

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

September 23, 2004

The Honorable Mark McClellan
Administrator
Attn: CMS-1429-P
Centers for Medicaid and Medicaid Services
U.S. Department of Health and Human Services
Room 445-G
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: CMS-1429-P; Comments on Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005; Proposed Rule; Section 623

The National Renal Administrators Association (NRAA) appreciates the opportunity to comment on the proposed regulations issued on August 5, 2004 by the Centers for Medicare and Medicaid Services (CMS) implementing Section 623 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA). NRAA is a voluntary organization representing professional managers of dialysis facilities and centers throughout the United States. We represent free-standing and hospital-based facilities, which are for-profit and non-profit providers located in urban and rural areas and serving dialysis patients in all settings – urban, suburban and rural.

While we are concerned with many issues in the proposed regulations, as we discuss below, we appreciate the early publication of the proposals and the openness of CMS in considering our comments.

I. INCREASE IN THE COMPOSITE RATE

Section 623 of the MMA requires that the composite rate in effect on December 31, 2004 be increased by 1.6 percent. The proposed regulations set forth a composite rate for 2005 that incorporates this increase – to an average reimbursement of \$132.40 for hospital-based facilities and \$128.35 for independent facilities. While we have no specific comments concerning this adjustment, we want to emphasize the importance of providing an annual adjustment in the composite rate in order to recognize the increased costs that face each of our members. Failure to increase the composite rate on a regular basis has caused dialysis providers to suffer a significant loss of income from their Medicare reimbursement.

Dialysis facilities are the only Medicare providers that do not receive a statutorily mandated annual increase in their reimbursement rates. It is unfair and unrealistic to expect the industry to continually improve the quality of care for our patients and purchase the newest technology when Medicare does not even reimburse facilities for their costs. The new paradigm created by Section 623 of MMA will only make matters worse, particularly if many of the provisions of the proposed regulations are not modified. We are hopeful that the Congress will act in the near future to modernize the reimbursement process for dialysis facilities and that the Administration will join us in supporting appropriate legislation.

II. DRUG ACQUISITION COST

NRAA is extremely concerned with CMS's proposal to use "Average Sales Price" (ASP) minus 3 percent as the basis for developing the drug add-on adjustment in the composite rate. Section 623 (C) and (D) of the MMA are very clear – each reference in the legislation is to acquisition cost. Nowhere in the statute is there a reference to ASP. We are mystified as to the statutory basis for CMS to propose using ASP as the proxy for acquisition cost or the decision to employ an averaging methodology as opposed to actually using the cost of each drug.

We believe firmly that Section 623 of the MMA requires that the study conducted by the Office of the Inspector General (IG), and the add-on adjustment to the composite rate proposed by CMS must be based upon the acquisition cost of each drug. Moreover, it does not appear to us that the ASP minus 3 percent formula is a sustainable payment system over time. NRAA encourages CMS to follow the statute and use acquisition cost as the starting point for 2005 and develop a formula that would allow CMS to update the acquisition cost on a quarterly basis.

Additionally, as required, Medicare will have to collect data on an ongoing basis and make annual updates as appropriate to the payment levels for these medications. To do less would jeopardize patient outcomes and access to these medications. Moreover, the continued collection of data will help CMS and the ESRD community measure the results of the change over time and ensure that the change remains budget neutral.

While we commend the IG for its outreach efforts and for the openness in which it conducted its study, we are very concerned that the instructions to the manufacturers and facilities for collecting data were not clear and that there was confusion as to the manner in which the data should be reported. Furthermore, non-chain independent facilities were under-represented in the survey. Obviously, since the small independent provider does not receive the same pricing advantage as the chains, their under-representation in the survey skews the data.

We are also concerned that the IG inappropriately incorporated “prompt pay” discounts, which reduces the acquisition costs, and that there was no allowance for “allocated general and administrative costs” such as storage, which are not part of the composite rate. Finally, we do not believe there is any statutory basis for the IG to use ASP in place of acquisition cost as the foundation for its comparison. **We urge CMS to recognize these factors in determining the percentage add-on adjustment to the composite rate.**

III. TRANSPARENCY IN CALCULATION OF ASP

While we do not believe that there is a statutory basis for CMS to use ASP as the proxy for acquisition cost, the proposed regulations do not clearly describe the methodology by which the IG and CMS has determined ASP for ESRD drugs other than EPO. We also believe that CMS failed to account for certain drugs properly (Iron Dextran) and that it did not include the appropriate ASP for Carnitor as determined by the IG. **It is incumbent upon CMS, at a minimum, to clearly and definitively set forth its methodology for determining ASP and incorporate the corrections in the two instances mentioned above.**

IV. SINGLE ADD-ON ADJUSTMENT

While acknowledging in the proposed regulations that it could develop a separate add-on adjustment to the composite rate for different facilities, CMS chose to use a single adjustment for hospital-based and free-standing facilities. First and foremost, we want to emphasize that both hospital-based and free-standing facilities are **not** adequately reimbursed for the cost of providing care to dialysis patients. In this instance, however, it is important that CMS recognize that hospitals are reimbursed at a higher base amount than free-standing facilities and that the single adjustment under-compensates free-standing facilities. It is also clear that Congress created the add-on payment because of the negative impact of basing drug reimbursement on acquisition cost rather than “Average Wholesale Price” (AWP) and that hospital rates will not change as a result of changes in the AWP.

We urge CMS to review its decision, as reflected in the proposed regulations, and implement an add-on adjustment to the composite rate that is equitable to hospital-based and free-standing facilities. We support a separate add-on adjustment for hospitals and independent facilities. It must be recognized that hospitals are reimbursed for reasonable cost for drugs and are being reimbursed for Epopen at ASP minus 3 percent.

V. ADD-ON METHODOLOGY DOES NOT REFLECT TRUE COSTS

In calculating the add-on adjustment, CMS uses aggregate payments for separately billed ESRD drugs for half of 2000 and all of 2001 and 2002 and then uses the National Health Expenditure for Prescription Drug data for projecting the increase in drug costs. We have serious reservations about this approach. First of all, Congress specifically required that current payments be used as the basis for the adjustment. Data is available from dialysis facilities through the second quarter of 2004 and should be used as opposed to data that does not portray current costs; particularly recognizing the substantial increase in drug costs in the past few years. CMS should only use dialysis-related drugs in its projections and not the National Health Expenditure for Prescription Drug data, as it is much too broad of an index, does not relate to dialysis facilities and skews the data.

We are also very concerned about the impact on patients if providers are not reimbursed at an amount that reflects their costs for specific drugs. It is totally unreasonable to expect a provider to continue to administer drugs to patients when they are not even compensated for the cost of the drug. Requiring facilities to administer drugs for which they are reimbursed below cost only adds to the financial burden on providers, further decreases their margins and will result in a reduction in patient care or the closing of facilities.

We are also concerned that the proposed regulations could be interpreted as requiring that the total expenditure for the 2005 add-on to the composite rate be the ceiling for future adjustments. If, in fact this is the intent, then we would strenuously oppose this provision as placing an arbitrary restriction on future adjustments that has no relationship to the cost of drugs. It will only compound the financial burden placed on dialysis facilities.

CMS must use the most recent data available in determining drug costs, base its projections on drugs that specifically relate to ESRD treatments, and make certain that dialysis facilities are not penalized because of outdated data and inappropriate projections.

VI. GEOGRAPHIC WAGE INDEX

We are very concerned that CMS continues to use inordinately outdated wage data in calculating the composite rate even though current data is available and the Secretary has the authority to adjust the geographic wage index. There is no policy justification for CMS to continue to use 1976 and 1982 data in making determinations that affect reimbursement rates in 2005. Simply stating that incorporating more recent data would “add levels of complexity” is not a sufficient reason to use data that is almost 20 years old. Compensation for medical professionals has dramatically increased in the past two decades across all regions of the country and should be recognized by CMS even under a budget neutrality requirement. **We urge CMS to update the geographic wage index and use the most**

recent data in determining the composite rate. We suggest that the revised data be phased in over a period not to exceed three years.

VII. CASE-MIX ADJUSTMENT

We believe that CMS made a correct decision in delaying implementation of the case-mix adjustment; however, we are convinced that the proposal as set forth in the August 5 document is incomplete and that a more comprehensive system must be developed before any methodology for adjusting the composite rate to reflect patient characteristics is implemented. We are also concerned with the very limited nature of the facility survey. It appears that approximately 30 percent of the facilities were excluded from determining costs per session, while in its analysis of costs of treatment, MedPAC only excludes 12 percent to 15 percent of the facilities. During an initial meeting that we held with CMS after the proposed regulation was published, NRAA was told that CMS was not satisfied with data that eliminated approximately 30 percent of the free-standing facilities and was going to survey a larger sample of dialysis facilities. NRAA strongly supports this effort.

By excluding such a large percentage of facilities, CMS is not basing its analysis upon an accurate reflection of the industry. Even worse, by excluding small facilities that treat 20 or fewer patients per year, the resulting adjustments will penalize these providers – which are primarily in rural areas and rely heavily on Medicare and Medicaid reimbursement – and result in many of them having to close their doors. This is especially disconcerting since Congress, at the urging of CMS, eliminated the exception request process for Isolated Essential Facilities in 2002. **Far from overlooking these rural providers as statistical outliers, CMS should act quickly to ensure their survival, either by restoring the rural exception as soon as possible or by providing a case-mix adjustment for treatments administered in rural facilities.**

CMS also concedes in the proposed regulations that the four selected variables (gender, age, AIDS and PVD) are only “modest” predictors of cost information. Given this assertion, we cannot understand CMS’ decision to move forward when the substantial costs associated with the changes in coding and billing will far outweigh any benefit that might flow from these limited predictors. Furthermore, we are very concerned, as it relates to AIDS, that state confidentiality laws will preclude facilities from obtaining this information, and that there is no clear and universal definition of PVD. It is unclear in the proposed regulations that, if a patient’s age changes or a patient is diagnosed with PVD at some point in the month, how the claims will be processed. It is also unclear how much payment information will be given to providers to determine whether they are appropriately being reimbursed for services reflecting the variables. CMS reimburses Medicare Managed Care Organizations and other providers based on a larger case-mix APC base. The common working files contain much more patient-specific data, which should be used to better determine the adjustment criteria.

We cannot understand the decision by CMS to not include pediatric patients as a variable for the case-mix adjustment. Unlike patients with AIDS or PVD who are currently not identified on the claims form, pediatric patients are readily identifiable. In addition, it is universally understood that the cost of treatment for pediatric patients exceeds the cost for adults. To say that pediatric facilities can apply for an exception is no answer, since many facilities serve pediatric patients but do not meet the 50 percent threshold to qualify for an exception. Additionally, programs have to lose considerable money for a minimum of one year before they could apply for an exception request. The criteria for an exception request is an archaic process that is not well defined, and if it is to remain in place, Medicare should publish better information and directions for facilities to apply. To not include pediatrics as a patient characteristic variable because they are such a small percentage of the patient population is not a justification, it is a rationalization. We have seen data that indicates that there are only 2,800 to 4,500 ESRD patients who are HIV positive, which is a larger number than those who suffer from AIDS. If a variable for this population of patients can be justified then how can CMS not recognize pediatric patients as a variable?

We believe that CMS must include "body mass index" as a variable and recognize the additional cost of treating cancer patients. These characteristics have far more impact on the cost of care than the "modest" predictors set forth in the proposed regulation. Since CMS is not currently collecting information on AIDS and PVD and the collection of such information creates troubling problems with regard to definitions and privacy, to delay inclusion of "body mass index" and cancer as variables because of the lack of patient information is not an acceptable reason.

Given all of these factors, we can only conclude that the case-mix adjustment is not ready for implementation and will not be ready on April 1, 2005. It is inappropriate to implement a major program that has far-reaching consequences for patients and providers and is as incomplete as the one set forth in the proposed regulation. Because of its limited nature, the case-mix adjustment system as proposed, which is supposed to reflect the cost of providing individual patient care, could penalize both patients and providers of dialysis services.

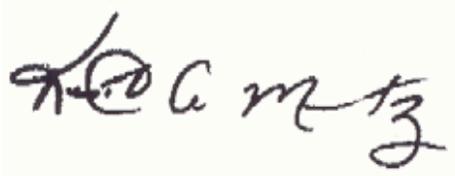
If CMS has the authority to delay implementation until April 1, 2005, then it has the authority to further delay implementation until the case-mix adjustment model has been thoroughly reviewed and presents an accurate picture of the cost of providing individual patient care. We would also urge CMS to fully disclose the statistical basis/information for its model so that it can be independently evaluated by all interested parties.

VIII. BUDGET NEUTRALITY ADJUSTMENT

It is extremely important that the budget neutrality adjustment be calculated correctly and that it does not apply to the 1.6 percent adjustment in the composite rate nor to the medication component add-on to the composite rate that is statutorily mandated. We urge CMS to fully disclose its methodology for determining the adjustment and to explain the manner in which funds may be added to the program in the future consistent with the budget neutrality requirement. Moreover, we urge CMS to track the results of the adjustment for the balance of 2005 and increase or decrease that adjustment accordingly based on its findings.

NRAA appreciates the opportunity to comment on the proposed regulations. We are available to answer any questions or provide any assistance to CMS as it moves toward implementation of Section 623 of the MMA.

Sincerely,

A handwritten signature in black ink on a light yellow background. The signature is written in a cursive style and appears to read "Keith A. Mentz".

Keith A. Mentz
President
National Renal Administrators Association

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

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

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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

Michelle Jensen
11311 T Circle
Omaha, NE 68137

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:

It has been brought to my attention, as a student athletic trainer, that we should be concerned about a proposal that could eliminate Medicare coverage for athletic training services in physician clinics and offices in the near future. If this proposal follows through, there could be drastic consequences. Athletic trainers provide numerous services for Medicare patients. Therefore, eliminating Medicare/Medicaid coverage for our services would dramatically reduce the quality of care our patients would receive. Ultimately, the result would be an increase in the cost of health care.

I ask that you please consider the following during your decision-making process:

- Since 1965, “incident to” has been utilized by physicians to allow other professional services to accompany their services. A physician holds the right to delegate the care of his/her patients to trained individuals, such as athletic trainers. These individuals are knowledgeable and trained in the protocols to be administered to each patient.
- A certified athletic trainer is highly educated in numerous aspects relating to sports as well as general medical health care. Sports medicine is a broad area that encompasses many fields of study, such as Biomechanics, Exercise Physiology, Athletic Training, Medical Practice, Sports Nutrition, Physical Therapy, Massage Therapy and Sports Psychology. According to the American College of Sports Medicine, the clinical application of an athletic trainer’s job is to improve and maintain a patient’s ability to exercise, perform physical labor and compete athletically. There are six major performance domains that the roles of the

athletic trainer can be divided into: 1) prevention of athletic injuries, 2) recognition, evaluation, and assessment, 3) immediate care, 4) treatment, rehabilitation, and reconditioning, 5) organization and administration, and 6) professional development and responsibility. With a primary focus on the prevention and treatment of pathologies and diseases, an athletic trainer is obviously a qualified health care professional.

- Athletic trainers work in a variety of settings, including colleges/universities, high schools, school districts, sports medicine clinics, industrial settings and in professional sports. If this proposal follows through, this could mean that our services could no longer be appreciated at high schools, in addition to physician clinics. High schools, just like universities, need the assistance of an athletic trainer, not only for sports injuries, but for educational purposes as well.
- Under the supervision of a physician, athletic trainers accompany other health care professionals in athletic training rooms, sports medicine clinics and are associated with other health care affiliates.
- All certified athletic trainers or licensed athletic trainers must have a bachelor's or master's degree from an accredited college or university. Alongside a student studying to be a physical therapist, an athletic training student works hard to gain the same knowledge. The similar curriculum includes classes such as: human anatomy, human physiology, biomechanics, nutrition, acute care for injuries/illnesses, kinesiology, and exercise physiology. In addition, to receive a degree in the sports medicine field, one must graduate from an accredited university. During the three-year undergraduate program, or the two-year graduate program, a student is required to have an extensive background in education and must participate in a supervised practical experience in order to be eligible to sit for the national certification exam. Once certified, an athletic trainer must focus on the continuing education requirements for the remainder of his/her career. The requirements for continuing education involve 80 continuing education units (CEUs) during each three-year recertification term. On the other hand, physical therapists are not required to fulfill continuing education requirements.
- According to the federal government, the preparation of an athletic trainer is related to that of a physical therapist, and is more significant than that of an OT, OTA or even a PTA. A web site called O*NET OnLine, created by the U.S. Department of Labor, rates the job of an athletic trainer (8+), above occupational therapists(7 or 8) and occupational therapy assistants (4) and physical therapy assistants (4). These ratings vary according to level of education, preparation required, and duties.

- To mandate that only physical therapist, occupational therapists, and speech/language pathologists 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.

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

Sincerely,

Michelle Jensen
Student – University of Nebraska at Omaha

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

Nicole Irlbeck, MS, ATC
Midwest Orthopaedics at Rush
800 S. Wells St., Ste. M30
Chicago, IL 60607
(312)432-2586

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 a certified, licensed athletic trainer working in an orthopaedic physician's office. My services have allowed the physician I work for to improve her quality of care to her patients and to reduce hiring costs for our company. I am writing to express my concern over the recent proposal that would limit providers of "incident to" services in physician offices and clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

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

- "Incident to" has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician's professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician's choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.

- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY “incident to” service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. ***It is imperative that physicians continue to make decisions in the best interests of the patients.***
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.
- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
- Patients who would now be referred outside of the physician’s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
- Curtailing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician’s ability to provide the best possible patient care.
- Athletic trainers are highly educated. ALL certified or licensed athletic trainers ***must have a bachelor’s or master’s degree*** from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Seventy (70) percent of all athletic trainers have a master’s degree or higher. This great majority of practitioners who hold advanced degrees is comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).
- To allow *only* physical therapists, occupational therapists, and speech and language pathologists to provide “incident to” outpatient therapy services would improperly provide these groups exclusive rights to Medicare reimbursement. To mandate that only these practitioners may provide “incident to” outpatient therapy in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions

deemed qualified, safe and appropriate to provide health care services.

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

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

Sincerely,

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.

September 23, 2004

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid 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:

The Federation of State Boards of Physical (FSBPT) is an agency that develops and provides the qualifying examination for licensure and other support services for the 53 United States jurisdictions that license physical therapists. On behalf of our Board of Directors, I am writing to comment specifically on the **“Therapy-Incident To”** proposed rule in the above referenced revisions to the payment policies.

At our recent annual meeting, our Delegate Assembly adopted the following position statement:

It is the role and responsibility of physical therapy licensing boards to protect the public by ensuring that any services represented as physical therapy are provided by competent providers of physical therapy.

The Federation of State Boards of Physical Therapy supports statutes and rules ensuring that any services represented as physical therapy are only provided by, or under the supervision of, licensed physical therapists.

Thus, we are in strong agreement with the rule as proposed establishing qualifications for individuals providing physical therapy services in physicians' offices. This new rule would require all individuals that provide physical therapy services “incident to” a physician be a graduate of an accredited professional educational program or meet certain grandfathering clauses or educational requirements if educated outside of the United States. Although we would advocate that individuals in such practice settings be required to be licensed with the regulatory board of the appropriate jurisdiction, this rule as written makes a great step forward in public protection in the delivery of physical therapy services.

The FSBPT has always taken the stand that licensure requires multiple standards to ensure competency. All jurisdictional boards have the responsibility to protect the public

and that process involves the setting of standards, one of which is licensing. Current federal law prevents CMS from requiring licensing as the standard qualification for personnel providing physical therapy, but that does not prevent CMS from requiring the standard be equivalent to jurisdiction licensure requirements. If the CMS qualification is less than required by licensing boards, the public may be at risk from receiving physical therapy from an unqualified individual.

The proposed CMS revision is an improvement in public protection because it does provide one standard. However, the question remains as to whether individuals who are not licensed should provide physical therapy services in any setting, even under the supervision of a physician in a physician's office.

Our Federation supports the premise that licensure establishes a standard of public protection. All jurisdictions require licensure to insure that certain criteria are met before providing care in that jurisdiction. There should be no exemption of standards for individuals who provide physical therapy while they work for physicians. Physical therapy services should be provided only by qualified physical therapists.

Thank you very much for considering these comments. Please feel free to contact me if you have any questions or if I can be of any assistance. I can be reached at (843) 293-7713 or dervin@fsbpt.org.

Sincerely,
E. Dargan Ervin, Jr., P.T., M.H.S.
President

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 : Mrs. Constance Lister Date & Time: 09/23/2004 04:09:04

Organization : individual

Category : Health Care Professional or Association

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.

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

During the decision-making process, consider the following:

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

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

Sincerely,

Constance Lister MED

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

Matthew Lewis
327 Washington St. Apt. B5
Portsmouth, VA 23704

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

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

Sincerely,

Matthew Lewis
327 Washington St. Apt. B5
Portsmouth, VA 23704

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 : Date & Time:

Organization :

Category :

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.

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

The attachment to this document is not provided because:

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

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.

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

Amy Edmonds
1245 Tower Hill Pass
Whitewater, WI 53190

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

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

- “Incident to” has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician’s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.

- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY “incident to” service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. ***It is imperative that physicians continue to make decisions in the best interests of the patients.***
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.
- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
- Patients who would now be referred outside of the physician’s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but 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.
- Curtailing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician’s ability to provide the best possible patient care.
- Athletic trainers are highly educated. ALL certified or licensed athletic trainers ***must have a bachelor’s or master’s degree*** from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Seventy (70) percent of all athletic trainers have a master’s degree or higher. This great majority of practitioners who hold advanced degrees are comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).
- To allow *only* physical therapists, occupational therapists, and speech and language pathologists to provide “incident to” outpatient therapy services would improperly provide these groups exclusive rights to Medicare reimbursement. To mandate that

only these practitioners may provide “incident to” outpatient therapy in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.

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

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

Sincerely,

Amy Edmonds

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Ryan Harter
Sports Physical Therapy of NY, PC.
2450 Sheridan Drive
Tonawanda, NY 14150

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

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.

While making a decision on whether to pass this proposal, please take a few things into thought. It is the choice of the physician and patient for whom they will receive treatment from. If a physician and their patient feel that an athletic trainer is qualified to give the appropriate treatment, then no stipulations should be set to keep them from receiving this care. The rights of the patient should be our concern. If Medicare has always trusted a physician’s choice, then why do they feel the choice of care from an athletic trainer would be deemed inappropriate?

With the education standards that CAAHEP and the NATABOC have set for athletic training programs today, our knowledge and background for care is more than adequate for Medicare patients. Athletic trainers go through a very extensive education and certifying process to ensure their knowledge for caring for individuals will be second to none. Athletic trainers take the same college courses as other health care professionals, and attend many of the same clinics, conventions and continuing education courses that other health care professionals take. Some athletic trainers are also dual certified in other areas of health care, which only helps to strengthen the care they can provide for patients.

Why do we trust athletic trainers with the care of our college and high school athletes with an athletic trainer, but we do not trust them with the care of Medicare patients? We should never set age limits to the individuals that we are allowed to care for. Even though athletic trainers tend to deal with a younger aged population, it does not mean we

aren't capable of caring for Medicare patients. Athletic trainers may be able to help with an area of concern that a patient may have better than another health professional.

All we are asking for as a health care profession is that we are not pushed aside when it comes to helping with the care of patients. We go through similar education, and deal with the life and care of athlete's everyday. Why should we be limited to only that? It would not benefit a Medicare patient in any way by forbidding athletic trainers to care for them.

Sincerely,

Ryan Harter

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

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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.

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 write on behalf of the Southwest Missouri State University Student Athletic Trainers' Association to express our united and my personal concern over the proposal that would limit providers of "incident to" services in physician clinics. The changes associated with this proposal will not only negatively limit the health care system but also adversely affect the patients; whom to which all concerned with health care are ultimately responsible.

Health care should be based on the assurance of consistent, quality comprehensive care. Limitations on physicians, such as those contained within this proposal, are unprecedented and will remove an appropriate option for continuance 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 be able to determine who is or is not qualified to provide a particular service. It is essential that physicians are given the necessary resources to ensure the care given in is the best interest of the patient.

The reasoning behind this proposal does not appear to address the problems faced by today's health care system, such as the shortage of credentialed allied and other health care professionals. Instead, it appears this proposal will only benefit a single professional group who would establish themselves as the only providers of rehabilitative services. This proposal predominately appears to be business driven which should not be the determining factor when dealing with a patient's health and future quality of life.

Reference can be made to independent research showing how the quality of service provided by certified athletic trainers is equal to the quality of service provided by physical therapists; in fact, in many clinical setting the two complement one another. The NATA has intensive requirements for educational accreditation, eligibility, certification, and continuing education which function to ensure highly qualified healthcare professionals.

As an athletic training student, I have personally witnessed day in and day out the ways in which my approved clinical instructors have positively influenced the physical and psychological health of the patients for in which they care. Furthermore, I can not adequately express the quality of education I am receiving from these health care professionals. I am sure any of the 70 members of our organization can say the same. Athletic trainers take pride in their profession which speaks well for the practice and is something from which I draw inspiration.

In summary, it is not appropriate for the CMS to adopt the proposed changes. Doing so will be detrimental to the quality of health care available to patients – the very people we are most concerned about.

Sincerely,

Jess Caine

President
Student Athletic Trainers' Association

901 S. National
Professional 160
Springfield, MO 65804

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

OTHER - INCIDENT TO

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

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

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

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

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

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Category :

Issue Areas/Comments

GENERAL

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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

Yukio Kodaka

1309 E. Orange Grove Blvd., #2A,

Pasadena, CA 91104

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

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

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

Sincerely,

Yukio Kodaka

1309 E. Orange Grove Blvd., #2A,

Pasadena, CA 91104

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.

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

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.

Timothy A. Donald, ATC
PO Box 301
Key West, Fl 33041-0301

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 clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important 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. To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide “incident to” services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide “incident to” care in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services. CMS, in proposing this change, offers no evidence that there is a problem that is need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services. CMS does not have the statutory authority to restrict who can and cannot provide services “incident to” a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.

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

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

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

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

Sincerely,

Timothy A. Donald, ATC
PO Box 301
Key West, FL 33041

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.

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

Toby Nicholson
125 Hospital Drive
Watertown, WI 53098

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

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

- “Incident to” has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician’s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.

- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY “incident to” service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. ***It is imperative that physicians continue to make decisions in the best interests of the patients.***
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.
- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
- Patients who would now be referred outside of the physician’s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but 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.
- Curtailing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician’s ability to provide the best possible patient care.
- Athletic trainers are highly educated. ALL certified or licensed athletic trainers ***must have a bachelor’s or master’s degree*** from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Seventy (70) percent of all athletic trainers have a master’s degree or higher. This great majority of practitioners who hold advanced degrees are comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).
- To allow *only* physical therapists, occupational therapists, and speech and language pathologists to provide “incident to” outpatient therapy services would improperly provide these groups exclusive rights to Medicare reimbursement. To mandate that

only these practitioners may provide “incident to” outpatient therapy in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.

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

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

Sincerely,

Toby Nicholson

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

"Please see attached file"



Michael Heichel ATC LAT
Dix Stadium
PO Box 5190
Kent State University
Kent OH 44242

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 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,

Michael D Heichel ATC LAT
Assistant Athletic Trainer
(330) 672-1170
mheichel@kent.edu

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

"Please see attached file"

William A Pakan MD
Summit Orthopedic Group
2001 State Route 59
Kent OH 44240

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

During the decision-making process, consider the following:

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

- CMS offers no evidence that there is a problem that is need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
- CMS does not have the statutory authority to restrict who can and cannot provide services “incident to” a physician office visit. This action could be construed as an unprecedented attempt by CMS to seek exclusivity as a provider of physical therapy services.
- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.
- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

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

Sincerely,

William A Pakan MD

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!