physician will want to use the test of his choice. We would strongly recommend that CMS includes in the guidelines for the initial preventative physical examination information that informs physicians' referrals of the beneficiary to an occupational therapist when a more extensive evaluation of activities of daily living, falls risk, and home safety is warranted and also when the initial screening indicates deficits in these areas in which occupational therapy intervention would be medically appropriate.

Issues 10-19

DEFINING THERAPY SERVICES

The American Occupational Therapy Association (AOTA) represents approximately 40,000 occupational therapy professionals, many of whom provide outpatient services to Medicare beneficiaries. We appreciate the opportunity to comment on the proposed changes affecting payment and policies under the Physician Fee Schedule. This proposed rule was published in the Federal Register on August 5, 2004 (69 Fed. Reg. 47488). AOTA's detailed comments follow.

First, however, we must again request that the Centers for Medicare and Medicaid Services (CMS), when discussing the Physical Medicine and Rehabilitation (PM&R) codes (CPT 97000 series), refer to them as "PM&R" or "Rehabilitation" codes, not as "Physical Therapy" (e.g. 69 Fed. Reg. 47492). It is erroneous to refer to these codes as belonging to a specific profession, when they are equally valid for multiple occupations including occupational therapy.

SECTION 302

CMS has proposed expanding the requirements for clinical conditions of coverage to the medical supplies, appliances and devices commonly referred to as prosthetics, orthotics and supplies (POS). CMS has asserted that these items require the same level of medical intervention and skill as durable medical equipment (DME) and that it is appropriate for beneficiaries requiring DMEPOS to be under the care of a physician and for DMEPOS orders to occur in the context of routine clinical care.

Occupational therapists provide orthotics and supplies to meet patients' needs. They evaluate, recommend, design, measure, fabricate, fit, and train patients in the use of orthotics and train in the use of prosthetics. The Medicare coverage rules permit occupational therapists to fabricate and furnish orthotics, prosthetics, and supplies to beneficiaries in a variety of settings, including independently as Medicare enrolled OTPPs (occupational therapists in private practice), in physician offices, or as employees in a facility. In these instances, the occupational therapist or provider (where required) additionally enrolls in the Medicare program as a DMEPOS supplier. In fact, "427 of the Benefits Improvement and Protection Act of 2000 (BIPA) specifically includes qualified occupational therapists as "qualified practitioners" who are able to furnish prosthetics and custom fabricated orthotics. As with all covered occupational therapy services, occupational therapists provide these items to beneficiaries under an occupational therapy plan of care that is approved by a physician. Consequently, the beneficiaries who receive DMEPOS from occupational therapists are already under the care of a physician, and the provision of these items already occurs in the context of routine clinical care.

AOTA agrees with CMS that it is essential to ensure that POS are provided in the context of clinical care in order to assure quality and reduce

waste. There have been significant fraudulent and abusive practices alleged in the orthotics and prosthetics industry, which has been able to directly supply beneficiaries with POS sans medically appropriate clinical care. Far too often our members treat patients whose medical conditions previously were exacerbated due to a supplier furnishing an ill-fitting or inappropriate orthotics or other items of DMEPOS. Requiring physician involvement in DMEPOS can only improve the quality provided by this otherwise largely unregulated industry. The regulations at 42 C.F.R. ?? 410.59, 410.61 already require extensive physician involvement in occupational therapy care, through the certification and recertification of the plan of care. These regulatory requirements safeguard against occupational therapists furnishing DMEPOS or other interventions that are inconsistent with good clinical care. It would be duplicative, unduly burdensome and administratively confusing to additionally require a face-to-face physician examination of beneficiaries who obtain DMEPOS under an occupational therapy plan of care. Consequently, AOTA urges CMS to exempt DMEPOS furnished under an occupational therapy plan of care from the proposed revisions to ? 410.36 and ? 410.38 related to the face-to-face examination by a physician.

Issues 20-29

THERAPY - INCIDENT TO

In the proposed rule, CMS proposes to revise 42 C.F.R. ?? 410.26, 410.59, 410.60 and 410.62 to reflect that occupational therapy services provided incident to a physician's professional services may only be furnished by individuals who meet the existing qualifications for occupational therapists and appropriately supervised occupational therapy assistants as set forth in 42 C.F.R. ? 484.4. AOTA unequivocally supports this proposal and urges CMS to finalize it.

For a number of years, AOTA has urged CMS to change this regulation to assure that Medicare beneficiaries can expect occupational therapy services to be delivered by qualified personnel under all Medicare benefits. This change is long overdue. Not only is it consistent with the Medicare statute, but also it will better achieve consistency in the Medicare personnel requirements under all benefits. More importantly, it should assure that beneficiaries receive authentic and higher quality services. Recently, research conducted by CMS regarding the impending financial limitations on outpatient therapy services have emphasized the need to define the qualifications of those providing therapy services to help assure that precious therapy dollars are spent on bona fide therapy. AOTA is concerned that therapy services in physicians' offices may have been performed by less skilled personnel (e.g., aides, technicians, or athletic trainers) and agrees with CMS that such practices are inconsistent with the law.

THERAPY STANDARDS AND REQUIREMENTS

In this rule, CMS proposes to change the occupational therapy assistant (OTA) supervision requirements for the private practice setting from "personal" supervision to "direct" supervision. AOTA unequivocally supports this proposal and urges CMS to finalize this change.

Since 1998, when the current requirement was promulgated, AOTA has pointed out to CMS that the current supervision standard for OTAs in occupational therapy private practices (OTPPs) inappropriately exceeds the standard Medicare requires in every other setting in which OTAs work. AOTA applauds CMS for proposing a clinically correct and workable supervision requirement for OTAs who work in OTPPs that is consistent with professional practice and standards. CMS also should be commended for proposing this change because it promotes consistency in Medicare's policies regarding supervision of OTAs in all settings. AOTA also agrees with the proposal to restore the qualifications of OTAs at 42 ? 410.59, which had been inadvertently removed.

THERAPY TECHNICAL REVISIONS

AOTA urges CMS to expediently update the antiquated qualification standards for occupational therapists and occupational therapy assistants and to incorporate these standards into the regulations at 42 C.F.R. ? 410 et. seq. Since these qualifications are set forth in the home health conditions of participation regulations, updating these rules has been long delayed. In addition, it makes no sense that the therapy personnel qualifications that apply to all Medicare Part B settings only reside in the home health regulations. It takes at least an hour of flipping through the Code of Federal Regulations to trace the connection between the coverage criteria for occupational therapy in ? 410.59 and the personnel standards in ? 484.4, and then it requires a law degree to be confident that those personnel regulations do apply to Medicare Part B services. AOTA suggests that CMS simplify this tangled web of regulations by placing the personnel qualifications for covered services in close proximity to the regulations that outline the scope of the benefits available under Medicare Part B. AOTA recommends that CMS adopt the following updated standards for the qualification of occupational therapists and occupational therapy assistant:

CMS-1429-P-3930

A qualified occupational therapist is a person who is licensed or otherwise regulated as an occupational therapist by the State in which he or she is practicing. In addition, the occupational therapist has graduated from an occupational therapy program accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education (ACOTE) and is eligible for a national entry-level certification examination recognized by the American Occupational Therapy Association.

A qualified occupational therapy assistant is a person who is licensed or otherwise regulated (if applicable) to assist in the practice of occupational therapy by the State in which he or she is practicing and who shall work under the supervision of an occupational therapist. In addition, the occupational therapy assistant has graduated from an occupational therapy assistant program accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education (ACOTE) and is eligible for a national entry-level certification examination recognized by the American Occupational Therapy Association.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Re: The proposed August 5 rule on "Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2005."

Dear Sir:

I have been a practicing physical therapist for 21 years and have worked in a variety of settings: hospitals, nursing homes, physician owned practices and private out-patient practices. I currently own and operate my own out-patient practice.

I am writing to voice my strong support for CMS' proposed requirement that physical therapists working in physician offices be graduates of accredited professional physical therapist programs. Additionally, I wholly believe that PTs are the only practitioners who have the education and training to provide PT services. Unlicensed personnel should not be providing physical therapy services to Medicare recipients or any other individual suffering physical impairment from disease ,injury or degenerative changes.

My experience and distinction as an Orthopedic Clinical Specialist by the American Board of Physical Therapy Specialties has enabled me to participate in the education and training of new therapists via clinical internships as well as in a classroom/lab setting for an accredited PT program. I know the time, effort and dedication required for these students to graduate with advanced degrees and to pass their state board examinations. Conversely, I have known individuals in other fields such as massage therapy, kinesiology, athletic training, and personal training. Their curriculums, training and entry level requirements are far less demanding and lack the depth and comprehensiveness necessary to make physical therapy application to a medically involved population. Simply put, they are not qualified to evaluate and treat patients with medical problems. Patient safety, efficient treatment and outcomes, and conservation of resources are all compromised when unlicensed personnel are providing PT services.

Physical therapy provided in a physician's office is for the benefit of the patient. These are individuals with some form of physical impairment, injury or illness. They are not "healthy athletes in a health club." Only qualified physical therapists and physical therapy assistants working under the supervision of a physical therapist are specifically trained to safely and effectively provide PT services for this population.

In my career I have treated numerous patients who had said, "Wow, when I received physical therapy before in "Dr. Smith's" (not his real name)office they never did this or that." Then in further conversation I would discover that they had received "physical therapy" by someone other than a PT or PTA. Their insurance or Medicare benefits had been used to reimburse ineffective treatment by unlicensed personnel and they hadn't even seen a PT for more than a few minutes at their first visit.

As health professionals, licensed by the state, we are accountable for our own professional actions. Our training is comprehensive and in-depth to prepare us to effectively and safely treat patients with medical infirmities.

Thank you for considering my comments in favor of the proposed rule on "Revisions to Payment Policies under the Physician Fee Schedule for 2005."

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

ASSIGNMENT

Re: 424.80 Prohibition of reassignment of claims by suppliers.

CMS should strongly consider requiring any entity submitting claims on behalf of a physician to provide that physician with a monthly summary of what has been billed and remitted in the physician's name. As the physician will be held jointly liable for improper claims submissions they need direct access to this information to fully participate in program integrity efforts. Merely stating there should be unrestricted access may fall short of the goal of physician involvement in these matters. The entities likely to enroll under the new reassignment provision generally possess the contractual power to terminate physicians 'without cause' (no provision for due process) on short notice. Such power creates a strong disincentive for physicians to seek the information they are entitled to. In my past role as a president of a professional society, the American Academy of Emergency Medicine, I had the great misfortune of having to counsel physicians who were terminated or threatened with such when they requested the information about what was being billed in their name. This risk to one's job security is 'common knowledge' among emergency physicians and unless CMS requires direct distribution of the needed information, the proposed regulation may fall short of its intended mark. Thank you for the opportunity to provide this comment.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

All qualified health care providers should be allowed to provide services to patients with a physicians prescription or referral.
We beg you NOT to pass this policy in which a physician can only refer "incident to" services to physicial therapists where by limiting a patients chances for recovery.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

SECTION 611

On behalf of the Alzheimer's Association, I am attaching our comments with regard to the Initial Preventive Physical Examination

Submitter : Mrs. Cindy Brosig Date & Time: 09/24/2004 06:09:40

Organization : Midland Memorial Hospital

Category : Occupational Therapist

Issue Areas/Comments

GENERAL

GENERAL

I would like to speak in favor of this ruling in general. I am in favor of the restriction of therapy services to Physical and Occupational Therapists as they are the only professionals with adequate medical training to provide the service. In addition I am in favor of allowing PTA's and OTA's to practice without constant on-site supervision. They are licensed professionals who are capable of functioning well independently with periodic supervision. As Director of Rehabilitation Services at Midland Memorial Hospital, I have many years of experience supervising these professionals, and have confidence that periodic guidance and supervision by a PT or OT is the best way to operate. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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,

Athletic Training Student

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

i currently agree with the apta standard and opinion on the physical therapist profession continuing to treat the geriatric population. i strongly feel that only those people with extensive education on pathophysiology, geriatrics and disease process' should be working with this population. i had an athletic trainging background prior to going into physical therapy, with three years in the athletic training curriculum and did not have near enough education to safely treat this specialized group of patients. i feel that athletic trainers especially do not qualify to teat this patient population in a clinic setting. as the general population continues to age, our profession will have to continue to stay on the "top" side of treating this specialized group.

sincerely,
lynne richardson
physical therapist

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

The policy of making all massage therapy be performed at a physical therapy site is unnecessary and wasteful. Having spent a good deal of time in a PT environment the fees associated with PT are far and above what should and is charged by liscensed massage therapists for what would amount to be the same work. Granted massage therapy in conjunction with PT is very often a useful treatment but in cases where massage therapy alone is required it is inappropriate to mandate the PT environment. Aside from being unnecessary it is also a waste of medicare monies that could be better spent elsewhere.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

September 24, 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 in response to the recent proposal that would limit providers of "therapy-incident to" services in physician clinics. As a taxpayer and future Medicare patient, I am greatly concerned about the long-term consequences of this action and urge CMS not to institute the proposed changes.

The United States is experiencing a shortage of qualified health care providers. This proposal would exacerbate this shortage by eliminating quality providers of 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.

Consider the impact of this decision on rural Medicare patients, who would experience delays in receiving care. These delays would hinder the patient's recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare. In many cases, physicians would be forced to perform 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.

Physicians have utilized "incident to" to provide services to patients since the inception of the Medicare program in 1965. A physician has the right to delegate the care of his or her patients to trained individuals 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 summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent. Thank you for considering my comments.

Sincerely,

Cate Brennan Lisak
3534 Ingleside Dr.
Dallas, TX 75229

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We are providing this comment for the purpose of consumer protection, as well as ensuring that in the adoption of these changes, there is consideration of the status of the profession of massage therapy as a health care profession in New York State, and in other jurisdictions. We recognize that massage therapy is not included as a service within Section 1862(a)(20), which addresses payment for therapy services furnished incident to a physician's professional services. Our comment is not intended to seek the inclusion of massage therapy by licensed massage therapists under this section. We are suggesting that the term "massage therapy services" be removed from the example given in the following sentence, "This section also does not apply to services that are not covered either as therapy or as evaluation and management services provided incident to a physician or nonphysician practitioner such as recreation therapy, relaxation therapy, athletic training, exercise physiology, kinesiology, or massage therapy services."

The purpose of our recommendation is that in New York State massage therapists are licensed as independent health care professionals. There are twenty professional education programs located in eighteen colleges or authorized schools leading to either an associate's degree or to a professional diploma in massage therapy. Currently, there are approximately 15,000 licensed massage therapists, with at least 13,500 licensed and registered massage therapists (registration identifies those in active practice in the State). Some are self-employed, but most are employed by physicians, hospitals, nursing homes, chiropractors, physical therapists, and other health care settings, as well as health clubs and spas. Many insurers do pay for massage therapy services, and the number of these insurers has been growing. The massage therapy statute provides that physicians, nurses, podiatrists, physical therapists and chiropractors may provide massage therapy as a part of their own professional practice, and many employ massage therapists to provide such services.

Our concern is that by including massage therapists within the example used in this section, which identifies providers, who, with the exception of athletic trainers, are not licensed professionals, the impact of this important regulatory statement will cascade to other insurers and lead to a reduction in the number of providers who reimburse for massage therapy. This could have a negative impact on the consumers of the fastest growing health profession in the State.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

SECTION 303

Average Sales Price methodology as outlined in Section 303 is not an appropriate reimbursement model for the following reasons:

? ASP is based on manufacturers sales revenue, which is not a reflection of the actual prices paid by community pharmacies that purchase these drugs. Reimbursement at ASP plus six percent (6%) does not reflect wholesale markups or normal business costs for inventorying and dispensing these drugs. In addition, ASP plus a six percent markup for inexpensive generic drugs will not offset these business costs, which could encourage the use of more expensive brand name drugs ? an outcome that public and private payers attempt to avoid.

? ASP should not be based on a weighted average across all purchasers because pharmaceutical prices differ significantly based on ?purchasing power?. Community pharmacies generally pay higher prices than larger pharmaceutical purchasers, which means ASP may be below acquisition costs. This will force community pharmacies, as the one-stop-shop for healthcare, to provide these products at a loss, thereby creating widespread access problems for Medicare beneficiaries.

? ASP is measured ?retrospectively? based on manufacturer?s quarterly revenues starting six months previously. Pharmaceutical costs changes daily; community pharmacies should not be reimbursed based on drug prices that are out-of-date. Pricing must be updated on a regular basis to ensure that pharmacy is reimbursed properly.

? ASP ignores variability of discounting and could eliminate prudent purchasing. The interim final rule contemplates reducing ASP by the value of certain purchasing incentives that are frankly more appropriately retained by the purchaser. The Medicare program through a reduction in ASP should not capture these. These purchasing incentives, such as prompt pay discounts and volume discounts, are earned by the purchaser, not the Medicare program, and reflect business decisions by the purchaser regarding the use of their money. ASP will reduce incentive for prudent buying if the Medicare program is signaling to providers that it will pay the costs of drugs, rather than allowing some purchasing incentive to remain in the system.

? Unlike AWP, MAC and WAC, ASP is not a publicly available, knowable, and auditable amount. The other pricing metrics are available in publicly available pricing sources, and are regularly updated. In contrast, providers will not know how the ASP was determined or whether and how it will change. Providers cannot be expected to make decisions about participation in health care programs without at least some knowledge of current and future reimbursement rates.

In summary, Average Sales Price does not cover routine business expenses including the costs of inventorying, dispensing and providing professional services to patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a physical therapist in office practice, I am writing in support of the proposed regulations that require individuals furnishing physical therapy services to be graduates of accredited physical therapy education programs. This is critically important so that patients receive the most appropriate and safest health care for their condition. Physical therapist's education prepares them to appropriately assess the patient's condition and impairments so that services are only given when they are going to facilitate restoration of function and reduce disability. The graduate level education that physical therapists receive differentiates them from others who may wish to provide and bill for services "incident to" the physician. Section 1862 (a)(20) of the Social Security Act those services must meet the standards for outpatient services in all settings. Therefore, this proposed regulation ensures that patients will receive services from a physical therapist.

Thank you for your consideration of these comments.
Sincerely,

Pamela A. Duffy, PT, MEd, OCS

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dr. Mathew Levey

Ohio City Orthopedics

1730 W25th

Cleveland, Ohio 44113-3170

9/23/04

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

SECTION 302



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

This is comment addressing the limiting of physicians ability to bill as incident to. As you may know there is a shortage of allied health care professionals in rural areas and this bill would hurt patients. I am a Certified Athletic Trainer in Mississippi and we are definatly rural. Athletic Trainers are highly educated and licensed in most states. Along with passing a national certification test we are also required to obtain 80 hours of continuing education every 3 years. Our service is valuable to everyone from high school athletes to professional athletes. Every college in America has a certified athletic trainer on staff.

If professional teams trust us to provide services to their multi million dollar athletes that shows or value to physicians. To imply that we are not qualified is absurd.I trust you will make the right descion to let physicians to make their own judgements on who to call incident to. Thank you

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

MANAGING PATIENTS ON DIALYSIS

File code: CMS-1429-P

Section:

6. Venous Mapping for Hemodialysis

RESPONDENTS: Rick Mishler, MD, Jeffrey Packer, DO, Donald Schon, MD

RE: Proposed rule related to Venous mapping for hemodialysis

We are replying from the perspective of Interventional Nephrologists who are actively involved in the creation and maintenance of vascular access for hemodialysis patients.

Our corporation Arizona Kidney Disease and Hypertension Center (AKDHC) is a large nephrology practice that takes a proactive approach in the management and treatment of End Stage Renal Disease (ESRD) patients. The recommendations established by the widely-recognized National Kidney Foundation-Kidney Disease Outcomes Quality Initiative (NKF-K/DOQI) emphasize that vein mapping is critical in the process of identifying patients who are candidates for an autologous arterio-venous fistula (AVF). In accordance with the K/DOQI guidelines all AKDHC's Chronic Kidney Disease (CKD) and ESRD patients are encouraged to obtain early vein mapping as part of their treatment plan. The goal is to educate and initiate early fistula placement in the CKD population with the goal of having a mature, usable vascular access prior to starting hemodialysis. Since the inception of AKDHC's aggressive early screening and educational approach our fistula prevalence has risen from less than 25% AVF to greater than 50% AVF in less than 7 years.

The current draft rule as written would limit reimbursement to only the operating surgeon. This would not only exclude AKDHC from its current practice of early vascular access planning but would dramatically decrease the rate of creating successful AVF due to limited numbers of surgeons that vein map as part of their surgical routine. It has been the exception and not the rule when a patient preoperatively has been vein mapped by the operating surgeon. In our experience the common sequence of events is as follows- the nephrologists provides and reviews the vein mapping prior to making a surgical referral with access recommendation. Many of our vascular surgeons request that the patient have venous mapping performed by an outside center prior to their first encounter with the patient. Collaborative planning between the nephrologists and surgeons is imperative because of the vast knowledge the nephrologists can provide as the result of seeing the patient in the dialysis unit. In many nephrology practices vein mapping is performed by a licensed provider i.e. an independent diagnostic imaging company, radiologists, or interventional nephrologists. Creating a practitioner-specific restriction would be detrimental to the patient. It would create unnecessary delays in the surgical process. It would limit the number of fistula creation due to limited surgeon mapping availability. In addition, it would prevent many patients from being evaluated for AVF at all in areas that could not provide a surgeon to vein map them.

On behalf of all the current and future CKD/ESRD patients we ask that CMS allow reimbursement of vein mapping to continue for any qualified provider including the operative surgeon. It is imperative that sharing of knowledge and communication between the surgeon and the nephrologists continues to grow with the common goal of creating the best vascular access for this patient population.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dr. Mathew Levey

Ohio City Orthopedics

1730 W25th

Cleveland, Ohio 44113-3170

9/23/04

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

Submitter : Mrs. Angela Styers-Gordon Date & Time: 09/24/2004 06:09:46

Organization : Central Washington University

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

MALPRACTICE RVUs

The AAOS believes CMS' proposed methodology for revising malpractice RVUs is counter intuitive and does not reflect an accurate resource-based methodology. Orthopaedic surgery is often cited as a specialty experiencing a malpractice insurance crisis. Yet, according to the impact table, orthopaedic surgery will see a -0.4% decrease in total malpractice RVUs. This represents one of the largest decreases in RVUs for any specialty. This decrease does not reflect the true malpractice costs for orthopaedic surgery.

The AAOS believes CMS should have conducted a more rigorous analysis of the methodology and data used in revising the malpractice RVUs, and should have sought the input of the medical community. The AAOS believes the disconnect between the proposed malpractice RVU methodology and reality is the result of significant shortcomings in the methodology and data used by CMS. For example, CMS might have erred in adopting the specialty-weighted approach because it does not appropriately capture the malpractice costs for high-risk specialists. Additionally, the utilization data used by CMS' contractor appears to be flawed. In particular, it appears that assistant-at-surgery claims were not excluded from the dataset, which creates a problem for many surgical procedures. Finally, the risk factors used by CMS are questionable. For example, the risk factor for orthopaedic surgery, including spine surgery (7.46), is lower than the risk factor for orthopaedic surgery, excluding spine surgery (8.06).

The AAOS also believes that CMS' proposal to retain current charge based malpractice RVUs for all services with zero work RVUs is flawed. While we understand there are malpractice costs associated with these codes, the AAOS believes this methodology is not consistent with the current concept of resource-based reimbursement. The AAOS believes an appropriate methodology should be developed to assign resource-based malpractice RVUs for these services.

In sum, the AAOS believes that CMS has not conducted an appropriate revision of the malpractice component. The AAOS believes that any malpractice RVUs should be considered 'interim' until a mechanism to allow physician organizations to review the data and have meaningful input is established.

PRACTICE EXPENSE

The AAOS appreciates the opportunity to work with CMS in the refinement of direct practice expense inputs for musculoskeletal codes through the Practice Expense Advisory Committee (PEAC). Although most of the physician fee schedule has gone through the PEAC refinement process, the AAOS believes it is important for the medical community to continue to be involved in the development and refinement of practice expense inputs for services and procedures on the Medicare fee schedule through the AMA/Specialty Society RVS Update Committee (RUC) process.

When developing future practice expense recommendations, the AAOS believes that any review and/or changes of practice expense inputs should take into account the standard times, supply, and equipment packages that have been developed by the PEAC. The members of the PEAC have made remarkable progress in the refinement of direct practice expense inputs through the use of these standards. The AAOS believes future practice expense recommendation should take the PEAC's standards into consideration so that all codes have inputs that are consistent and fair.

The AAOS believes that some practice expense recommendations proposed by CMS for 2005 are problematic. For instance, CMS is proposing adjustments to unrefined 10 and 90 day global codes or codes that were refined early in the PEAC process. Additionally, CMS is proposing to eliminate discharge management from all but the 10 and 90 day global codes, and substituting one phone call for this discharge management. CMS is also proposing to eliminate staff time for phone calls in the post-service period. The AAOS does not believe these concepts are necessarily correct, and errors may inadvertently result from the adoption of these policies. The AAOS agrees that rank order anomalies should be avoided, and incorrect inputs should be corrected; however, CMS' approach may produce additional errors. For example:

1. Some 0 day global should have discharge management when performed in a facility setting. Eliminating this and substituting one phone call would not properly reflect clinical practice and direct expenses.

2. Some codes may appropriately involve additional staff time for phone calls not captured by the post service EM visits. Across the board elimination of this cost may not be consistent with the PEAC process.

The AAOS agrees that errors should be corrected and the refinement process should continue, but we are not comfortable with CMS' proposed recommendations. The AAOS believes CMS should submit a list of affected codes to the RUC, and allow the ad hoc PEAC committee to make appropriate recommendations.

In addition to these concerns, it appears that some CMS recommendations are being proposed that circumvent the PEAC process. For example, CMS is proposing to change the clinical staff time of hyperbaric therapy (99183) from a PEAC recommended time of 42 minutes to 90 minutes. Additional codes (56853 and 36522) have in-office clinical staff inputs that may not reflect PEAC accepted standards. The AAOS believes that CMS should refer these codes back to the RUC and allow the ad hoc PEAC committee to review the proposed changes. This will ensure these codes receive the same amount of scrutiny as all other PEAC reviewed codes.

The AAOS appreciates that CMS has adopted recommendations to use standardized surgical packs and trays that were developed and refined through the PEAC process. The AAOS believes the use of these standards will make the calculation of practice expense values across all specialties more equitable.

The AAOS has reviewed CMS' proposal to classify equipment into six categories and agrees that this will be helpful to both CMS and the medical community in identifying specific equipment listed in CMS' practice expense database.

Finally, the AAOS believes that CMS must address the fiscal impact of newly created non-facility practice expense relative values.

SECTION 303

The AAOS is deeply concerned about the lack of information in the proposed rule on Medicare drug payments that are scheduled to go into effect in 2005. The proposed rule does not provide a complete list of estimated 2005 drug payments, meaning that there is no opportunity to comment formally on many of the drugs. Furthermore, there are doubts about the accuracy of the drug payments that are listed in the rule, as well as the accuracy of the drug payment changes impact analysis. Even though CMS is four months from implementing a new payment system, there is still missing and incomplete payment data that makes it impossible for specialty societies to assess the new payment system.

CMS has been urged to provide 2005 drug payments as soon as possible so that physicians can decide on the best course of action for their patients and their business. In this time of uncertainty, physicians are worried that they may not be able to maintain enough inventory, or may not be able to afford to purchase drugs at ASP, and patients may suffer serious access problems. Thus, the AAOS urges CMS to provide a complete list of estimated 2005 drug payments based on manufacturer-reported 2004 first quarter and second quarter average sales price (ASP) data as soon as possible. The AAOS also believes that CMS should provide an opportunity for public comment on previously unpublished ASPs.

First quarter drug payments for 2005 will be based on 2004 third quarter ASP data, which is not due to CMS until October 30. By the time this data is validated by CMS and published for public viewing, there will be little time left in the year for physicians to incorporate this information and make any necessary adjustments in their practices. Therefore, it is vital that physicians have access to any and all information that will help them to make informed decisions for 2005. It is important for CMS to release estimated payments based on all quarterly data that is currently available so that problems or trends can be identified before the new payments are implemented.

The Medicare Modernization Act provided an unreasonably short transition time to the new drug payment system, giving physicians only one year to reevaluate and restructure their business and patient care plans in light of practically unknown payment changes. Congress required CMS to begin collecting ASP data after the first quarter of 2004, giving CMS and drug manufacturers two "dry-runs" to iron out problems and questions about ASP reporting before submission of third quarter data, which will be used to calculate the January 1, 2005 ASPs. However, the AAOS urges CMS to seriously consider whether the payment system based on ASP will truly be ready for implementation on January 1, 2005 and to delay implementing the new payment system if necessary to avoid patient access problems and confusion. At the very least, CMS should phase in the more dramatic cuts by establishing a floor over the next few years. Most major changes to the Medicare fee schedule have been phased in to mitigate impacts on physicians, 95 percent of which are small business owners according to CMS.

The AAOS is disappointed that Medicare-covered outpatient drugs continue to be included in the expenditure target. The cost of these drugs are not controlled by physicians, and yet each year they account for a greater portion of the actual costs incurred by the Medicare program. In fact, the cost of drugs has risen at a rate of close to 30 percent annually over the past five years, which has greatly accelerated the SGR target and resulted in physician payment cuts. Much of the increase in drug spending can be traced to government policies that encourage the rapid development of new drugs and cancer therapies.

SECTION 611

The AAOS supports the creation of a "Welcome to Medicare" physical for new beneficiaries. However, the AAOS believes CMS should provide more information on the assumptions used in the impact calculations, especially in light of the fact that any cost increases not accounted for could have a significant impact on the annual physician fee schedule update calculations. The proposed rule states that new payments for the physicals will be made to physicians and other practitioners who provide these examinations and for any medically necessary follow-up tests, counseling, or treatment that may be required as a result of the coverage of these examinations. In the proposed rule, CMS estimates that this new benefit will cost \$65 million next year. The AAOS believes CMS should publish all of its assumptions used to derive this estimate.

As in the case with the shift in site-of-service for practice expense and the cost of outpatient drugs, the AAOS believes the initial preventive screening examination could impact expenditures included in the Sustainable Growth Rate (SGR) formula. As such, the AAOS believes CMS must account for these additional costs in the SGR expenditure target to ensure that physicians do not bear the entire burden of funding these changes and additional mandates.

Issues 10-19

SECTION 302

The AAOS supports and encourages CMS' efforts to control the unnecessary proliferation and use of certain durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS). The AAOS agrees it is appropriate and necessary for CMS to develop standards and guidelines that outline the conditions for coverage of DMEPOS. As such, the AAOS believes the guidelines on physician evaluation and prescription of DMEPOS are appropriate.

The AAOS also believes that one of the proposed provisions related to payment of covered items of DMEPOS poses a significant problem for physicians. In particular, the provision that requires, 'the prescribing physician or practitioner be independent from the DMEPOS supplier and may not be a contractor or an employee of the supplier,' creates significant problems for physicians or physician offices that have obtained their own supplier number from CMS. The regulation as written would preclude these physicians and physician offices from prescribing and dispensing DMEPOS to Medicare beneficiaries in their own office because they cannot be 'independent' from the supplier since they are the supplier.

It is common for orthopaedic offices to obtain a DME supplier number. An office that has its own supplier number makes it possible for an orthopaedic surgeon to see a patient, write a prescription, and then actually fit the DMEPOS for the patient in their own office. This arrangement is convenient for Medicare beneficiaries because the patient is fitted with the DMEPOS immediately, rather than having to go to another site to get the DMEPOS. Furthermore, the treating orthopaedist can choose the specific DMEPOS best suited for the patient. Both of these factors greatly enhance the quality of care received by the patient. In light of these benefits to the patient, the AAOS believes CMS should reconsider the language of the DMEPOS regulation to make it clear that it is permissible for physicians with supplier numbers to dispense DMEPOS in their own office.

CMS-1429-P-3949-Attach-1.doc

CMS-1429-P-3949-Attach-1.doc

CMS-1429-P-3949-Attach-1.doc

CMS-1429-P-3949-Attach-1.doc

CMS-1429-P-3949-Attach-1.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am currently a student in the Master's Physical Therapy program at the University of North Carolina at Chapel Hill. As a student and future physical therapist, I want to express my support for the August 5 proposed rule on Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005.

I believe it is important that personnel providing physical therapy meet the qualifications for physical therapy. As of January 2002, the minimum educational requirement to become a physical therapist is a post-baccalaureate degree from an accredited education program. Physical therapists must also be licensed in the states where they practice and are fully accountable for their professional actions.

Our physical therapy educational background and training enables us to obtain positive outcomes for individuals with disabilities and other conditions needing rehabilitation. This education and training is particularly important when treating Medicare beneficiaries who may have other health problems that should be considered when choosing a treatment course. Unqualified personnel cannot make necessary decisions during treatment sessions to provide patients the best care. This puts patients at unnecessary risk. I believe every patient has the right to be treated by qualified personnel and as a future healthcare provider I have the responsibility to help assure their rights.

I would like to thank you for your consideration of my comments.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dr. Mathew Levey

Ohio City Orthopedics

1730 W25th

Cleveland, Ohio 44113-3170

9/23/04

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

September 24, 2004

The Honorable Mark McClellan, Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

RE: CMS-1429-P, Proposed Rule: Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2005

Dear Dr. McClellan:

The National Kidney Foundation (NKF), America's oldest and largest voluntary health organization serving the needs of kidney patients and the health care professionals who care for those patients, is pleased to respond to the Notice of Proposed Rule Making (NPRM) that was published in the Federal Register on Thursday, August 5, 2004. Our comments, presented in the order that the issues appear in the NPRM, are motivated by the desire to assure that Medicare beneficiaries with chronic kidney disease will benefit to the fullest extent from the implementation of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. The National Kidney Foundation offers its expertise and the expertise of its volunteer leadership to help CMS fulfill the statutory mandates in a manner that will foster continuous improvement in quality of care for and by our constituents.

Please let me know if I can provide any additional information to substantiate our recommendations or to assist your agency in implementing them.

Sincerely,

Brian J. G. Pereira, MD
President

cc: Brady Augustine

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not pass this policy. ALL health care providers, not just physical therapists, should be able to provide beneficial health care to patients under a doctor's supervision!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I oppose proposed changes to Incident to billing regulations.

I support recognition of Certified Athletic Trainers as providers of Rehabilitation Services.

Submitter : Mrs. Marcia Warren Date & Time: 09/24/2004 06:09:58

Organization : Kmart Pharmacy

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

As a fulltime pharmacist who has worked continuously in retail community pharmacy locations for over 28 years I am writing to show concern for the proposed Medicare Modernization Act Part D. The proposed regulations do not implement properly TriCare pharmacy access standards included in the MMA. These patients should be allowed to make a choice and use their local pharmacists whom they trust and have greater access to. Patients being forced to mail order or obtain rxs at certain facilities for economic incentives usually have unexpected delays, and poorer counseling services. This is not better healthcare. Medication therapy management and the nature and scope of their services need to be more clearly defined. I personally see the hardships facing our senior citizens and I feel sure in this great country of ours we can provide a fair adequate health coverage for everyone and enforce laws that prohibit and prosecute those who would abuse them. We need to take care of all of our citizens and make them a priority. Thank you...

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Comment CMS 1429-P Q Code for the Set-Up of Portable X-Ray Equipment.
CMS should continue to price this service. Carriers do not have the expertise to evaluate the data sent by portable x-ray suppliers in order to set an equitable payment rate for this service. This is evidenced by the wide variance in payment for the transportation component, HCPCS procedure code R0070. Allowances range from \$189 to \$60. Some carriers have been able to successfully negotiate the data supplied by the industry while others have merely accepted the industry's data to set a reimbursement rate. CMS should not delegate pricing of this service to carriers until such time as CMS can provide explicit instructions or auditing expertise to the contractors.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

SECTION 303

See attachment



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

The arrogance of those proposing these changes, that physicians are not competent to choose the appropriate healthcare professionals to execute their plans of care, is simply preposterous. Physicians are legally entitled, and liable, to dictate and implement plans of care for all of their patients. They have been permitted to do so, under "incident to", within Medicare, since its inception in 1965. Certified athletic trainers, recognized as allied health professionals by the American Medical Association, are a valuable part of the healthcare team. Specialists in prevention, emergency care, and sports conditioning, as well as rehabilitation, we offer care for the most active in the population. Many seniors now live life beyond the "activities of daily living", and wish to continue doing so, even after an injury. For healthcare professionals whose specialties lie in other areas to demand our specific exclusion from working with the Medicare population limits the legal rights of physicians, state regulatory agencies, Certified Athletic Trainers, and diminishes the availability and quality of care available to many patients. There is not now, nor has there ever been, competency issues in regard to Certified Athletic Trainers working with any population. We continue to be the front line of medical care for athletes in the scholastic and team environments, including the Olympic games. I have worked in many settings with athletes of all ages, and they appreciate working with a professional who understands their desire to function beyond being able to get up a flight of stairs or brush their teeth. This is not to diminish the importance of those professionals whose only goal and training is to help patients reach that level of function. However, there is a significant portion of the population that wants, enjoys, and deserves more, and Certified Athletic Trainers are the ones to get them there. Their supervising physician is the one to make the decision, not some self-serving lobbying group evidently interested in being the only available recipients of federal healthcare dollars. As the President of the United States has said, leave healthcare to the physicians and patients! To limit competition among pools of qualified healthcare providers goes against all cost-reduction strategies. Allowing a particular group to become the sole provider for services, simply at their request, creates a monopoly and invites abuse and cost overruns. It is, simply, un-American.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

PRACTICE EXPENSE

Practice Expense Relative Value Unites for Methacholine Challenge ? CPT 95070

The ATS notes that CMS is proposing to remove supply costs for methacholine CPT code 94070 and place these costs in CPT code 95070. This change is based on the recommendation of PEAC. Although CMS is proposing to accept this PEAC recommendation, CMS has not increased the practice expense RVUs for CPT code 95070 to reflect the supply cost for adding methacholine.

The ATS strongly recommends CMS add the cost supply cost associated with methacholine to the practice expense relative value for 95070.

SECTION 413

Section 413 ? Physician Scarcity Areas and Health Professional Shortage Areas Incentive Payments

The ATS is pleased that Congress has taken steps to encourage primary care and specialty physicians to practice in physician Scarcity and Health Professional Shortage Areas. The incentive payments offered to physicians who practice in these areas will help ensure appropriate access to physicians for Medicare beneficiaries who reside in these areas.

We strongly encourage CMS to publish a list of areas (by zip code) that will receive Medicare incentive payments. Providing this information as soon as possible will help encourage service in these areas and will increase the usefulness of these incentive payments as a tool to recruit new physicians to serve in these areas.

SECTION 611

Section 611-Initial Preventive Physical Examination

Effective January 1, 2005, the Medicare Modernization Act (MMA) creates coverage for an initial preventive physical examination within the first six months of the beneficiary's entrance into Medicare Part B. CMS proposes to establish a new HCPCS code, G0XX2, "Initial preventive physical examination," which includes an electrocardiogram (EKG), consistent with the statute. Other Medicare-covered preventive services would be separately reportable using the existing codes for those services. CMS proposes to assign this code a total of 3.29 RVU in the office setting, which is equivalent to the relative value units for a 99203 plus a complete EKG, 93000.

CMS further proposes that when a physician otherwise does the work of a problem-oriented E/M service at the same encounter, it will only allow a medically necessary E/M service no greater than a level 2 (i.e., 99202 or 99212) to be reported. In this situation, the problem-oriented E/M service should have a modifier -25 appended to it. CMS makes this proposal on the premise that some of the components for a medically necessary E/M visit are reflected in the new HCPCS code.

The ATS has several concerns with CMS's proposed payment policy for this new benefit. First, we question the necessity of establishing a new "G" code for the service. In the case of diabetes screening tests and cardiovascular screening blood tests, CMS is allowing physicians and others to use existing CPT codes with appropriate "V" diagnosis codes for screening to bill for the services in question. We believe that a covered initial preventive physical examination should likewise have been billed with the appropriate existing CPT code for preventive medicine visits (99381-99397) and an EKG code (e.g., 93000) with the appropriate "V" diagnosis code (e.g., V70.0). The preventive medicine visit codes in CPT describe a service that fits the statutory definition of an initial preventive physical examination as well as the elements proposed in 42 CFR 410.16. The ATS strongly believes that existing CPT codes for preventative medicine visits are appropriate and that the creation of a new G-code to describe the service is unnecessary and undermines the integrity of the CPT coding systems.

The ATS believes that CMS has undervalued the non-EKG portion of this service. As noted, we believe the non-EKG portion of this service, as

CMS-1429-P-3959

described in both the statute and the proposed regulations, is captured in the current CPT codes for preventive medicine services. Assuming this to be a new patient, as CMS has done, and assuming the typical Medicare beneficiary is eligible based on age (i.e., 65 years or older), the corresponding CPT code is 99387. Currently, Medicare assigns a total of 4.00 relative values to this non-covered service in the office setting, as compared to 2.58 for a 99203. In several instances in this NPRM, CMS requests the RUC to review an interim proposal.

The ATS also has strong concerns regarding CMS's decision to cap the level of problem-oriented E/M service for which physicians may bill when this work is done in conjunction with an initial preventive physical examination. Such a cap suggests that CMS will only recognize self-limited or minor problems (in the case of established patients) or problems of low to moderate severity (in the case of new patients) in these situations. We see no basis for such a view, especially in light of the multiple chronic conditions suffered by so many Medicare beneficiaries. CPT allows physicians to report a problem-oriented E/M service in conjunction with a preventive medicine service without regard to the level of problem-oriented E/M service. We believe CMS should follow CPT in this regard.

CMS-1429-P-3959-Attach-1.pdf

CMS-1429-P-3959-Attach-1.pdf

CMS-1429-P-3959-Attach-1.pdf

Submitter : Mrs. Jo Sauder Date & Time: 09/24/2004 06:09:23

Organization : American Massage Therapy Association

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am contacting you to voice my opposition to the policy where a physician can only refer "incident to" services to Physical Therapists. I believe that patients should be able to receive quality care with a physicians prescription to all qualified health care providers, such as Athletic Trainers, Chiropractors and Massage Therapists. Thank you for you concern in this matter.

JoAnn Sauder

Physical Therapist Assistant/Nationally Certified Massage Therapist

Lic# TE000775-L Certificate #395799-00

4 Cardiff Ct

Lititz, PA 17543

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

This attachment was not included in the prior transmission.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Santa Cruz is not a rural county anymore!

My home, that I purchased in Santa Cruz County 15 years ago was \$325,000. Today, it is appraised at Silicon Valley rates at \$775,000!! My husband was in a motorcycle accident May of this year. Because Santa Cruz County is not properly defined as "urban", there are no head trauma surgeons in Santa Cruz County. He had to be airlifted at a cost of \$14,000 to Santa Clara Valley Medical Center in order to save his life. Now San Jose Medical Center is closing and Santa Clara Valley Medical Center is proposing not to take trauma patients from Santa Cruz County because of the overburdon on their system. If you do your research correctly, the cost of living in Santa Cruz County as at the same if not higher as other "urban" bay area counties. My doctor informs me that he's greatly concerned about the lack of medical care in Santa Cruz County due to the fact doctor's can't afford to live here because Medicare hasn't properly recognized this as "urban" County. My question is, when people start dying as a result of this inequity, how are you going to deal with that? Everyone knows that the cost of living has changed drastically in the last 10 years in Santa Cruz County. I couldn't afford to buy my own home at today's prices!!! Please do the right thing by finally acknowledging what the facts already speak for themselves, that Santa Cruz County should be defined as "urban" so we can feel less anxiety that our famalies can have access to quality healthcare.

Thank you.

Kim Begley-Brauer
(831) 345-7200

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 24, 2004

To Whom It May Concern:

I am writing in support of the proposed personnel standards for physical therapy services that are provided 'incident to' physician services in the physician's office. It is my strong professional opinion that interventions should be represented and reimbursed as physical therapy only when performed by a physical therapist or by a physical therapist assistant under the supervision of a physical therapist. I strongly oppose the use of unqualified personnel to provide services described and billed as physical therapy services.

Just recently, a family member of mine received what they thought was physical therapy, delivered by personnel in a physician's office. They were never examined by a physical therapist, and their care was not directed by a physical therapist. They, and their insurance company however, were billed for physical therapy. My relative was very unsatisfied with their treatment and the results, and called me for my opinion of this particular PT, and whether this was standard care. It did not take me more than 2 minutes of conversation to determine that my relative did not, in fact, receive physical therapy from qualified personnel, and that their care was significantly substandard!

Physical therapists are highly educated individuals who are uniquely qualified to examine and treat disorders of the musculoskeletal and neurological systems. Most students who enter into the profession of physical therapy today will graduate with a clinical doctorate. The field of physical therapy has expanded substantially in the last 2 to 3 decades, and other medical personnel could not possibly stay abreast of the changes in my field, as well as keep up in their own!

Only individuals who graduate from an accredited program in physical therapy education should be delivering and billing for physical therapy. Physical therapist assistants (PTA) should only deliver care when operating under the supervision of a physical therapist. Any other scenario in my opinion, is at best misleading the patient, and at worst fraud.

Respectfully,

Stacie Bertram PT, PhD
Assistant Professor of Physical Therapy and Health Science
Bradley University
Peoria, IL

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

All qualified health care providers should be allowed to provide services to patients with a physician's prescription or under their supervision. Since chiropractors are primary care physicians, there should not be limits to prescribed services at chiropractic offices and/or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am writing this comment to speak on the subject of "therapy - incident to. I am an athletic trainer/certified and licensed in the state of Mississippi to practice. I currently work for a hospital organization providing outreach sports medicine coverage and occupational health services. Limitation of the athletic training profession on the subject of "therapy - incident to" would be, I feel, very detrimental to the population served by our profession. The role of an athletic trainer is to provide preventive care as well rehabilitation services for any injured athlete. In the state of Mississippi, this typically occurs in lower income areas. Restriction of athletic trainers would be harmful due to the amount of coverage in these high need areas by qualified and competent health care professionals. Restriction of "therapy - incident to" to direct supervision by a physical therapist would severely hamstring the ability of the athletic trainer to continue to provide these high level services in todays health care market. Based on our state law alone, physical therapists would not be able to provide the services that athletic trainers are capable of offering and, coupled with this proposed restriction to reimbursement, would find themselves financially unable to provide these services. Limiting the reimbursement of the athletic trainer would not be a benefit for the patients we serve but would further limit their ability to access quality rehabilitative health care. I respectfully ask that CMS reconsider this provision to CMS-1429-P.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please see our attached comments on behalf of Elekta.

The comments concern stereotactic radiosurgery.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

In response to the August 5 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005", I agree with the Centers for Medicare and Medicaid Services (CMS) proposal to require only physical therapist and/or physical therapist assistants under the supervision of the PT to provide physical therapy services to patients. As a student completing my final year of my clinical doctorate in physical therapy, I have first hand knowledge and experience of what is academically required and expected from those wanting to be a physical therapist. Like any other health care profession including (not an all inclusive list) medical doctor, physician assistant, nursing, optometry, dentistry, and dental assistant, physical therapy is a specialty. The common link between all health care providers is providing services to others in order to promote the well-being of the individual, but not all health care providers are experts or trained in every aspect of every health related field. As mentioned above, physical therapy is a specialty and requires unique skills and knowledge only acquired by going through an accredited physical therapy program.

Along with being a physical therapy student, I have also received physical therapy secondary to anterior cruciate ligament (ACL) surgery. After hurting my knee on the soccer field I went to my university's student health service where a medical doctor diagnosed me with a pulled hamstring and told me I could play the following week. I did not feel it was a pulled hamstring and went to my primary care physician who diagnosed me with patellar femoral syndrome and told me I would be able to play soccer. The following week I played in the game, but my knee felt unsteady, but I thought it was weak due to the multiple "problems" I had. During the game I went down again due to my knee giving out. I went to a third doctor who ordered an MRI, and it came back positive for an ACL tear. It took three doctors to diagnose me with an ACL rupture. None of them performed any special tests to rule in or rule out the possibility of one of the most common injuries in athletic females. As a future physical therapist, I already know how to diagnose an ACL tear as well as multiple other orthopedic impairments. If it took three doctors to get an appropriate diagnosis, how many problems would be misdiagnosed with other patients?

The reason for multiple disciplines in health care is to provide the best, effective, and most efficient treatment and care possible to those seeking help. Like any other specialty, physical therapy is a niche that only trained professionals can perform. If people are performing services without being properly educated, quality of care declines and increased costs are incurred. Physical therapy services should only be provided by those with a physical therapy and/or physical therapist assistant degree and license in order to avoid and prevent mistreatment of patients.

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

Limiting services to PTs will limit the multitude of services that other highly qualified therapists make available to other clients. This will prevent optimal health care for individuals and be to the detriment of the individual seeking help.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a Licensed Physical Therapist providing Physical Therapy in an outpatient orthopedic clinic in South Carolina. I have been in practice, in a variety of settings, for the past twelve years.

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 individuals providing physical therapy services in a physician's office be a licensed Physical Therapist (PT) or Physical Therapist Assistant (PTA) under the supervision of a licensed physical therapist. All licensed PT's and PTA's must be a graduate of an accredited professional Physical Therapy or Physical Therapist Assistant program. This is the only way to ensure that individuals providing these services have the knowledge and experience necessary to provide safe and effective interventions to patients. PT's and PTA's have an extensive background in the services being provided that are under consideration by CMS. Modalities, exercises or manual treatments being provided by individuals other than licensed PT's or PTA's puts the patient receiving these services at risk. There are many contraindications and precautions to performing most physical therapy procedures, i.e., ultrasound, electrical stimulation, exercises, joint mobilizations, and soft tissue massage. PT's and PTA's are knowledgeable about the parameters of each service and can justify why they are performing these procedures. Whereas, an unlicensed person would be performing these procedures simply because they were told to do so by the physician. I feel this puts the patient at a great risk. PT's and PTA's are also knowledgeable about how to change the parameters for each physical therapy procedure based on the patient's response. I would question the ability of an unlicensed individual to do this.

I feel the safety and quality of care of all Medicare beneficiaries will be impacted in a positive way by implementing this proposed rule. I sincerely hope CMS takes action to ensure all its beneficiaries are being treated by a licensed physical therapist or physical therapist assistant in any setting where they are receiving physical therapy procedures.

Thank you for your time in considering my comments.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I encourage you NOT to pass this policy allowing only PTs to be referred from physicans for "incident to" services. Massage Therapists serve a vital role in the healing profession and should be allowed to provide services to medical and chiropractic patients. This profession has been around as long as the medical profession and it is time they were recognized for the vital role they play.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please accept comments on behalf of CVS regarding file CMS-1429-P.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

This is a test.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY STANDARDS AND REQUIREMENTS

To whom it may concern:I've been an Athletic Trainer for 17 years and I'm very concerned with the lastest proposal in Medicare revisions.I've been in a clinical setting for over 16 years and your revision proposal would prevent me from providing care to those that I've cared for in the past and in the future. Not only would it jeopardize my position but rather thousands of positions in our profession nation wide. Please reconsider this proposal and the future treatment that you will be denying to medicare patients.

Sincerely, Merlen Borgialli ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

With all due respect to physical therapists I must protest the stated intention to LIMIT professional health care of this nature to physical therapists. I have been a massage therapist for 11 years and have been told of the frustration of clients after having received treatment for an unresolved ailment/injury from a PT who acted in a limited manner. ALL of these clients felt that I as a massage therapist treated their problem in a more expansive and thorough approach. They told me that my work was not limited to a specific, immediate and proximal area but was broader and geared to adjacent areas, contributing factors and areas of the body. The exclusive approach is limiting and depriving to patients. Just as more people are utilizing "alternative therapies" the opportunities for good treatment are being limited for specious reasons.

Submitter :

Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

As a physical therapist and an athletic trainer, I strongly support the proposed personnel standards for PT services that are provided incident to physician services in the physician's office. I have over 15 years of experience as a PT. Clinically, most of my practice has been in out patient practice. For the last 6 years I have taught physical therapy. I am also an athletic trainer. I feel that this background gives me perspective on this issue.

Physical therapists (and PT students under supervision) and PTAs (under supervision of a PT) are the only individuals who have the training to deliver physical therapy services. Delivery of PT services by unqualified personnel can have a negative impact of patient outcomes and potentially put the patient at risk. My concern is that individuals such as athletic trainers do not have adequate training and background on medically complex patients and do not have adequate training on aging and how the effects of aging impact the clinician's clinical decision-making. This is of great concern. Not having adequate background education on aging (specifically the latter part of the spectrum) could lead to less effective and potentially harmful treatment decisions. Examples include progressing exercises too quickly, leading to muscle and joint pain/injury.

The issue of adequate background and training with medically more complex patients is of particular concern with older patients. As patients age, it is increasingly more likely that they will have significant medical histories that need to be taken into consideration. Examples of these conditions include cardiac conditions and diabetes that present very differently later in life than they do earlier in life for fit healthy individuals that athletic trainers are qualified to treat. Not taking these factors into consideration can lead to potential for serious harm to the patient.

I see this first-hand when students who are trained as ATCs return to school to become PTs. They realize that these areas are areas they were not previously trained in as athletic trainers.

In conclusion, while athletic trainers have adequate training to work with young healthy populations, they are not adequately trained to work with older, potentially less healthy individuals.

Thank you for your consideration.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Dr. Mclellan:

I'm writing you on behalf of over 1000 independent physical therapy practices in 23 states consisting of over 4000 physical therapists in independent practice. Please accept this as our comments on the August 5, 2004 proposed rule on revisions to the physician fee schedule for the upcoming year.

PTPN and it's members strongly support the CMS proposal that qualifications of individuals providing physical and occupational therapy services 'incident to' a physician's service should meet the existing qualifications and training standards for those professions. In other words, incident to services billed as physical or occupational therapy should be held to the same standard as physical and occupational Therapy in the private practice setting.

We applaud CMS's proposed change that will level the playing field thereby providing Medicare recipients with the same standard of care that is delivered in the independent therapist's office. Under the current regulations, such services in physician offices are often performed by staff who are not properly trained to render those services. Not only is the quality of care typically compromised, the Medicare recipient, and the Medicare program are not getting what they are entitled to for the fees paid for those services.

Since the enactment of the Stark II regulations, we have noticed many physicians initiating such services in their offices often providing those services through inadequate personnel. 'Physical Therapy' and 'Occupational Therapy' are not generic terms. Such professional services should only be rendered by people qualified to perform those services through the proper training and typically licensure. Existing law allows physicians to provide these services often times through unlicensed persons who do not have the skills and ability to assess problems, treat conditions and properly progress and educate the patient as is done by professional therapists.

In my travels and discussions with therapists around the country I have heard hundreds of anecdotes whereby patients have been mistreated in physician's offices only to later be referred to a physical therapist or occupational therapist. They often comment 'this is a lot more than I ever received at my doctor's office' and, usually these patients respond in short order to rehabilitation services delivered by the professionals in these disciplines. Another change that has been proposed by your agency is that services performed by Physical Therapy Assistants (PTAs) and Certified Occupational Therapy Assistants (COTAs) 'require only direct supervision for Medicare coverage'. We support the adoption of this change as well as 'direct supervision' should suffice when Medicare patients are seen by these qualified supportive personnel. In discussions with my colleagues in physical and occupational therapy who are members of our Network, and in accordance with our supervision requirements, direct supervision should adequately insure that Medicare patients receive proper care when such services are delegated to the supportive personnel. That is not to say that such treatment and such services provided by supportive personnel should not be closely monitored. We require that the professional supervising the PTA or the COTA see the patient at least each week and progress treatment and make changes in treatment programs as appropriate.

Should you be in need of any additional supportive information or wish further comments from me or our organization, please do not hesitate to contact me. Thank you once again for allowing us the opportunity to support this change in the incident to aspect of Medicare regulations.

Michael Weinper, M.P.H., P.T.
President, CEO

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

This is from the perspective of personal experience and also results seen in my clientele. Physiotherapy, the recognised treatment for 'all' physical rehabilitation/ correction is very limited when it comes to chronic illness and pain. I personally have gained relief from pain, increased flexibility and off drugs after I started regular massage and rolfing therapy. I have been able to decrease usage of these sessions after initial intense (weekly) treatments. I have had significant medical cost problems ie- glucose intolerance and now the potential for Diabetes from the drug -Methotrexate. That cost to Medicare is going to be significant!! Massage and Rolfing have decrease costs to Medicare by getting me off expensive drugs and there is NO side effects like Diabetes. Please do not illiminate choice. If you look at statistics, you will find that Medication prescribed and taken correctly causes huge expenditures and potential debilitating chronic disease (or death- of course that means Medicare saves on the dead person!) The cost of Massage and Rolfing with its excellent results is minimal compared to the cost of medications and their side-effects. Legislators need to open their eyes inseed of bowing to powerful drug company and the AMA.
Dolly Lefever ANP,CNM,FNP.

Submitter : Date & Time:

Organization :

Category :

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

IMPACT

We congratulate CMS on its intention to provide reimbursement for preoperative vessel mapping for creation of hemodialysis vascular access (AV fistula, AV graft) for patients requiring future or ongoing hemodialysis. Performance and coverage for preoperative imaging both by Doppler ultrasound angiography is the standard of care for all vascular surgery including carotid endarterectomies, peripheral vascular bypass and aortic surgery. Arterial and venous mapping in preparation for dialysis access creation has been shown to significantly improve the outcomes of access surgery by identifying suitable vessels (arteries and veins) for use in AV fistula creation. Published studies have shown that approximately 50% of usable vessels cannot be identified by physical exam alone. Marked increases in successful AV fistula creation and reduction in early fistula failure have been demonstrated and documented in numerous publications.¹⁻⁸ This improvement in outcome has significant implications for Medicare beneficiaries. Patients with AV fistula have significantly fewer complications and improved survival when compared to similar patients with AV grafts or central venous catheters.⁹⁻⁻¹¹ Extending coverage for arterial and venous mapping is therefore consistent with best practice, other Medicare coverage decisions, CMS initiatives such as "Fistula First" and in the interest of improving patient outcomes.¹²

The proposed regulation as written however will not achieve these intended goals.¹³ Currently most vascular imaging is performed by vascular laboratories in hospitals, freestanding independent diagnostic testing facilities (IDTF) and physician offices under the supervision of radiologists, vascular surgeons or other appropriately trained physicians. These laboratories have well-established standards and requirements for imaging quality, documentation and regulatory review. Limiting reimbursement to studies performed only by the operating surgeon would prevent preoperative mapping from being performed in most of the best vascular labs and become a further barrier to its use to increase AV fistula prevalence. Limiting coverage to only venous mapping is also problematic. Adequate arterial inflow is a key component of obtaining a functioning arterio-venous fistula. Proper preoperative evaluation includes performance of arterial Doppler ultrasound (CPT 93930, 93931) to ensure appropriate inflow. This is especially true in the ESRD population of elderly and diabetic patients who frequently have extensive peripheral vascular disease and arterial calcification. Tying coverage specifically to subsequent surgery is also problematic. Not all imaged patients will be candidates for AV fistula or AV graft creation. Previous studies have shown that upon imaging only approximately 80% of incident patients approximately two thirds of the Catheter patients and approximately three quarters of AV graft patients have suitable sites for AV fistula creation.^{14, 15} Therefore would be expected that approximately 20- 40% of preoperative studies would not lead to subsequent AV fistula creation. Lack of reimbursement for these studies would create a financial burden on vascular labs and present a significant barrier to preoperative imaging in AV fistula creation. Lastly, it is frequently necessary to perform formal angiography and/or venography in addition to Doppler ultrasound. Huber et al. reported that contrast imaging at the time of surgery resulted in alteration of the operative plan in 19% of patients.⁶ It is inappropriate to unduly limit these studies.

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 THERAPIST. 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

Passing this policy is not in the best interests of Medicare patients. Patients should be able to visit all qualified health care providers including Massage Therapists. Patients with a physician's prescription or under a physician's supervision need to be able to receive massage therapy under Medicare. It's possible by lowering patients' stress levels, we can lessen costs from additional health care.

Thank you,
Monica OLeary

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

The Hemophilia Federation of America appreciates the opportunity to comment on this proposed rule.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Robert Casmus, M.S., ATC-L
Catawba College
Salisbury, NC 28144

9/24/04

Centers for Medicare & Medicaid Services
Department of Health and Human Services
ATT: 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. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. This reduces the quality of health care for Medicare patients and ultimately increases costs associated with this service and place undue burdens on the healthcare system.

"Incident to" has, since the inception of the Medicare program has been utilized by physicians to allow others, under the physician's direct 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 administered.

Athletic trainers are highly educated. All Certified or licensed athletic trainers MUST HAVE A BACHELOR'S or MASTER'S DEGREE from an accredited university. Foundation courses include: human anatomy and human physiology, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics, research and design, therapeutic modalities and rehabilitation, and exercise physiology. Seventy percent (70%) 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 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 therapist, occupational therapists, and speech and language pathologist 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 physician's 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.

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 changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Robert J. Casmus, M.S., ATC-L
Head Athletic Trainer
Catawba College
Salisbury, NC 28144



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

On behalf of Dey, L.P., I am pleased to present the following comments regarding Section 305--Payment for Inhalation Drugs. Attached are the full comments and an executive summary of the comments.

CMS-1429-P-3986-Attach-1.doc

CMS-1429-P-3986-Attach-2.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am a licensed physical therapist in Salem, Oregon and am the director of TAI Valley South Physical Therapy. I received my Masters Degree from Duke University in 1998 and sat for the Boards Exam in July of the same year. I have seen physical therapy help hundreds of people in the last 6 years. I have also seen injury due to people being "treated" by people who do not have a good understanding of biomechanics and pathology.

I strongly support CMS's proposed requirements that if physicians are going to advertise and offer physical rehabilitation to patients, that this is done by a licensed physical therapist, or a licensed physical therapy assistant under the supervision of a physical therapist. In order to practice physical therapy, I had to complete 7 years of schooling (4 years undergrad and 3 years graduate). We were schooled in many different areas in order to make us specialists in rehabilitation. These areas include, but are not limited to: pathology, anatomy, neuroanatomy, kinesiology, and orthopedic issues, to just name a few. We train on site with patients in a number of areas including hospitals, clinics, and schools. We are very qualified for what we do when we obtain our license.

The delivery of "physical therapy services" by an unqualified person would be less productive as well as potentially harmful. I have seen patients harmed by receiving exercise from unqualified individuals as well as patients harmed by hands on treatment given by others without adequate knowledge of the condition. This resulted in further injury which took longer to heal and was a greater cost to the insurance company as a result. I would not choose to see a personal trainer if I had dislocated my shoulder.

Thank you for your consideration of my comments. I hope that my profession, as well as our patients, will be protected by responsible legislation.

Jeffrey Blanchard, MS, PT
Director of Physical Therapy
TAI Valley Physical Therapy South
503-585-4824

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

Dear Administrator McClellan,

I am a physical therapist in the state of Washington. I have practiced physical therapy in an out-patient orthopedic and skilled nursing facility setting for the last 4 years. I wish to comment on the August 5 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005." I strongly support the CMS's proposed requirement that physical therapists working in physician's offices be graduates of accredited professional physical therapist programs. Just as other licensed health care providers, physical therapists must be licensed in their practicing state and are held accountable for their professional actions. Currently, physical therapists and physical therapist assistants under the supervision of physical therapists are the only practitioners who have the education and training to furnish physical therapy services. To ensure patient safety and appropriate care, unqualified personnel should not be providing physical therapy services.

Physical therapists are professionally educated at the college or university level in programs accredited by the Commission on Accreditation of Physical Therapy, an independent agency recognized by the U.S. Department of Education. Physical therapists receive significant training in anatomy and physiology, have a broad understanding of the body and its functions, and have completed comprehensive patient care experience. This background and training enables physical therapists to obtain functional outcomes for individuals with disabilities and other conditions needing rehabilitation. This education and training in progressing patients toward functional independence is particularly important when treating Medicare beneficiaries.

The delivery of so-called "physical therapy services" by unqualified and untrained personnel is harmful to the patient as well as a financial burden to the system. The therapy cap, a financial limitation on the provision of therapy services is scheduled to become effective January 1, 2006. If a patient with a rotator cuff strain or partial tear receives improper treatment, that injury may progress into a full tear requiring surgery and prolonged rehab. This patient would also most likely exceed his/her cap on therapy before receiving proper care from a physical therapist. All of these factors would lead to a decrease in functional independence and negative outcomes for this patient.

Thank you for your consideration of these comments.

Sincerely,

Jennifer A. Lesko MS,PT

Director

Therapeutic Associates, Inc. Queen Anne Physical Therapy
 (206)352-0105 fax (206)352-0106
 jlesko@taiweb.com

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Do not want this to go into effect



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

PLEASE DO NOT PASS THIS POLICY WHEREBY A PHYSICIAN CAN ONLY REFER "INCIDENT TO" SERVICES TO PHYSICAL THERAPIST. 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

September 24, 2004

Honorable Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Room 443-G
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005; Proposed Rule. File Code CMS-1429-P (69 Fed. Reg. 47488, August 5, 2004)

Dear Mr. McClellan,

I am writing to you on behalf of the bleeding disorder community in the state of Indiana to urge you to reconsider the NPRM proposed recommendation for a separate add-on payment of \$0.05 per unit for items and services related to the supply of blood-clotting factor.

As a mother of two sons with hemophilia, I can attest to the impact home-infusion has on the quality of life for those affected with hemophilia. Trips to the emergency room, which used to be a routine occurrence prior to home-infusion, now happen infrequently. Joint damage due to untimely treatment of bleeding episodes and subsequent hospitalization has also been minimized.

Failure to adequately reimburse those who provide full-service hemophilia care will have a negative impact on Medicare beneficiaries. If Medicare beneficiaries do not have access to home therapy, any savings to the Medicare program will be short term. While it is understandable in times of budget crisis to look for cost savings measures, it is important that Medicare not lose sight of the individual. Home therapy has allowed hemophilia to evolve into a manageable chronic condition rather than a crippling, life threatening disease.

Once again, I am urging you to reconsider the NPRM's current proposal and to reevaluate the value and importance of the high quality and clinically appropriate services provided by full-service hemophilia homecare providers to Medicare beneficiaries.

Sincerely,

Michelle Rice

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please See Attached File.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

As a Medical Assistant (CMA) and an office manager for a mastectomy boutique, I am quite shocked to find that CMS is contemplating a provision of the Medicare Modernization Act that would greatly affect ladies who are post-mastectomy (removal of one or more breasts due to breast cancer). At current, part of the service we provide them is the attaining of the prescription from their physician. This may be considered a convenience, but for some ladies this is a step that saves them time, embarrassment, and even inconvenience, especially if they themselves are not mobile. We supply post-mastectomy supplies to many ladies in nursing facilities, ladies who are invalids or shut-ins. These ladies have a hard enough time getting in to see a physician, let alone obtaining a prescription from their MD and then coming to us. We offer home visits to our ladies as well, especially the ones in the aforementioned situations. We here at Elegant Essentials also service ladies who have moved out of state or are visiting their families in our area. It would be quite rude and not to mention an inconvenience for these ladies to be expected to obtain a Rx and then use it within 30 days. Breast cancer is not prejudiced. It targets ladies of all ages, colors, and stature. Some of our ladies work full time, not allowing them the freedom to visit us whenever they choose. Offering mail order, as well as the convenience of obtaining a Rx for them, allows them to continue to work and pay taxes and into Medicare. Some women do not understand what to ask their physician for. Many of our ladies can not even pronounce prosthesis, let alone know how to ask their physician for a prescription giving them PERMISSION to replace a breast with a false one. Also, many ladies end up needing a new post-mastectomy item after a physician appointment, or months before. Most physicians require an appointment to write a prescription. This in turn generates additional claims to and payments from CMS. Please reconsider excluding post-mastectomy items from this provision. The effects from a mastectomy are permanent. One does not need a physician to tell them that their breast is still absent. Current Medicare parameters are very adequate. Face to face prescription requests would be impeding to all involved: Medicare beneficiaries, physicians, suppliers, as well as Medicare.

Thank you for your consideration of this appeal.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I disagree that only physical therapists are the only qualified health care practitioners that physicians can a should refer patients. The current wording is too limited and should be expanded to include certified massage therapists, chiropractors and other certified bodywork professionals. As a certified massage therapist with over 600 hours of coursework and clinic time, my experience and skill should also qualify for referral.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am a physical therapist assistant student. I wish to comment on the August 5 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005." I am against this regulation for the following reasons. Physical therapists and physical therapist assistants are required to be under the supervision of physical therapists. They are the only practitioners who have the education and training to perform physical therapy services. Unqualified personnel don't have the ability to perform quality services. PT's and PTA'S are educated professionals have a broad understanding of the body and its functions, and have a widespread patient care experience. This background and preparation permit physical therapists to obtain constructive results for individuals with disabilities and other conditions needing rehabilitation. PT's and PTA's expertise are particularly helpful to Medicare beneficiaries. The delivery of physical therapy services by the incompetent consists of unsubstantiated care in which all disadvantages should be strictly reviewed. Thank you for your consideration.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am of the hemophilia community I have hemophilia I am factor 8 severe the worst type that you can have. So that means that too have a good quality of life that so many of you take for granted for us it means the vary best health care that we can possibly get. So please before you make any cuts or changes in any plans please consider our well being and how it would be if you or one of your love ones were too have hemophilia I know you would be writing letters and making pleas too everyone for the best health care and plans possible. Thanks Terry Lamb.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please see attachment for comments on: Practice Expense, Section 611
Therapy-Incident To, and Coding-Telehealth

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Dear Mr. McClellan,

I write to voice my opinion that qualifications of individuals providing physical therapy services ?incident to? a physician should meet personnel qualifications for physical therapy in 42 CFR ?484.4.

I am a student currently enrolled in the Physical Therapy Assistant program at Northern Virginia Community College where I am pursuing an Applied Associates of Sciences. I hope to sit for the Virginia licensing boards in the fall of 2006. Years ago, I sustained a severe injury to my knee. I underwent several surgeries and was instructed at strengthening exercises by the staff of the surgeon?this is what I was told was ?physical therapy?. Although I was a model patient, my recuperation was long, painful and incomplete. Only after two more surgeries over the next two years?with the same results-- was I referred outside the surgeon?s practice for physical therapy. I have now regained 95% function and am now pain free 99.9% of the time. I became interested in pursuing a PTA license, and credit my ability to do so, because of having received the benefits of quality physical therapy from a licensed physical therapy professional.

I strongly support CMS?s proposed requirement that physical therapists working in physician?s offices be graduates of accredited professional physical therapist programs. Physical therapists and Physical Therapy Assistants receive extensive education in anatomy and physiology, the treatments and modalities of physical therapy, and in patient care skills, to include decision making as to the most appropriate intervention for a patient during the course of treatment. PTs and PTAs are thoroughly tested not only in the educational environment, but also by the state issuing their license. This background and training enables physical therapists to obtain positive outcomes for individuals with disabilities and other conditions needing rehabilitation.

The value of licensure as a standard is obvious- Licensure assures quality patient care! Licensed practitioners are fully accountable for their professional actions. Physical therapists and physical therapist assistants under the supervision of physical therapists are the only practitioners who have the education and training to furnish physical therapy services. Unqualified personnel should NOT be providing physical therapy services.

Thank you for your consideration of my comments. Sincerely, Kathryn A. Hoffmann

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not pass this proposal
Program will not accept letter explaining further reasons for urging non-passage of this proposal