Submitter : Mr. lenny jasko **Date & Time:** 09/22/2004 02:09:03

Organization : florida state massage therapy association

Category : Association

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

Submitter : Mr. Stephen Kramer **Date & Time:** 09/22/2004 02:09:00

Organization : Mr. Stephen Kramer

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 21, 2004

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

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

Sincerely,

Stephen Kramer

Athletic Training Student at University of South Carolina, Columbia

Submitter : Mrs. Janice Becker **Date & Time:** 09/22/2004 02:09:06

Organization : International Massage Association

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a massage therapist that worked in a Physicians office for over 8 years, I know that I have been instrumental in the health and healing of many, many medicare paitents who needed massage therapy. I am opposed to this ruling that would limit massage to be provided only by a PT. A massage therapist not only is more skilled in massage than a PT, but we also take the time to really treat many conditions more effectively than a PT could. Please consider this opposition.

Submitter : Mr. Pete Whitridge **Date & Time:** 09/22/2004 02:09:20

Organization : FSMTA - AMTA - FCA

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

CMS-1429-P-2504

Submitter : Mr. Alex Esposito **Date & Time:** 09/22/2004 02:09:02

Organization : James Madison University Sports Medicine

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear CMS,
As a senior at James Madison University in the sports medicine program, I will be looking for jobs soon. I have worked here at the university and in the community doing many of the same things at physical therapists and occupational therapists, and their aides. I have also worked in a physical therapist clinic doing the work that you are trying to not allow to be reimbursed.
Certified athletic trainers have many of the same skills as the people you list to be allowed to be reimbursed and even more skill. ATCs go through more schooling than physical therapist and occupational therapist aides and have many of the same skills as physical therapists and occupational therapists, and some they don?t have. It is said by the federal government that an athletic trainer?s preparation is equivalent to that of a PT, and more significant than an OT, OTA, and PTA. If this is so, why would you try to not allow certified athletic trainers who have to take a national exam, and continuing education? There are no continuing education requirements for PTs and they have an equivalent preparation to athletic trainers.
In closing, I do not think this proposal should be passed, and I would be outraged to see something like this happening to our athletic training community, because we are definitely capable. Thank you and I hope that you listen to what I have to say, and what many other athletic trainers have to say.

Sincerely,
Alex Esposito

Submitter : Mr. Larry Corbit **Date & Time:** 09/22/2004 02:09:25

Organization : Mr. Larry Corbit

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Please see attached file

CMS-1429-P-2505-Attach-1.doc

Attachment #2505
Larry Corbit
1343 Cathy Ln.
Minden, NV 89423

September 21, 2004

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

Re: Therapy – Incident To

Dear Sir or Madam:

I have 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 healthcare professionals to provide these important services. In turn, it would reduce the quality of healthcare for our Medicare patients and ultimately increase the costs associated with this service and place and undue burden on the healthcare system.

During the decision making process, please consider:

- "Incident to" has been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician's professional services. A doctor 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 doctor'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 on the professional judgment of their doctor to be able to determine who is/is not qualified. It is imperative that physicians continue to make decisions in the best interests of the patients.
- Athletic trainers are highly educated. All certified or licensed athletic trainers must have a bachelor's or master's degree from an accredited college or university. Seventy 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 healthcare professionals including physical therapists, occupational therapists, registered nurses and many other mid-level practitioners.

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

Sincerely,

Larry Corbit, PT

CMS-1429-P-2506

Submitter : **Date & Time:** 09/22/2004 02:09:56

Organization :

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

CMS-1429-P-2506-Attach-1.doc

Attachment #2506
Milwaukee, WI 52322

September 14, 2004

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

RE: Therapy-Incident To

Dear Dr. McClellan:

I am in my sixth year of Marquette University's Physical Therapy Program and I will graduate in May of 2005 with an entry level doctorate degree. I wish to comment on the August 5th proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for the Calendar Year 2005".

I strongly support CMS's proposed requirement that physical therapists working in physician's offices be graduates of accredited professional physical therapist programs. Furthermore, even though the current law prevents agencies from requiring licensure from its employees, I also believe that this would be the most beneficial standard to achieve the law's objective. A licensure requirement would ensure that all individuals providing physical therapy services have baseline knowledge and would also ensure that individuals exhibit some professional responsibility since a licensed physical therapist is held fully accountable for his or her professional actions.

Furthermore, the delivery of so-called "physical therapy services" can be harmful to the patient if it is performed by unqualified personnel. Physical therapists have an extensive educational background which includes a broad understanding of the human body as well as knowledge regarding the rational for certain treatments, the mechanism by which treatments exhibit their therapeutic effects, precise techniques for treatments, and all of the indications and contraindications for everything that we do. Many of the treatments that are performed in outpatient clinics have contraindications that are quite common in patients, especially in the older populations. If unqualified personnel are performing services on patients and do not know or understand the contraindications for the services they are providing, there is a great deal of potential to do harm. Even some doctors are unaware of many contraindications to physical therapy treatments and write orders that are clearly inappropriate for the patient's condition. That is where educated, qualified physical therapists must step in and educate the doctors and advocate for our patients

based on what we have learned through extensive classroom education and clinical experiences.

Finally, I believe that allowing unqualified personnel to provide physical therapy services in a physician's office incident to a physician's professional services is doing a disservice to the patients and to the physical therapy profession. Patients are being misled if they believe that they are receiving "physical therapy". Furthermore, if the patient is harmed or the treatment does not work because it was applied incorrectly, the patient may develop negative notions about physical therapy in general. Allowing unqualified individuals to provide physical therapy services undermines our profession and all of the education and clinical experiences that we have went through to be able to provide quality services to our patients.

Thank you very much for your time and consideration of my comments.

CMS-1429-P-2507

Submitter : **Date & Time:** 09/22/2004 02:09:13

Organization :

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

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

My name is Amber Anderson. I am a Physical Therapy student at Texas State University in San Marcos, Texas. I am currently in my second year, and will begin practicing next year. I wish to comment on the August 5th proposed rule on 'Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005'. I strongly support this proposal and believe that it is in the patient's best interest. If you were able to require licensure, then not only would you be able to hold the health care provider accountable for their actions, so would state and local law, as well as their licensing board. I have always been concerned by the fact that untrained individuals were being allowed to administer 'physical therapy' to patients by reading off a standardized protocol handed to them by a busy physician. They do not have the education in anatomy and physiology to understand the impact certain procedures and illnesses can have on the body. This is potentially dangerous to the patient. In PT school, we spend a lot of time learning how to evaluate patients and monitor them. If a Physicians Assistant was treating a patient without a Doctor in the room, and something happened to them, they might not know what to do. If a patient has a question about a precaution or a therapeutic exercise, someone without an adequate education will be unable to answer it. It would be a disservice to patients if they happened to meet their therapy cap under current Medicare policy without ever even seeing a licensed Physical Therapist. I apologize that I do not have any anecdotal evidence to support my claims, I simply lack the time in the clinic to have many real experiences to share with you. All I know is that I would not trust A Physical Therapist Assistant to prep me for surgery, just as I would not trust a Physician's Assistant to plan and manage my physical therapy.

Thank you so much for your time, and thank you for your consideration in this matter.

Sincerely,
Amber Anderson, SPT

Submitter : **Date & Time:** 09/22/2004 02:09:17

Organization :

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Kimberlee Kalina MS, ATC
6907-250TH St. Ct. East
Graham, WA 98338

September 21, 2004

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

Re: Therapy-Incident To

Dear Sir/Madam:

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

During the decision-making process please consider the following:

Incident to has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician?s professional services.

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

In many cases, the change to ?incident to? services reimbursement would render the physician unable to provide his or patients with comprehensive, quickly accessible health care.

Curtailing to whom the physician can delegate ?incident to? procedures will result in physicians performing more of these routine treatments themselves, thereby increasing the workload of physicians. This 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 state?s right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.

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

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

Sincerely,
Kimberlee Kalina MS, ATC
6907-250th St. Ct. East
Graham, WA 98338

CMS-1429-P-2509

Submitter : Melanie Ellison **Date & Time:** 09/22/2004 02:09:23

Organization : Melanie Ellison

Category : Academic

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Massage is an integral part of rehabilitation and should be prescribed under the care of a Physician. Not all illness or ailment are treatable via Physical Therapy. By taking away a patient's access to medically insured massage and other modalities a great injustice to the community will be served. The country's health care crisis will simply continue to spiral out of control. Curable pain will continue to go untreated as proper medical care is reserved for only the wealthy.

Submitter : Mrs. June Corbit **Date & Time:** 09/22/2004 02:09:45

Organization : Mrs. June Corbit

Category : Nurse

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Centers For Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS- 1429-P
PO Box 8012
Baltimore, MD 21244-8012
Please see attached file

CMS-1429-P-2510-Attach-1.doc

Attachment #2510
June Corbit
1343 Cathy Ln.
Minden, NV 89423

September 21, 2004

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

Re: Therapy – Incident To

Dear Sir or Madam:

I have 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 healthcare professionals to provide these important services. In turn, it would reduce the quality of healthcare for our Medicare patients and ultimately increase the costs associated with this service and place and undue burden on the healthcare system.

During the decision making process, please consider:

- "Incident to" has been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician's professional services. A doctor 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 doctor'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 on the professional judgment of their doctor to be able to determine who is/is not qualified. It is imperative that physicians continue to make decisions in the best interests of the patients.
- Athletic trainers are highly educated. All certified or licensed athletic trainers must have a bachelor's or master's degree from an accredited college or university. Seventy 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 healthcare professionals including physical therapists, occupational therapists, registered nurses and many other mid-level practitioners.

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

Sincerely,

June Corbit, RN

CMS-1429-P-2511

Submitter : Mr. Brian Hinkle **Date & Time:** 09/22/2004 02:09:57

Organization : National Athletic Training Association

Category : Congressional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

To Whom is May Concern:

Certified Athletic Trainers, do so much more then focus on a specific population. We are people who care about all poplulations treating the young to the old. In my area the Senior Games took place last year and many of my surrounding co-workers participated and helped the elder perform better and relieve pains, strains, sprains, give proper care with concussions, proper care with fractures, all while referring these patients to the appropriate doctors.

To say that Certified Athletic Trainers (ATC) do not have the ability you are saying we don't have is an insult. We go to school to get an education for 4 years. PTA's go for two, many of the classes we take are shared with PT students, we take some they don't take and they take some we don't take. Many ATC's continue to get the masters after their undergraduate degree. Now with the education reform that has been in effect since the beginning of this year the clinical skills and abilities of ATC's will simply get better and better.

Thank you for your time,

Brian Hinkle, ATC, EMT

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 : Miss. Jeanne Corbit **Date & Time:** 09/22/2004 02:09:12

Organization : Miss. Jeanne Corbit

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attn: CMS-1429-P
PO Box 8012
Baltimore, MD 21233-8012
Please see attachment

CMS-1429-P-2512-Attach-1.doc

Attachment #2512

Jeanne Corbit
4228 Furgerson Ranch Rd.
Carson City, NV 89701

September 21, 2004

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

Re: Therapy – Incident To

Dear Sir or Madam:

I have 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 healthcare professionals to provide these important services. In turn, it would reduce the quality of healthcare for our Medicare patients and ultimately increase the costs associated with this service and place and undue burden on the healthcare system.

During the decision making process, please consider:

- "Incident to" has been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician's professional services. A doctor 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 doctor'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 on the professional judgment of their doctor to be able to determine who is/is not qualified. It is imperative that physicians continue to make decisions in the best interests of the patients.
- Athletic trainers are highly educated. All certified or licensed athletic trainers must have a bachelor's or master's degree from an accredited college or university. Seventy 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 healthcare professionals including physical therapists, occupational therapists, registered nurses and many other mid-level practitioners.

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

Sincerely,

Jeanne Corbit

Submitter : Mr. Tim Hackett **Date & Time:** 09/22/2004 02:09:18

Organization : Healing Hands Massage Therapy

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a Nationally Certified Massage Therapsit, I believe all qualified health care providers should be allowed to provide services to patients with a physician's prescription or under their supervision.

Submitter : Miss. Sabrina Rosson **Date & Time:** 09/22/2004 03:09:22

Organization : JMU

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

The Centers of Medicare and Medicaid Services, CMS, proposal is one that is aimed at preventing qualified individuals from providing health care services. Everyday certified athletic trainers are responsible for the general health care and rehabilitation of their patients. Certified athletic trainers are so versatile and well qualified that they can work in a variety of settings including high schools, colleges, military, clinics, physicians? offices, and physical therapy offices. The relationship between physicians and certified athletic trainers is already extremely close, working together in almost every venue. Working in these type of environment is already part of a normal routine for an athletic trainer it makes no since to take away these rights.

Certified athletic trainers graduate with a degree from a four year college and go on to take a national certification exam. College courses for athletic training students include subjects such as evaluation, treatment, and more importantly rehabilitation of injuries. To ensure a complete understanding of each of these areas athletic training students will sit for a national exam consisting of three parts in which they will have to pass all of them to legally practice as a certified athletic trainer. This shows that certified athletic trainers are extremely qualified to provide health care services to individuals in any of these areas.

Certified athletic trainers are completely qualified to provide rehabilitation services to Medicare patients in physicians? offices. It does not make since to take away patients from certified athletic trainers and place them in the hands of less qualified individuals. The federal government has stated that athletic trainers? preparation is more significant than an occupational therapist, occupational therapist assistant, and physical therapy assistants. Certified athletic trainers should be allowed to continue providing services, well within their qualification limits, to Medicare patients in physicians? offices and be reimbursed for their services.

CMS-1429-P-2515

Submitter : Mr. Steven Orme **Date & Time:** 09/22/2004 03:09:41

Organization : BYU

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

proposal CMS-1429-P is no good.

CMS-1429-P-2515-Attach-1.doc

Attachment #2515
September 21, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

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

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

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

Sincerely,

Steven C. Orme
Athletic Training Student
Brigham Young University
Provo, UT

CMS-1429-P-2516

Submitter : **Date & Time:** 09/22/2004 03:09:31

Organization :

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

Please help! Santa Cruz County in California is being unfairly classified as a 'rural' county. Because of this classification, physicians here are being seriously underpaid for their services. The median price of a home in our area is $630,000. We lose young doctors to nearby counties, like Santa Clara, because those counties are designated as 'urban' and doctors are paid more there even though the cost of living is the SAME as it is here in Santa Cruz.

Santa Cruz County is a beautiful place to live but we have a hard time recruiting new doctors to work here because the Medicare reimbursement is UNFAIRLY low. Other insurance companies follow Medicare payment guidelines. We have a shortage of important specialists such as neurosurgeons and neurologists. Why practice in Santa Cruz County when you can make 25% more in Santa Clara County?

This unjust inequity is jeopardizing the quality of our health care system in Santa Cruz County. PLEASE CORRECT THIS INJUSTICE. Change the clasification for Santa Cruz County from 'rural' to 'urban' so that our doctors may be fairly reimbursed.

Thank you.

Submitter : Michael Tisdale **Date & Time:** 09/22/2004 03:09:40

Organization : Michael Tisdale

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY STANDARDS AND REQUIREMENTS

It would be counter productive to remove eligibility of massage therapists to work with physicians for improved outcome for patients. The fees for massage therapy are usually far lower than physical therapists and there is mounting evidence that massage therapy is more beneficial for the patients.

Not only would this be unfair to massage therapists, but it would ultimately cost more money. This, although typical for our government to do, is not a fiscally sound plan. It is very important that massage therapy be included as treatment options for the patients benefit, the massage therapists, and for the tax payer.

Think before you act. This is not sound judgement.

CMS-1429-P-2518

Submitter : Dr. Richard Freiberg OMD NMD DAc **Date & Time:** 09/22/2004 03:09:33

Organization : AOMNC

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Our substantial nationwide membership OPPOSES MEDICARE's proposed policy to eliminate any provider except PT's from providing "incident to" medical professional's services to patients. There MUST be continued access to ALL providers across the healthcare continuum including but not limited to Naturopathic Doctors, Chiropractic Physicians, Massage Therapists, Acupuncturists, Doctors of Oriental Medicine, etc.

CMS-1429-P-2519

Submitter : **Date & Time:** 09/22/2004 03:09:03

Organization :

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

The Centers for Medicare and Medicaid Services:

Personnel who provide physical therapy services in a physician's office incident to a physician's professional service must be provided by persons qualified to provide those services at the highest of levels. Making those individuals be graduates of an accredited professional physical therapist educational program is a quality change to the 'incident to' physician fee schedule.
I am a graduate of an accredited program in physical therapy. The education that I received required a Master's of Science degree and over 70 hours of study. This education along with the training I received at various medical facilities including hospitals, nursing homes, outpatient physical therapy clinics and skilled nursing facilities prepared myself to provide quality physical therapy services at the highest of levels to patients upon graduation and licensure.
I strongly support the change of those individuals providing physical therapy services incident to physician services be graduates of an accredited physical therapy program or physical therapist assistant program with the physical therapist assistant working under the supervision of a physical therapist. The would improve the quality of care provided to patients who are expecting to receive 'physical therapy services' from someone who is trained in physical therapy. Interventions, services and education provided to patients called 'physical therapy' must be provided by a physical therapist or physical therapist assistant working under the supervison of a physical therapist to be reimbursed accordingly through Medicare and Medicaid and all other self paying patients or 3rd party payors.
There are several reasons why those providing physical therapy services must be graduates of an accredited physical therapy program or physical therapist assistant program:
1. Physical therapists and physical therapist assistants graduate from programs recognized by the United States Department of Education and are accredited by the Commission on Accreditation of Physical Therapy. Programs that are accredited means that the program has met certain standards and requirements to ensure that the person graduating from that program will have been educated and trained by these same standards and requirements of education. This will be carried over into the professional occupation of physical therapy by the person graduating from the accredited program. Persons who don't graduate from accredited physical therapy programs should not be allowed to practice physical therapy services in any setting including physician incident to settings.
2. Physical therapists and physical therapist assistants have licenses. This means they have passed a state licensure exam covering the vast spectrum of physical therapy in the state they wish to practice in. These people should be the only people in that state practicing physical therapy.
3. Education sets physical therapists and physical therapist assistants apart from those who are not one of the above. For example, a graduate in kinesiology or someone with a high school diploma and a certificate in Pilates should not be allowed to practice 'physical therapy services' in a physician's office. The education is not obtained by these persons to properly practice physical therapy.
4. Delivery of so-called 'physical therapy services' by unqualified personnel being those who are not graduates of accredited physical therapist or physical therapist assistant programs is not physical therpy and should not be billed as a 'physical therapy service'. Physical therapy services should only be billed as such when a graduate of a physical therapist or physical therapist assistant program has provided that service. This is clearly stated in Section 1862(a)(20) in the Social Security Act.

Thank you for the consideration of my comments.

Sincerely,

Jon Stefka, MSPT

CMS-1429-P-2520

Submitter : Mrs. Carolyn Porter **Date & Time:** 09/22/2004 03:09:56

Organization : Instructor - Massage Therapy

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

I am an instructor in massage therapy at a local college in Greenville. Our program is based on medical massage with studies in anatomy, physiology, pathology and kinesiology. Based on the training that our program provides, we prepare the student to work in the health care arena. I certainly respect the work of a physical therapist however, massage therapy has many benefits that physical therapy does not provide. Physical therapy should not be the only therapy paid by Medicare. Massage therapy has proven to be beneficial to the Medicare patient. Patients do need physical therapy for rehabilitation but massage therapy is also needed to manage pain and improves mobility and range of motion. Massage Therapy can also reduce the need for medication which would be beneficial to Medicare. So many patients have benefited from massage therapy and it is a shame that Medicare does not recognize this modality as beneficial. Please reconsider including massage therapy in your benefit plan of Medicare. The American Massage Therapy Association supports a Foundation that gathers research on massage therapy and its benefits. Physicians are beginning to refer patients for massage therapy and physical therapist are hiring massage therapist in their office. Massage therapy is not just for relaxation it relieves STRESS which causes medical problems.

Carolyn Porter

Submitter : Michael Beatini **Date & Time:** 09/22/2004 03:09:08

Organization : Michael Beatini

Category : Individual

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 therpists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision. Massage is, in fact a form of physical therapy, and while the legal definition of physical therapist may not include Licensed Massage Therapists, it should.

CMS-1429-P-2522

Submitter : Miss. Judith Alonso **Date & Time:** 09/22/2004 03:09:22

Organization : Miss. Judith Alonso

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

CMS-1429-P-2522-Attach-1.doc

Attachment #2522
September 15, 2004

To whom it may concern:

I am a second year student in a doctor of physical therapy program at the University of Medicine and Dentistry of New Jersey. I was delighted to hear the news of the CMS requirements for provision of "incident to" services. The proposed personnel standards for physical therapy services that are provided "incident to" physician services to be provided by licensed physical therapists or physical therapist assistants under the supervision of a physical therapist is advantageous, for the consumers of physical therapy services and other interested parties. It is a frightening thought that services could be offered by individuals who have had no relevant training in the field of physical therapy thus logically these individuals are not qualified to provide the adequate care required for the patient. If one required their appendix to be removed by a surgeon, would it suffice to be operated on by an office manager instead? Similarly, if a patient is to be provided physical therapy services and billed for such services to their insurance it would benefit the patient to be seen by a licensed physical therapist. By passing this rule it would ensure that the patient benefits from the time spent with a physical therapist which in turn may decrease their recovery time which aides not only the patient but also decrease costs. Advocating as not only a student emerging into the field but also a past patient, I strongly support this proposed "incident to" rule for competent physical therapy care to be provided by licensed physical therapy practitioners and reimbursed adequately.

Sincerely,

Judith Alonso, SPT
University of Medicine and Dentistry of New Jersey
Doctor of Physical Therapy Program

Submitter : Miss. Ashly Evans **Date & Time:** 09/22/2004 03:09:14

Organization : Miss. Ashly Evans

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

CMS-1429-P-2523-Attach-1.doc

Attachment #2523
Mark B. McClellan, MD, PhD
Adminstrator
Centers for Medicare and Medicaid Services
U.S. Deparment of Health and Human Services
Attention: CMS-1429-P

Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar year 2005
Therapy-Incident To

My name is Ashly Evans and I am currently enrolled in a Masters in Physical Therapy program at Texas State University in San Marcos, Texas. I would like to take the opportunity to comment on the August 5 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005." I strongly support the requirement for individuals who furnish outpatient physical therapy services in physician's offices be graduates of an accredited professional physical therapist program.

These accredited programs provide essential education and practical training necessary for physical therapists and physical therapy assistants (under the supervision of physical therapists) to deliver appropriate patient care. 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. Currently, 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.

More importantly, in order to practice, physical therapists and physical therapy assistants are required to take state licensure exams. These licensure exams are an important way of creating a standard to which all other physical therapy providers must meet. As licensed healthcare providers, physical therapists are fully accountable for their professional actions.

As a result of licensure requirements and extensive education and training, I feel that physical therapists and physical therapist assistants under the supervision of physical therapists are the only practitioners who have the education and training necessary to provide physical therapy services. The delivery of so-called "physical therapy services" by unqualified personnel is harmful to the patient.

As part of the educational training physical therapy students are required to complete physical therapy clinical rotations in various settings. After completing two of these rotations it has become apparent to me how valuable and unique my education and training is in effectively and safely treating patients. I am well aware that I am not qualified to practice as a physician or other healthcare provider because I am not properly

trained in areas outside of what is outlined in the physical therapy practice act. So, I would not expect other healthcare providers, who are not educated and trained as physical therapists, to attempt to provide “physical therapy services.”

Your time and consideration of my comments is greatly appreciated. Thank You.

Sincerely,

Ashly Evans, SPT

1754 River Rd. Apt. 124
San Marcos, TX 78666

CMS-1429-P-2524

Submitter : Ms. Sheila Chokshi **Date & Time:** 09/22/2004 03:09:15

Organization : Texas State University

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am for the proposition proposed by CMS.

CMS-1429-P-2524-Attach-1.doc

Attachment #2524
September 21, 2004

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

Dear Mark B. McClellan, MD, PhD,

My name is Sheila Chokshi and I am a second year physical therapy graduate student at Texas State University – San Marcos. I am writing to you in reference to the "Therapy Incident-To" subject. I wish to comment on the August 5 proposed rule on "Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2005." CMS proposes that anyone who provides outpatient physical therapy services in a doctor's office be graduates of an accredited physical therapy program, with the exception of licensure or they must meet certain grandfathering clauses or educational requirements for foreign trained therapists.

I am strongly in favor of this proposition. As a soon-to-be physical therapist (PT) graduate, I cannot imagine how anyone who has not been properly trained as a physical therapist could provide patients with the highest quality of care. When I began the core sequence of classes in PT school, I was amazed to find out how much I really did not know. It is not enough to only know how to perform a certain procedure or treatment, but it is imperative to understand why specific types of procedures and treatments are used.

I also think that any practicing physical therapist should be licensed, although this proposition would not require PTs to become licensed if working in a doctor's office.
When joining the ranks of the PT profession, all therapists value the strong ethical platform from which this profession was built. It is a standard among the profession to acquire licensure as the final stepping stone to clinical practice.

Physical therapists and physical therapist assistants (PTA) under the supervision of PTs are truly the only practitioners who are qualified to render physical therapy services. Both parties go through extensive training in their school programs. PT programs must be accredited by the Commission of Accreditation of Physical Therapy. Both programs include in-depth study of anatomy and physiology, clinical care, and comprehensive patient care. In addition, both curriculums include clinical rotations at various affiliation sites. All this preparation enables PTs and PTAs to administer the best possible patient care, which is what the main goal should always be.

Thank you for taking the time to consider my viewpoints on this very important subject.

Sincerely,

Sheila Chokshi, SPT

Submitter : Ms. Carmen Acosta **Date & Time:** 09/22/2004 03:09:51

Organization : Florida State Massage Therapy Assoc.

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Issues 20-29: We appreciate Not to pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers must be allowed to provide services to patients with a physician prescription or under a physician supervision.

Submitter : **Date & Time:** 09/22/2004 03:09:17

Organization :

Category : Individual

Issue Areas/Comments

Issues 1-9

PRACTICE EXPENSE

Tomomi Sato

September 21, 2004

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

? 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.

? ? 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 short, athletic trainers have educated skill to treat'incident to' patients, too. And it will help health care system.

Submitter : Mrs. Maggie Gibson Bostic **Date & Time:** 09/22/2004 04:09:01

Organization : Utopia Massage Therapy

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : Mrs. Kathy Schniedwind **Date & Time:** 09/22/2004 04:09:16

Organization : Illinois State Univeristy-NATA

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Re: Therapy-Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposa that would limit providers of "incident to" services to physician clinics. If adopeted, 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 healthcare system.

During the decision-making process, please consider the following:
*Incident to has, since the inception of the Medicae progra, 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 knowledeable and trained in the the protocols to be administered. The physician's choice of qualified therpy providers inherent in the type of practice, medial subspecialty and individual patient.
* There have never been any limitations or restrictons placed upon the physician in terms of who he or she can utilize to provide ANY incident to service. Because the physician accepts legal resonsibility for the individual under his or her supervision. Medicare and private payers have always relied upon professional judgement of the physician to be able to determine who is or is not qualified to provide particular service. It is imperative that physicians continue to make decisions in the best interests of patients.

* In many cases, the change to "incident to" servies 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 an separetly seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.
** Patients who would now be referred outside of the physician's office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient's recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
* Curtailing to whom the physician can delegate "incident to" procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians who are already too busy, will take away from the physician's ability to provide the best possible patient care.
* To allow only physical therapists and PT assistants, occupational therapists and OT assistants and speech and language pathologists to provide "incident to" services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide "incident to" care in physicians' offices would improperly remove the states' rights to license and regulate the allied health care professions deemed qualified and appropriate to provide health care services.
* Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.

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

Sincerely,

Kathleen A. Schniedwind
Head Athletic Trainer
Illinois State University
Campus Box 7160
Normal, IL 61790-7160

Submitter : Ms. Karen Ball **Date & Time:** 09/22/2004 04:09:57

Organization : FSMTA

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

CMS-1429-P-2530

Submitter : Miss. Erika Soto **Date & Time:** 09/22/2004 04:09:37

Organization : Miss. Erika Soto

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

CMS-1429-P-2530-Attach-1.doc

Attachment #2530
Mark B. McClellan, MD, PhD
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

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

My name is Erika Soto and I am currently in my final year as a physical therapy graduate student at Texas State University at San Marcos. Prior to graduate school, I volunteered at three different facilities and worked as a physical therapy aide for a year in an outpatient orthopedics clinic. During the past few months, I have participated in two clinical rotations in the San Marcos, Texas area.

This letter is intended to comment on the August 5 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005." In the proposed rule, Centers for Medicare and Medicaid Services talks about establishing regulations for individuals who furnish outpatient physical therapy services in physician's offices. CMS believes that individuals who provide physical therapy services "incident to" a physician should meet qualifications such as acquiring a degree from an accredited professional physical therapy program or must meet certain grandfathering clauses or educational requirements for foreign trained physical therapists. I strongly agree with CMS because I believe that consumers deserve to receive physical therapy from individuals who have studied and trained in an accredited school and more importantly by those who have received licensure. Obtaining a licensure in any field means that you possess the knowledge and skills needed to provide the services being rendered. In addition, meriting a licensure weeds the average physical therapists from the cream of the crop. Therefore, these individuals should be the ones providing physical therapy rather than unqualified personnel since they are the ones accountable for their professional actions.

As a current physical therapy student I have realized that much education and training is needed in this field because we are dealing with the whole individual. This is why we receive significant training in anatomy & physiology, orthopedics, and neuroscience. This background gives us the knowledge needed to evaluate, assess and treat patients with impairments and conditions needing rehabilitation. Delivery of so-called "physical therapy services" by unqualified personnel is putting individuals at great risk and could possibly lead to irreversible conditions. In example, prior to working with individuals with heart disease it is imperative that you check their vitals. An untrained individual doesn't know the proper and safe way to check his/her carotid pulse much less what signs to look for during therapy. Looking back to the days when I was an aide, there are so

many things I would have done different had I been trained and educated as I will be when I receive my degree from an accredited professional physical therapy program. I would like to take the opportunity to thank you for taking time out of your busy schedule to read this letter and also for your consideration about my comments on this subject.

Sincerely,

Erika Soto, SPT

Submitter : Mr. Ricky Kriesberg **Date & Time:** 09/22/2004 04:09:25

Organization : Southeast Neurology Group

Category : Other Health Care Professional

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 therpists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.
I am a massage therapist working with 35 patients a week for over two years now. My treatments are extremely helpful in the recovery of my patients and they tell me so. The doctors are very pleased with their patients progress and positive attitude towards my treatments.
Please allow us to serve the medical field.

Submitter : Mr. Mark McKamey **Date & Time:** 09/22/2004 04:09:52

Organization : Mr. Mark McKamey

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:** 09/22/2004 04:09:44

Organization :

Category : Other Health Care Provider

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

August 31, 2004

Terrance Jones
112 Silo Ct., Apt, 534
Columbia SC, 29201

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

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

Sincerely,

Terrance Jones

Athletic Training Student at The University of South Carolina, Columbia

CMS-1429-P-2534

Submitter : Miss. Marisa Laughlin **Date & Time:** 09/22/2004 04:09:51

Organization : Complete Chiropractic of Covington

Category : Health Care Professional or Association

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

CMS-1429-P-2535

Submitter : Mr. Thomas Scholl **Date & Time:** 09/22/2004 05:09:19

Organization : American Massage Therapist Association

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We at ProMotion Therapy, Inc. 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, as long as they are trained and competent. We have helped many patients while working along side doctors of chiropractics. They have come to rely on us to best serve their patients. We treat a doctor who finds massage indispensable in treating fibromyalgia. We deeply believe in the benefits of massage and there need in the medical field.

Submitter : Dr. Gerald Rogan **Date & Time:** 09/22/2004 05:09:27

Organization : Rogan Consulting

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

PHYSICIAN ADMINISTERED DRUGS

Under LCA LCDs, some carriers may determine that 12 doses of Lupron equals 13 doses of Zoladex. This would reduce the allowance of Zoladex to $216.26. However, the least costly price is that of Viadur at $182.56 per month. CMS did not consider this in the proposed rule on page 47566.

CPT cde 96400, Chemotherapy administration, SQ or IM... may not be for lupron injections, as mentioned on page 47522 'high toxicity and potential for serious side effects'. So, CMS may (and should) question whether urology administration fees for lupron injections may be reported with 96400.

SKILLED NURSING FACILITIES
CMS does not explain clearly that a Part A covered stay is reported with POS 31 and a non-covered stay with POS 32. Payment under arrangement will be more robust if physicians know the POS in force and effect. Also, the F/NF payment differential for POS 31 and 32 makes no sense for a physician, because the resources required are the same. The F/NF differential for POS 31/32 should be eliminated.

MEDICAL CARE FOR UNINSURED PATIENTS

Congress might consider allowing uninsured patients the opportunity to buy Medicare part B at cost, or become eligible for the Medicare reduced rates if certain eligibility conditions are met.

PROVIDER ENROLLMENT CHAIN AND OWNERSHIP SYSTEM (PECOS)
Carriers need more money for this, and the allocation should not be year to year. Carrier incentive payments for accuracy and timliness should be considered.

NATIONAL PROVIDER IDENTIFIER (NPI)

CMS should use the NPI to track potenitally abusive or fraudulent referrals (e.g. for DME).

POWER WHEELCHAIRS

A face to face visit should be required for prescribing a DME item (perhaps for certain dollar levels). This can be used as a mechanism to prevent fraud. CMS should pay the physician to be the 'policeperson.' Filling out a DME form was a burden in my family practice. If you want something done right, pay for it. If you pay nothing, you will get what you pay for. The DMERC should validate that the carrier received a bill for the G code for the face-to-face visit before allowing payment for the DME item (or check with the physician for late billing for certain high cost items under review--or conduct post pay review after waiting a reasonable time for the part B bill to arrive). Carriers can track G-code utilization to determine pattern of suspected fraudulant referrals. The cost to link the DMERC and carrier data bases should be considered in light of the potential savings long term.

Money talks or enforcement balks. Money paid is enforcement displayed.

CALLCENTER ACCURACY

Do not expect carriers to understand Medicare coverage policy in detail. That is for consultants to figure out, using the CMS web site. Carriers

must have subject matter experts to back up front line customer service reps in order to improve accuracy.

PT SERVICES
What evidence does CMS have that PT services furnished in physician offices are performed by physical therapists (Page 47492 and 47551)? The change to exclude medical assistants from performing PT services will probably have a profound impact on PT services performed in a physician's office. I think this will reduce abuse and not deny appropriate care. I think we need this change to mitigate physician self-referral conflicts of interest for PT services performed incident to a physician.

REASSIGNMENT: Physicians who work in hospital systems as employees or independent contractors may experience unreasonable pressure to overtest. See page 47525. Therefore, assignment of physician services to hospital health care systems should be considered as a prompt for medical review of hospital performed diagnostic tests.

Issues 1-9

PRACTICE EXPENSE

PHYSICIAN FEE SCHEDULE

I agree with PPAC. I would like validation of the comment on page 47503 of the 2005 proposed rule 1429-P which states " physicians frequently locate their offices in areas that are residential, rather than commercial, in nature." This should be relatively easy to validate through a survey. Rural physicians may have little choice. In my experience, urban physicians usually locate in commerical buildings.

I believe E/M services remain relatively undervalued in primary care. On page 47502, the physician practice expense (excluding medical liability insurance and physician benefits) in my experience is rarely under 48% of collections--and is rarely as low as 43.7%. I believe deficiencies in primary care availability drive overuse of the ED.

Physician administered drugs should be removed from the SGR, retroactive to 1996. The alternative to many of these new drugs is death. Patients get the thrill (of life) and doctors get the bill (of reduced reimbursement).

SECTION 611

I think the welcome to Medicare exam is fairly priced but needs to include more, so that an additional non-covered retail service may not be reported in addition to the covered preventive service, any covered E/M service, and the separately covered preventive exams (breast, pelvic, DRE, etc.). Billing the combination of covered services will raise the total allowance to a reasonable level, when appropriate. Like the preventive pelvic and breast exam, preventive DRE should be unbundled from E/M, if the bundle is still in force and effect. ECG TC and interpretation should be separately reported, but the preventive exam must include a review of the ECG report (i.e. a review of the interpretation, the latter separately billed)

Submitter : Mr. Dennis LaMaster **Date & Time:** 09/22/2004 05:09:45

Organization : Mr. Dennis LaMaster

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a Licenced Massage Practitioner in Seattle WA I am opposed to the prospect of losing work under the proposed changes. No one is served by reducing access to the services of a Licensed Massage Practitioner. I provide an effective and economical option for people and their healthcare needs.

Submitter : Mr. Terry Walburn **Date & Time:** 09/22/2004 06:09:52

Organization : Mr. Terry Walburn

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see the attached file.

CMS-1429-P-2538-Attach-1.doc

Attachment #2538

Terry Walburn II, MSEd, ATC
409 Supplejack Court
Chesapeake, VA 23320

January 28, 2005

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 accompanied the U.S. Olympic Teams 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,

Terry Walburn II, MSEd, ATC
409 Supplejack Court
Chesapeake, VA 23320

CMS-1429-P-2539

Submitter : Dr. Steven Rumble **Date & Time:** 09/22/2004 07:09:00

Organization : St. Francis Hospital

Category : Psychiatric Hospital

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I urge support of a long overdue authority of psychologist to supervise non-psychologist in the administration of psychological tests. Physicians have always been allowed this role despite possibly having no training in psychologial testing administraton or interpretation. Psychologists are required torecieve extensive training in these areas and demonstrate competence in a wide range of psychological test in order to become licensed as a psychologist. Not being allowed to supervise others in our own area of specialization is a greavous denial of control of our profession and the quality of psychological interpretation for the safety of psychological testing consumers.

Submitter : Lucy Vallejo-Alviso **Date & Time:** 09/22/2004 08:09:05

Organization : Curative Pharmacy Services

Category : Health Care Provider/Association

Issue Areas/Comments

Issues 1-9

PRACTICE EXPENSE

I am a parent of a son with severe hemophilia A. I currently work for a home care company and deliver Factor to families like my own. I am Latina therefore I work with many Spanish speaking families who may not understand the diagnosis nor the medical system. I work for this community. I transport families to the designated hospitals with special hemophilia treatment centers who specialize in their care. Any other hospital would not know how to care for these patients. I call ahead to alert the ER staff of the patient enroute. Once there I interpret as needed. On the way back home I assure the family that this was just an episode in their childs life. There will be more bleeds, as they are called, and in the next crisis they will be more prepared. In time their child will be more intune with their body and know when they are having a bleed. In time the parent will learn how to infuse the factor into their son's vein to stop the bleed. Stopping the bleed will insure that their son will not suffer in future years with the debilitating aches and pains associated with severe arthritis that will surely come if bleeding into the joints is not prevented or stopped as soon as possible. Patients cannot predict bleeds but once they have one they do have power to control them with factor medication. My education to the family is to empower them. At times it is difficult until they reach the acceptance stage of this chronic diagnosis. I tell them to send their child to school in the sling or the crutches. Save the missed days from school for the days when the pain is bad. This is easy for many parents to do but not for the child who endures taunting and being called a 'faker'. How can someone be fine one day and not the next? Children at school do not understand. I accompany the parent to school and help explain. It is not uncommon for me us travel 600 miles in one week. I am an educator and an outreach worker serving the community which I have a personal understanding of. I have seen what a little empowerment does for these families. I teach them to standup for themselves and their son to get better care at their local ER by telling the staff to call their hemophilia treatment center doctor for instructions. Those of us who work with the hemophilia community are on call 24/7. Our busines cards include home and cell phone numbers. We are there when the doctors and nurses have gone home for the day. We follow up with interns at the ER who may not know enough about the treatment of hemophilia but they are on call at 7:30pm when the parents have come home from work and their son is seen limping or tells them he arm or neck hurts. We are usually the ones who get called because they trust us to help them. They know we can open the doors to quicker and better quality care. It is scary when the parents do not yet trust themselves to make the right decision about infusing or not. They need someone to lean on until they are self assured of their decision. The hospitals do a wondeful job of teaching the only problem is that parents are not ready to fully accept the hemophilia diagnosis. This is where the community comes in. The homecare worker has the power to connect the family to the local hemophilia foundation and other families and even transport the family to their first foundation outing, such as a picnic with other children with hemophilia. We often work with the social workers at the hospitals and all the nurses know us by first name. This also brings so much comfort to the patient and family. By being easily accessible to the family I believe that these families will have an easier life with hemophilia. This will lead to better joints and a more productive individual in the future. That is my goal for all of these children and men with hemophilia.

Submitter : Mr. Douglas Wittich **Date & Time:** 09/22/2004 10:09:53

Organization : Mr. Douglas Wittich

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not limit therapy to physical therapy for Part B. Massage therapists are a cost effective way to reduce or even eliminate pain, weakness, range of motion issues and a host of other health problems. Working in concert with physicians, we can extend the body's own remarkable healing abilities. There are many schools that now teach medical massage, including at least three in the Baltimore area. The State of Maryland now recognizes the Certified Massage Therapist as a health care professional, and differentiates in the requirements from spa therapists who are permitted to perform only relaxation massage.
In Many states, a massage therapist must complete a two year program and pass a national examination. In Maryland, two years of college credit is also required. Massage therapists are competent health care professionals who work WITH the patient's other health care providers and physicians to provide a complete care plan.

CMS-1429-P-2542

Submitter : Anita Roma **Date & Time:** 09/22/2004 10:09:04

Organization : Kauffman Gamber Physical Therapy

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a PT with 17 years experience and board certified clinical specialist in neuorologic physical therapy.I work in an outpatient private practice setting. I stronly support CMS propasal requiring that physical therapy services in physicians offices be provided by qualified practitioners. They should be graduates of an accredited PT program. PTs and PTAs are the only qualified practitioners who have the educationand training to furnish PT services. We are professionally educated at the college and university level; since 2002, the minimum requirement for has been a post baccalaureate degree. Currently, over 50% of the PT programs in this country are now offering doctorate of physical therapy degree programs.Also, all PTs are licensed and are fully accountable for their professional actions. Unqualified personnel providing PT services puts our patients as risk for harmful consequences. I have recently been informed of one such instance. A woman went to her family physician with complaints of shoulder pain. As a part of her visit, the physician ordered moist heat to be applied to her shoulder. An unqualified staff member (secretary, technician?) placed the removed a hot pack from the hydrocolator, and placed it directly on her shoulder. Subsequently, the woman incurred a burn over that area and then had to deal with a second and third degree burn but also infection. In addition, there is a financial limitation on provision of PT services (therapy cap) scheduled for Jan 2006. Under the current policy, patients could exceed their cap on therapy without ever receiving services from a PT. We have personally seen this occur with a number of our patients. Unbeknownst to the patient, by receiving whirlpool treatment or prescribed exercises in the physician office, those services carry with them CPT billing codes linked to PT. Thus, that visit with those services are viewed by insurance companies as PT. Now when the patient needs PT for a frozen shoulder, he could have potentially exhausted the number of visits allowed. This significantly impacts patient outcomes and can lead to further functional limitations and disability, especially with our elderly population. In closing, again, I support the incident to proposal. As part of our profession's Core Values and Ethics, physical therapists value our commitment and responsibility to ensure the safety of our patients and the public by protecting them from harmful, incompetent care. Thank you again for your consideration in this matter.

Submitter : Ms. Stacylyn Maynard LMT **Date & Time:** 09/22/2004 10:09:52

Organization : Ms. Stacylyn Maynard LMT

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

CMS-1429-P-2544

Submitter : Mr. W. Thomas Blanchard **Date & Time:** 09/22/2004 11:09:57

Organization : American Association of Medical Massage Therapists

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

CMS-1429-P-2545

Submitter : Mrs. Susanna Tocco **Date & Time:** 09/22/2004 11:09:06

Organization : Mrs. Susanna Tocco

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

It would be a shame to limit the options people can use for healing therapy. I myself have been in a horrible car wrek. If it weren't for a combination of therapies I would not have full use of my right arm. How can you justify the possibility of limiting someone's quality of life? I beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therpists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Mrs. Jessica Monteleone **Date & Time:** 09/22/2004 12:09:50

Organization : South Walton Physical Therapy

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Physical Therapy services are being billed by nonphysical therapy personal who are not adequately trained to perform the necessary evaluation to implement a treatment that is safe and effective for the client.

THERAPY STANDARDS AND REQUIREMENTS

Physical therapy CPT charges should be reimbursed to qualified physical therapists and physical therapy assistants as well as physical therapy technitions who have been trained and are directly supervised by a physical therapist or physical therapy assistant in an inpatient or outpatient physical therapy facility.

Submitter : Joyce Walker **Date & Time:** 09/22/2004 12:09:31

Organization : Fl. State Massage Theray Assoc.

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

CMS-1429-P-2548

Submitter : JIM CAPPS **Date & Time:** 09/22/2004 12:09:19

Organization : JIM CAPPS THERAPY SERVICES, INC.

Category : Physical Therapist

Issue Areas/Comments

Issues 10-19

DEFINING THERAPY SERVICES

I would like to add my support to the new regulation causing physicians to be required to use qualified staff to do rehab services in their offices. There are three physicians in this town who routinely use unqualified personnel to do "rehab" and/or "therapy" in their offices and are solely revenue driven. One podiatrist in particular does a lot of surgery and follows up with what he calls physical therapy (per patients' histories) which is done by office staff and usually consist of whirlpool, ultrasound, and electrical stimulation. I have seen several of these patients in my office for unrelated problems and they have told me that at no time were they given any type of functional therapy (range of motion, stretching, progressive resistance exercises, etc.). Physicians, physician assistants, and nurse practitioners are not trained to do physical therapy or occupational therapy, let alone teach someone off the street to do so.

CMS-1429-P-2549

Submitter : **Date & Time:** 09/22/2004 12:09:45

Organization :

Category : Social Worker

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

CMS-1429-P-2550

Submitter : Dr. Jeff Striebel **Date & Time:** 09/22/2004 12:09:57

Organization : mpg

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see letter attachment

CMS-1429-P-2550-Attach-1.doc

Attachment #2550

Jeff Striebel
Mount Pleasant called Park
4851 East Pickard Road
Mount Pleasant, Michigan
48858

September 15, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

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

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

- "Incident to" has, 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,

Dr. Jeff Striebel

Submitter : Dr. Mark Stein **Date & Time:** 09/22/2004 12:09:03

Organization : Florida Allergy, Ashtma and Immunology Society

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Florida Allergy, Asthma & Immunology Society

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

Dear Gentleman:

This letter is sent on behalf of the members of the Florida Allergy, Asthma and Immunology Society. It is meant to express our concerns about future changes in the reimbursement for intravenous gammaglobulin therapy in the office, home, and hospital setting in the year 2005 and 2006.

We have been informed that the reimbursement formula is outlined in The Federal Register of August 5, 2004. The payment schedules in this issue indicate a decrease in reimbursement for infusion time of over 21%. It indicates that the reimbursement for intravenous gammaglobulin products will be based on 106% of the volume-weighted average of the manufacturers? most recently reported average sales prices aggregated across all product brands. We have no idea what this means. Will physicians, hospitals, and home health care agencies be able to provide intravenous gammaglobulin in the year 2005?

We are extremely concerned with the implication that all brands have identical characteristics and would be suitable for all patients. There is a wide variation in the price of products. Some are more suitable for certain patients depending on their sucrose or other sugar content, osmolality, and IgA content (those with diabetes mellitus, renal disease, clotting disorders, vascular diseases, and IgA deficiency). There is a suggestion that the reimbursement for intravenous gammaglobulin will decrease from current levels. This would eliminate the choice of any but the cheapest products, even if they were perceived to have greater risks for the patient. We have some patients who only tolerate one or two products. If these were too expensive to be covered by the reimbursement, we have a situation in which patients may have to choose between no gammaglobulin or serious side effects and even risk of kidney failure or myocardinal infarction with an inferior product.

We have no clear indication of the dollar amount of the projected reimbursement for each gram of intravenou gammaglobulin. As January 1, 2005 approaches we need further clarification of this reimbursement amount. In each of the last two years we have been surprised by retroactive announcements of decreases in payments effective January 1st, which were not published until the middle or end of January. This has resulted in losses to practice revenue streams based on using the best product (also more expensive) instead of the cheapest product. We want our patients to have the best care and the best cost-effective product. We cannot do this with the understanding of the reimbursement figures provided far enough in advance to order the product and have it ready to for infusion at the appropriate time.

We would ask your assurance that the reimbursement for each gram of intravenous gammaglobulin will not decrease in 2005. We are asking that you publish these reimbursement figures at least 30 days prior to January 1, 2005. This time interval will permit smooth continuity of patient care.

Sincerely,

Mark R. Stein, M..D.
Chairman, IVIG Committee

Submitter : Mrs. Sherry Granger **Date & Time:** 09/22/2004 12:09:21

Organization : Licensed Massage Therapist-AMTA AL. Chapter

Category : Other Practitioner

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

Submitter : Ms. Kathleen A. Toomey **Date & Time:** 09/22/2004 12:09:46

Organization : PA Chapter American Massage Therapy Assn

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

The captioned item restricts patient care to physicians and physical therapists. The restriction will inhibit the patient from seeking treatment from any other qualified alternative medical practitioner and is to the detriment of the patient. We beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified healthcare providers should be allowed to provide services to patients with a physician's prescription or under their supervision.

CMS-1429-P-2554

Submitter : Ms. Deborah Wright **Date & Time:** 09/22/2004 12:09:30

Organization : GMTC

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

PT's are not the only professional making a difference in the lives of people with life disabling muscular issues. Please do not eliminate options to the average citizen by denying insurance coverage to other specialists.

Submitter : Miss. Erin Hallman **Date & Time:** 09/22/2004 12:09:19

Organization : National Athletic Trainers Association

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 21, 2004

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

Re: Therapy- Incident To

Dear Sir/Madam:

As a future Certified Athletic Trainer (ATC) and possible future patient, I feel compelled to write this letter in opposition of proposal CMS-1429-P. This proposal arouses concerns that it would limit patient access to qualified heath care providers such as ATCs, in physician offices and clinics. This could lead to a reduction of the quality of health care available for physically active patients. Also, limiting access to qualified health care providers will create delays in the delivery of health care, which in turn will increase health care costs on already deeply burdened health care system.

Athletic trainers are health care professional who are specializes in the prevention, assessment, treatment, and rehabilitation of injuries related to physical activities. ATCs are multi-skilled health care professionals who are making significant contributions to health care. Athletic trainers are highly educated complete health care providers. If this proposal passes, it would threaten the employment of many athletic trainers who are employed in numerous settings. With these type of limitations artificially placed on the provision of services by qualified health care providers the CMS will only add to the share increase in health care cost. This would in turn putting qualified people out of work and reduce the overall quality of health care in the United States.

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

Sincerely,

Erin Hallman

Athletic Training Student at the University of South Carolina

CMS-1429-P-2556

Submitter : **Date & Time:** **09/22/2004 12:09:38**

Organization :

Category : **Other Health Care Professional**

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We all beg you to please do NOT pass this policy whereby a physician can only refer "incident to" services to physical therpists and not others. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision. Massage as well as other therapy modalities are working for people please do not limit the choices available to help people.

Submitter : Mrs. Amy Crum **Date & Time:** 09/22/2004 01:09:16

Organization : Greenup County High School

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Septmeber 22, 2004
Re: Therapy - Incident To
*I am writing to express my concern regarding the recent proposal that would limit providers of 'incident to ' services in physician offices and clinics.If adopted, this would eliminate the ability of qualified health care professionals to provide these important services.It would, as a result, reduce the quality of health care for our Medicare patients and would eventually increase the cost and burden on the health care system.
*Please consider these points during your decision making process:
*'Incident to' has been utilized by physiciams to allow others, under their direct supervision, to provide services adjunct to the physician's profession services.A physician has the right to delegate the care of his or her patients to individuals that they feel are trained properly to provide therapy services (This includes certified athletic trainers).
*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 patient's care, 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 their 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 will be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.
*Living and working in a rural area, I have seen the distance that patients have had to travel to receive quality health care and therapy services. If the changes in 'incident to' would occur, many patients would have to be referred outside of the physician's office and could possibly mean a delay in services and an increased cost to the patient in travel time and travel expense and could mean a delay in recovery time and in turn, an increase in medical expentiture.
*Curtailing to whom the physician can delegate 'incident to' procedures will result in the physicians performing more of these routine treatments themselves.If a physician increases their workload then this will take away from the physician's ability to provide the best possible patient care.
*ALL certified or licensed athletic trainers must have a bachelor's or master's degree from an accredited college or university.Athletic trainers have background in human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. A majority of practitioners (70%) 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).Athletic Trainers must also pass a national exam to practice as a Certified Athletic Trainer.
*The bottom line is that a physician should have the right to decide who should provide therapy services to his/her patients.If they feel that a Certified Athletic Trainer is the most qualified and is convenient and cost effective for the patient, then the physician has the right to make the decision that is best of their patients.Would a physician really want to jeopardize their reputation and the health of their patients by providing services 'incident to' by unqualified persons?
Thank you,
Amy Crum,MS,ATC
259 Rupp's Way
Greenup, Ky 4114

Submitter : Mr. Ernesto Ortiz **Date & Time:** 09/22/2004 01:09:28

Organization : Journey to the Heart Corp

Category : Other Health Care Provider

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

CMS-1429-P-2559

Submitter : Mr. Jonathan Schner **Date & Time:** 09/22/2004 01:09:36

Organization : National Athletic Trainers Assoc.

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

see attached doc.

CMS-1429-P-2559-Attach-1.doc

Attachment #2559

Jonathan R. Schner, ATC-L
5401 Lawndale Drive
Greensboro Day School
Greensboro, NC 27455

September 21, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

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

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

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

- In many cases, the change to "incident to" services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.
- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working "incident to" the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
- Patients who would now be referred outside of the physician's office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient's recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
- Curtailing to whom the physician can delegate "incident to" procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician's ability to provide the best possible patient care.
- Athletic trainers are highly educated. ALL certified or licensed athletic trainers ***must have a bachelor's or master's degree*** from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Seventy (70) percent of all athletic trainers have a master's degree or higher. This great majority of practitioners who hold advanced degrees is comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).
- To allow *only* physical therapists, occupational therapists, and speech and language
- pathologists to provide "incident to" outpatient therapy services would improperly provide these groups exclusive rights to Medicare reimbursement. To mandate that only these practitioners may provide "incident to" outpatient therapy in physicians' offices would improperly remove the states' right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.
- CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
- CMS does not have the statutory authority to restrict who can and cannot provide services "incident to" a physician office visit. ***In fact, this action could be***

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

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

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

Sincerely,
Jonathan R. Schner, ATC-L

Submitter : Mrs. Barbara Fiedler **Date & Time:** 09/22/2004 01:09:42

Organization : Mrs. Barbara Fiedler

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I oppose to this being passed. There are other professionals trained in this business to help care for injured or sick people than just PT's. We should not limit people's choice in seeking help from Massage Thereapists, Athletic Trainers, etc

Submitter : Dr. William Pitney **Date & Time:** 09/22/2004 01:09:04

Organization : Northern Illinois University

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

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

Re: Therapy-Incident To

Dear Sir/Madam:

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

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

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

Sincerely,

William A. Pitney EdD, ATC/L
Dept. of Kinesiology
Northern Illinois University
DeKalb, IL 60115
815-787-3490

Submitter : Mr. Sean Slovik **Date & Time:** 09/22/2004 01:09:44

Organization : Mr. Sean Slovik

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 therpists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision. This should also include licensed massage therapists.

Submitter : Ms. Diane Stinnette **Date & Time:** 09/22/2004 01:09:10

Organization : Ms. Diane Stinnette

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Patients should be able to seek medical treatment by a practitioner of their choice.

THERAPY STANDARDS AND REQUIREMENTS

Therapy is therapy as long as it does good either mentally or physically to the patient.

Submitter : Mr. Christopher Johannes **Date & Time:** 09/22/2004 01:09:13

Organization : Mr. Christopher Johannes

Category : Academic

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 17, 2004

Christopher Johannes
MC 2302
Sacred Heart University
5151 Park Avenue
Fairfield CT, 06825- 1000

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

Re: Therapy ? Incident To

Dear Sir/Madam:

As a future Certified Athletic Trainer (ATC), I feel overwhelmingly compelled to write this letter in opposition of proposal CMS-1429-P. I am concerned that this proposal would limit patient access to qualified allied health care providers of ?incident to? services in physician offices and clinics; thereby, reducing the quality and delivery of health care for physically active patients.

ATC?s are more than qualified to deal with the very same patients that CMS-1429-P will deny them access to. ATC?s are educated and prepared in six domains, prevention, recognition/ evaluation/ assessment, immediate injury care, treatment/ rehabilitation/ reconditioning of active lifestyle injuries, health care administration, and professional development and responsibilities. This education is achieved through classroom learning and Clinical Assignments (totaling over 800 hours). ATC?s are required to continue their education, in every state unlike PT?s. Just like PT?s, ATC?s are required to pass an extensive Board of Certification Exam. ATC?s are just as or further educated and prepared than PT?s, OT?s, OTA?s, and PTA?s according to the federal government (http://online.onetcenter.org/). ATC?s are also employed at the same clinic and hospital settings as the other health care providers and often are expected to perform the same duties meeting the same quality of care.

In conclusion, I believe that the CMS-1429-P harms the quality of patient care by not allowing access to qualified allied health care professionals in a timely manner.

Sincerely

Christopher M. Johannes
Sacred Heart University, Athletic Training Student

CMS-1429-P-2565

Submitter : Ms. Janette Robb **Date & Time:** 09/22/2004 01:09:53

Organization : Massage Therapist - self employed

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

I am a member of the AMTA - Al Chapter. I beg you to NOT PASS the policy concerning where a physician can only refer "incident to" services to physical therapists. All qualified licensed health care providers should be allowed to provide services to patients with a physicians orders or under their supervision. Massage therapist are which are licensed are more qualified to perform these services than phyical therapists, and should have the opportunity to do so.

CMS-1429-P-2565-Attach-1.rtf

Attachment #2565

Introduction

Massage therapists must be recognized as health care providers requiring reimbursement by insurance carriers. Some people in the medical community and the insurance industry argue that massage therapy are non-medical beneficial forms of treatments. Clearly there are many medical benefits of massage treatments used today in hospitals, physical therapists offices, and chiropractors offices. Research has also indicated that massage can reduce the medical cost of doctor's visits, x-rays, medication, and other forms of medical treatments. Even insurance companies reimburse for massage therapy services when deemed medically necessary. However insurance companies do not recognize licensed massage therapists as qualified professionals trained to provide massage therapy services and therefore do not reimburse massage therapists for medical treatments. Insurance companies only reimburse physicians, chiropractors, physical therapists, occupational therapists, and hospitals as medical providers. There are few exceptions to this rule; massage therapists can provide therapy when prescribed by a physician and can be reimbursed by auto insurance companies and workmen's compensation.

Chiropractors had to fight a legal battle with the American Medical Association for over fourteen years under the restraint of trade argument (Sherman Act) before they were recognized as qualified medical providers. Massage therapists are licensed and certified to perform massage treatments. However when performing massage treatments in a chiropractors offices, the insurance company reimburses the chiropractor and not the massage therapist. Currently Alabama insurance laws reimburse chiropractors, physical therapists, and occupational therapists for massage services. Physical therapists and occupational therapists must obtain a written physician's orders before providing services.

One reason that insurance companies in the past have not recognized massage therapists as medical providers was that most states did not require licensure or certification. Today there are thirty-three states requiring massage therapists to be licensed and certified. Alabama is one of those states. The American Massage Therapy Association (AMTA) has been an intricate part of the effort to get states to license massage therapists.

Massage therapists have several views in approaching insurance reimbursement. One is that insurance reimbursement should only occur when the massage therapist receives a written order from a physician to provide certain medical treatments. Florida uses this approach. Florida currently has massage and insurance laws that mandate insurance reimbursement for massage therapists under the "Medical Practice Act."

Other therapists would like to receive insurance reimbursement directly without a physicians' order. Still other therapists associated with alternative practitioners would like to include massage therapists under the umbrella of "Complementary and Alternative Medicine" language and classify massage therapists as "alternative providers." The State of Washington took this approach when it mandated insurance reimbursement for all licensed "alternative providers."

Some massage therapists recognize the medical benefits of massage, but have doubts on securing insurance reimbursement through the legislative process. One problem for massage therapists is the amount of paper work that is involved with the efforts of receiving insurance payments. Another problem for massage therapists is that insurance reimbursement, when ordered by a physician or chiropractor, causes fee splitting and reduces their income. In addition, massage therapists that are doing well in their business do not see the need to encourage legislation for insurance reimbursement.

Currently in Alabama, massage therapists are working on a legislative bill that would mandate insurance reimbursement for massage therapists as "Alternative Health Care Practitioners." New York, California and other states are considering state legislation to mandate insurance reimbursement to include massage therapists.

In this paper I argue that massage therapy is medically beneficial and cost effective in the treatments of certain conditions. I have identified these issues in sections titled: "There Are Many Benefits of Massage Treatments" (pp.12-19); and "With So Many Benefits, There are Good Reasons for Insurance Companies to Reimburse Massage Treatments" (pp.24-30). An argument derived from this research is that it would be appropriate for insurance companies to support reimbursement for massage since they are interested in cost reduction efforts.

The section in this paper on "Massage Benefits are recognized by the Medical Community" (pp.21-24) informs the general public that massage therapy is recognized as a medical benefit and is being used in

hospitals, physical therapists offices, and chiropractors' offices. I also contend in section "Insurance Companies Reimburse Providers for Massage Therapy" (pp.30-34) hospitals, physical therapists, occupational therapists, and chiropractors are receiving insurance reimbursement as medical providers for massage services. In chiropractor's offices, massage therapists provide massage treatments, but it is the chiropractor that receives the insurance reimbursement, not the massage therapists. Massage therapists are trained to provide these services and perform these services for most chiropractors. However they have been left out of the insurance reimbursement process and should be classified as medical providers. There are exceptions to this rule: massage therapist when ordered by a physician can receive insurance reimbursement from auto insurance companies and workmen's compensation. But for the most part, insurance companies would rather enlist massage therapists as discount providers to increase benefits to potential clients and enhance cost-effective treatments.

The section "On the National Level …" (pp.37-39) documents the federal government's role and interest in Complementary and Alternative Medicine (CAM) providers, including massage therapists. The section "What Role Are the States Taking Toward Insurance …" (pp.40-43) section documents the growth of CAM, especially in the State of Washington and where legislation that requires all licensed "alternative providers" to receive insurance reimbursement was enacted. It also includes the experience of the state of Florida which mandates insurance reimbursement for massage therapists under the "Medical Practice Act."

Research evidences mentioned above is sufficient enough to support modification in Alabama to facilitate direct insurance payments to massage therapist. But to achieve this outcome in Alabama, new legislation must be introduced. Several options have been considered which are detailed in the Section "What is Alabama Doing to Obtain Reimbursement for Massage Therapist" (pp.45-46)? The approach I proposed for the initial effort includes massage therapists in the reimbursement process by taking the comprehensive alternative medicine approach which was taken in the State of Washington and proposed nationally. This will be the first form of legislation I am preparing for introduction into the Alabama Legislature in 2005. Passing legislation to enable massage therapists to be reimbursed as health care providers would bring massage therapy into the medical mainstream in Alabama and acknowledge massage therapists as a professional medical provider.

Should this not succeed, a revised effort would be made to allow massage therapists to be directly repaid by insurance companies when orders are received from a medical practitioner which is the current situation in Florida.

To achieve either of these objectives, additional efforts must be made to increase support among massage therapists in Alabama and to address the opposition that is expressed in the complaints that paperwork outweighs the benefits and the argument that the effort is unnecessary in the first place since a successful massage therapist practice is possible without addressing the reimbursement issue. I have detailed the efforts that will be undertaken to address these issues in Section "The Process of Gaining Support from the AMTA-Al Chapter" (pp.46-52).

Massage Therapy and Modalities

History of Massage

Massage is one of the oldest forms of medical treatments. It has been used by most cultures. The word massage comes from the Arabic word "masah," which means to stroke with the hand. The Greek physician Hippocrates called massage "anatripsis" (Maxwell-Hudson, 1988). As far back as 2700 B.C., the ancient Chinese, Indian, and Egyptian cultures recognized massage as a method for healing injuries and preventing and curing diseases. In ancient Greek and Roman civilizations, massage was advocated instead of exercise, during convalescence, and as a treatment for medical conditions such as melancholia, asthma, digestive problems and sterility. "Julius Caesar was massaged daily to relieve neuralgia" (Maxwell-Hudson, 1988, p.8).

In the eighteenth and nineteenth centuries, massage spread through Europe under the influence of a Swedish physician named Per Henrik Ling Swede (1776-1839). He emphasized gymnastics techniques (massage and exercise) which later became known as Swedish Massage. Queen Victoria heard of his techniques and was treated by one of his schools for rheumatic pains. She was so delighted with her results that the Royal Crown rewarded Swede with a school called the Swedish Institute which opened in London in 1838 (Cassar, 1994).

London surgeons, cardiologists, and physicians began to use massage for medical treatments. John Grosvenor, a British surgeon and professor of medicine at Oxford University, used massage to relieve gout, stiff joints and rheumatism. By the nineteenth century, massage treatments were popular in Russia, France, and America. To advance the profession, eight women founded the Society of Trained Masseurs in 1894, which is now known as the Chartered Society of Physiotherapy (Maxwell-Hudson, 1988). During World War I, hospitals used massage extensively to alleviate pain, improve circulation, and treat nerve injury and shell-shock (Cassar, 1994).

The use of massage in medical practice began to decline in the late 1880's. This was the result of several factors. Electricity had been invented and was increasingly used in a variety of settings including medicine and massage. In massage, electrical instruments became preferred over manual methods of stimulating the tissues. New medications also assumed prominence about the same time. Aspirin and other drugs to relieve pain began to be used widely. This also contributed to a decline in the use of massage as a treatment for pain. Only recently is massage being extensively used once again in the practice of medicine. Hospitals are now using massage therapy in neonatal units, with cancer patients, the elderly, and heart attack and stroke patients (Holisticonline, 1998-2004b). Doctors, chiropractors, physical therapists, and massage therapists are now increasingly called upon to use massage as a medical treatment.

Definition of Massage

The legal definition of "massage therapy" in Alabama is found in the Alabama Board of Massage Therapy Administrative Code (CHAPTER 532-X-1 GENERAL PROVISIONS) (h):

> "Massage Therapy" is the profession in which the practitioner applies massage techniques and related touch therapy modalities with the intention of positively affecting the health and well being of the client as defined in the Act. Massage Therapy does not include diagnosis except to the extent of determining whether massage therapy is indicated. Massage Therapy may be applied in response to physician, osteopathic, chiropractic, podiatric, or other prescription by a licensed practitioner in that field acting within the scope of his or her profession (Alabama Board of Massage Therapy, 2001).

The American Medical Massage Association defines massage as:

> A system of manually applied techniques designed to reduce pain, establish normal tissue tension, and create a positive tissue environment and to normalize the movement of the musculoskeletal system. A scientifically based method of manual therapy that seeks a clear understanding of the scientific principles of physiology that affect connective tissue healing and treatment[*sic*] (Simons, 2004).

Massage involves the application of touch, using techniques of effleurage (gliding), petrissage (kneading), vibration, friction and/or tapotement (percussive movements), to reduce pain, promote relaxation, rehabilitate injuries and re-educate soft tissues to enhance or restore the health and well-being of the person (Ashley, 1995). The health benefits include improvements to circulation, stimulation, elimination, as well as psychological, and spiritual wellness. Massaging the muscles helps us in breathing, digesting food, and in the circulation of our blood. It also contributes to better posture. Massage therapists use lotions, oils, and powder to reduce friction. Some practices use hydrotherapy (application of hot or cold water and/or ice) as part of the massage treatment to reduce swelling, decrease inflammation and increase flexibility (Fritz, 1995).

Types of Massage Modalities

Acupressure (acupoints) involves techniques which stimulate pressure points on the surface of the skin to promote the body's natural ability to heal. Like acupuncture, (except without the needles), acupressure stimulates certain meridian points of the body (Jordan, 2004; Shen, 1996).

CranioSacral Therapy (CST) is a manual therapy that involves gentle stimulation of the craniosacral system. This is a non-invasive palpation of cerebrospinal fluid that surrounds the brain and spinal cord. The purpose is to loosen and release restrictions in the body that can contribute to pain and dysfunction (Jordan, 2004).

Deep Tissue Bodywork utilizes slow strokes and direct pressure across the grain of the muscle. It focuses on the deeper layers of tissue, tendons and fascia (Jordan, 2004).

Feldenkrais and Somatic Education is a method of massage used to improve posture, balance and flexibility. Somatic education releases the unconscious and habitual muscle tensions using a slow motion technique (BCBS of No Carolina, 2004).

Hydrotherapy uses the application of hot or cold water before or during a massage to assist the healing process. These therapies include the use of whirlpool, application of ice or heat packs, steam baths, and body wraps. Often ice is used to reduce nervous system response, making the area easier and more comfortable to work. Heat is applied to soften the muscle so the therapists can work deeper (Fritz, 1995).

Lymph Drainage Therapy (LDT) is the stimulation of the lymphatic system. Light strokes help flush out toxins and drain fluid which supports a healthy immune system (BCBS of No Carolina, 2004; Jordan, 2004).

Myofascial Release (MFR) deals with the sheath or connective tissue of the body. The sheath is interconnected to every muscle and organ. Long, stretching strokes are applied with gentle pressure to release the restricted areas (BCBS of No Carolina, 2004; Jordan, 2004).

Polarity Therapy combines the holding of pressure points (poles) and gentle stretching to release and maintain the balance of the body's energy. Polarity therapy develops positive thoughts and attitudes towards the four therapeutic methods: bodywork, diet, exercise and self-awareness (Massage Network, 2004).

Rolfing uses the deepest pressure applied to muscles and internal organs. The purpose is to align different areas of the body relevant to gravity, adjusting the muscles sheaths to their full extension. It is uncomfortable and sometimes painful (BCBS of No Carolina, 2004).

Shiatsu is a Japanese form of massage, similar to acupressure. Pressure is applied to specific points along channels, known as meridians. Shiatsu can be used with thumbs, fingers, palms, elbows and even feet. The goal is to release energy in areas where it may be blocked, to bring energy back to areas that are depleted and for pain relief (Cassar, 1994; Lidel, Thomas, Cooke, & Porter, 1984; Massage Network, 2004).

Swedish massage is the most common form of massage. It involves a combination of five basic strokes: effleurage, petrissage, vibration, friction and tapotement (BCBS of No Carolina, 2004; Holisticonline, 1998-2004a; Jordan, 2004).

Trigger Point Therapy, also known as Myotherapy or Neuromuscular Therapy, is a form of massage treatment that concentrates on painful irritated areas in the muscles by applying pressure to "trigger points." Ice is often used during this treatment (Fritz, 1995).

Watsu is water shiatsu. The therapist floats the patient in a warm pool, gradual swaying the patient from side to side to loosen the spine. Stretching movements and rotation are possible in the water that are not always possible on a conventional massage table (Massage Network, 2004).

Specialty Massage Treatments

Breast Massage is a gentle to moderate massage that incorporates kneading, squeezing, and effleurage to increase lymph and blood flow to the breast (*Breast self care - breast massage*, 2001).

Geriatric Massage is massage for the elderly. It is a light and gentle massage to stimulate the nervous system (Body-Wisdom Massage Therapy School, 1999).

Infant Massage is a light and gentle massage applied to the entire body of an infant usually after bath time (Maxwell-Hudson, 1988).

Pregnancy Massage is a very smooth and gentle massage for the entire body. Abdomen massage can be included as part of the pregnancy massage as long as the women has not been advised against this by their physician (Cassar, 1994).

Sports Massage focuses on relevant muscles to particular sports. This massage is applied with deep pressure (Cassar, 1994).

There Are Many Benefits of Massage Treatments

Massage Therapy Can Reduce or Alleviate Chronic Pain

Massage therapy can reduce or alleviate chronic pain and promote a healthy lifestyle. Most people in America consider massage therapy to be a form of alternative or complementary treatment. In Europe however, massage therapy is used as a form of traditional medical treatment. One of the primary reasons that massage therapy is used in Austria is because 87% of patients with lower back pain deem massage therapy to be an effective form of treatment (Ernest, 2003). Cherkin, Sherman, Deyo, and Shekelle (2003) have scientific evidence that supports massage therapy as an effective treatment for low back pain. A random control trial of 262 patients, with persistent back pain, received massage, acupuncture, and self-care educational material for 10-weeks. The results revealed that massage therapy was a superior and more effective treatment when compared to acupuncture and self-care. Cherkin et al. (2003) included another scientific random control trial which consisted of twelve patients receiving massage treatments for ten 30 minute sessions within five weeks (D.C. Cherkin et al., 2001). The results found that massage therapy was an effective treatment for pain, mobility, depression, and sleep (Daniel C. Cherkin, Sherman, Deyo, & Shekelle, 2003).

A random control trial was performed to determine if manual therapy (manipulation of soft tissue, a form of massage therapy), physical therapy or care by a general practitioner was the best form of treatment with patients who had chronic neck pain. Hoving et al. (2002) found that manual therapy patients scored better then physical therapy patients and patients using general practitioners. At the end of 7 weeks, 63% of

patients using manual therapy reported that their pain was resolved or greatly improved compared to 50.8% of patients using physical therapy and 35.9% of patients using care by a general practitioners.

A study by Lemstra, Stewart, and Olszynski (2002) demonstrated that a low-cost multidisciplinary intervention strategy (which included two massage therapy sessions as well as exercise and stress management sessions) was successful in reducing self-perceived pain intensity, frequency and duration of pain, and improving quality of life and health status.

Osteoarthritis (OA) affects more than 21 million people a year in the United States. Traditional medicine and treatments have not proven to be effective for most elderly patients. Arthritis patients report that they use alternative treatments such as massage therapy to relieve pain (Ramsey, Spencer, Topolski, Belza, & Patrick, 2001). Out of 122 patients surveyed in a control group over a 20-week period, 57% preferred massage therapy. Arthritis affects not only the elderly, but children too. Massage therapy can benefit children dealing with rheumatoid arthritis by reducing pain and swelling and increasing flexibility (Field, Hernandez-Reif, & Seligman, 1997).

Massage therapy is an ancient form of treatment used for women during delivery. Massaging promotes relaxation and relieves muscle spasm during labour (Chang, Wang, & Chen, 2002). A random control trial was conducted in Taiwan between September 1999 and January 2000. Thirty-seven women with a normal pregnancy were used for this study with gestation periods ranging from 37 to 42 weeks. Massaging during labour decreased the level of pain and reduced anxiety for mothers. Also noted by Chang, Wang and Chen, (2002) was a study by Tiffany Field that reported women who received a 20-minute massage after they have dilated approximately 3-5cm had a reduced length of labour time.

Many pregnant women suffer from sciatica during the last few months of pregnancy. Sciatica is the inflammation of the sciatic nerve, which runs from the pelvic area down to the back of the leg. Massaging this area can increase circulation, reduce swelling and reduce pain associated with sciatica (Bodyworker, 2003).

A study is currently being conducted by the National Center for Complementary and Alternative Medicine (NCCAM) to determine whether massage therapy can reduce muscle tenderness for people who suffer from temporomandibular joint pain (TMJ) (White, 2004). Temporomandibular joint pain is a condition that limits jaw movement and causes a popping or grating noise. This study is recruiting people ranging from

the age of 18 to 70 years and is being conducted by the Center for Health Research in Portland, Oregon. Fritz (1995) reports that people receiving massages from massage therapists working closely with dentists can reduce symptoms associated with TMJ.

Rehabilitation for burn patients can benefit when using massage therapy. Hernandez-Reif et al. (2001) report that daily massages on areas that are not burned can reduce anxiety, decrease pain levels and reduce cortisol levels associated with stress. Medication often used for dressing changes can have an adverse reaction on the respiratory system, whereas massage therapy has little or no side effects (Hernandez-Reif et al., 2001). After a burn patient has been released from the hospital, massaging scar tissues can be beneficial for keeping tissues soft, increasing range of motion, stimulating nerve endings to reduce itching, and reduce depression (Rochet, 2002).

Fritz (1995) identifies several medical conditions that can benefit from massage therapy. Massage can prevent or delay muscle atrophy caused by lack of exercise or immobility due to injury or convalescence. Massage does not increase lactic acid that is produced by voluntary muscle contraction. High amounts of lactic acid can induce myocardial infarction. During strenuous exercise or injury, lactic acid increases. Exercising the muscle and improving circulation is the key to shorter recovery time.

Transverse massage (cross fiber friction) is often used to prevent or reduce the formation of adhesions often caused by injury or surgery. Cross fiber friction breaks down the adhesions while stimulating the healing process (Fritz, 1995).

Gentle massage can reduce sprains (sprain of ligaments) and strains (strain of muscle or tendons) by reducing swelling and stretching tissue to improve flexibility. Ice and elevation is used during treatments of sprains and strains. Massage can reduce inflammation caused by bursitis (fluid of the bursitis sac) and tendonitis (inflammation of the tendon) usually caused by repetition of a certain activity like tennis (tennis elbow) and computer key punching (carpal tunnel syndrome). Techniques often involve using ice while massaging around areas that are swollen to reduce the pressure surrounding the joints (Fritz, 1995).

Massage can reduce muscle aches and stiffness from fibromyalgia and chronic fatigue syndrome. Acupressure works well for these types of conditions. Massage therapy is beneficial in treating scoliosis (lateral curvature of the spine), kyphosis (convexity of the thoracic spine), and lordosis (concavity of the

lumbar spine). All of these conditions are abnormal conditions of the spine. Deep tissue massage is often used in conjunction with traditional medicine (Fritz, 1995).

Massage Increases Circulation and Elimination Which Improves Health

Massage increases circulation, a critical issue for those with diabetes (Fritz, 1995). Massage can lower blood glucose levels in children with diabetes and also reduce stress (Field, Hernandez-Reif, LaGreca et al., 1997). Patients must consult their physicians before treatment can begin.

Patients suffering from anemia (loss of red blood cells) can benefit from massage therapy (Fritz, 1995). Red blood cells carry oxygen and iron to the circulatory system. Massaging can stimulate the production of new red blood cells that can alleviate fatigue. This is especially important for cancer patients.

Heart problems are one of the leading causes of death in the United States. Fritz (1995) states that massage can improve circulation for patients with congestive heart failure without putting extra stain on the heart. Lack of blood supply to the heart can cause cardiac muscles to die. Massage increases blood and oxygen to affected areas.

Doering et al. (1999) reported that manual vibratory massage (fast rhythmic) can increase the oxygen saturation level for patients after heart or lung transplantation. A study was performed in Hannover, Germany at the cardiovascular surgery intensive care unit. Eight patients were involved in this study. Results showed that rejection of transplant organs were reduced, and the postoperative days were decreased when using manual vibratory massage compared to the use of electrovibratory (machine driven) massage (Doering et al., 1999). Germany uses manual vibratory massage as part of their treatment in the ICU not only for heart and lung transplantations, but for some coronary artery bypass surgeries.

Patients with severe angina received shiatsu and acupuncture treatments as well as changing their life style for a two year study (Ballegaard, Norrelund, & Smith, 1996). Out of sixty-nine patients, 61% improved to the point that invasive treatments were postponed indefinitely.

High blood pressure is another cause of heart problems, sometimes related to stress and sometimes related to increased heart rate (Meek, 1993). Two studies were performed to determine if massage therapy can reduce blood pressure and heart rate. One study used 30 hospice patients, and the other study used forty-six patients undergoing cardiac catheterization (McNamara, Burnham, Smith, & Carroll, 2003; Meek, 1993).

Both studies concluded that massage therapy can decrease systolic and diastolic blood pressure readings and decrease heart rate.

The Hepatitis C Advocates Organization has found massage therapy increases circulation and filtration for chronic liver disease (Chambers, 2004).

Breast massage for cancer patient relieves edema (swelling) caused by blocked lymph nodes called Lymphedema (Casley-Smith, Boris, Weindorf, & Lasinski, 1998). "Lymphedema is an abnormal accumulation of lymph fluid that causes swelling of the arms or legs, and is usually caused by trauma to lymph nodes" (Joynt, 2004, p.10). Joynt (2004) reported that Springhill Medical Center in Mobile, Alabama recently expanded their lymphedema treatment program offered through its outpatient rehabilitation services.

Massage therapy techniques consist of manual lymph drainage and compressive bandages worn daily (Weiss, 1998). Lymph drainage massage helps to eliminate toxic waste in the blood stream by stimulating the thymus gland, which manufactures white blood cells that are used to fight infection. Cancer patients can also benefit from this treatment because their blood cells and immune system are low due to chemotherapy and radiation treatments (Casley-Smith et al., 1998). Patients receiving manual lymph drainage reduce their chances of amputation. Weiss (1998) reported that in one case edema was reduced by 80.9% in one leg and the other leg wound had improved by 93% after a 10 week treatment of manual lymph drainage.

Children suffering from asthma benefit from daily massage. Field (1998) studied thirty-two children with asthma ranging from the ages of 4 to 14. Massage therapy, when performed by the parent 30 minutes before bedtime, reduced anxiety and cortisol levels for children with asthma. Pulmonary function improved and episodes of asthma frequency decreased (Field et al., 1998). Parents' anxiety levels also decreased as a result of increased sleep due to less stress dealing with children.

Chronic lung infections decreased when massage therapy treatments were given 20 minutes before bedtime every night to children with cystic fibrosis (Hernandez-Reif et al., 1999). Cystic fibrosis (CF) is a life- threatening illness that affects every system of the body. Respiratory and intestinal functions are monitored daily. Massage can improve airflow and prevent infections in the lungs. Parents are trained to perform massage techniques that can reduce stress levels and improve pulmonary functions.

Acupressure is a non-invasive form of massage treatment that can prevent nausea and vomiting without the use of medication (Harmon, Gardiner, Harrison, & Kelly, 1999) by reducing the acid levels in the stomach that causes nausea. Harmon, Gardiner, Harrison and Kelly (1999) studied a group of 104 women ages 19-43 during a laparoscopy procedure. Acupressure at P6 meridian increases beta-endorphins that stimulate gastric fluids thereby reducing gastric acid levels.

Fritz (1995) concludes that massage therapy improved gastrointestinal functions by reducing incidents of constipation, flatulence, gastritis, and colitis. Massage can relax muscles that constrict the stomach from normal functions. Massage can stimulate and promote elimination thereby reducing pain. Massage can also improve kidney functions.

Massage Promotes Relaxation

Massage feels great and can promote relaxation and feelings of well-being by stimulating the brain and nervous system to produce endorphin hormones, which promotes feelings of euphoria (Fritz, 1995). It can also reduce depression and assist in the recovery process of abuse (Bailey, 1992; Field et al., 1992). "Abuse disrupts survivors' relationships with their bodies, frequently resulting in physical discomfort, health problems, body objectification and shame, sexual problems, eating disorders, and addictions" (Bailey, 1992, p.79). Massage sessions can break the feeling of isolation and reintroduce feelings of awareness and sensations that often are hidden unconsciously.

The power of touch is a great way to increase mental alertness especially for patients with Alzheimer (Trombley, Thomas, & Mosher-Ashley, 2003). Two elderly nursing homes in Massachusetts provided massage therapy to Alzheimer patients as part of their treatment to reduce stress. Massage therapy provided many physical benefits, increased emotional feelings of security, and reduced anxiety associated with this disease.

Infant massage performed in a neonatal unit benefits preterm infants. Three studies indicate that infants respond to massage by increased birth weight, improved sleep habits, and better reflex responses on the Brazelton Neonatal Behavioral Assessment Scale (Beachy, 2003; Dieter, Field, Hernandez-Reif, Emory, & Redzepi, 2003; Field et al., 1986). Infants who received 15-minute massages three times a day, were

released from the hospital, on average, five days earlier than the normal 10 days. Additional results concluded that infants bonded better with their parents if the parents performed the massage treatments.

Massage therapy can improve the quality of sleep not only for the average adult and child but also for patients with end-stage renal and sleep apnea (Tsay, Rong, & Lin, 2003). When a normal person receives less sleep, it affects their alertness and quality of functions throughout the day. This is even true for patients dealing with long term illness. In those cases, it is especially important to increase the quality of their sleep which can have a profound effect on the quality and functions of their life. A study reporting the results of 98 end-stage renal patients who received acupoints massage (acupressure) during a 4 week period concluded that massage therapy was effective for improving the sleep habits of end-stage renal disease patients.

Two studies reveal that massage therapy is beneficial for patients receiving bone marrow transplants (Phipps, 2002; Smith, Reeder, Daniel, Baramee, & Hagman, 2003). In the Smith, Reeder, Daniel, Baramee and Hagman (2003) study, twenty-seven patients received massage every third day during treatments. Massage significantly reduced anxiety levels and lowered neurological complications associated with chemotherapy, engraftment and complications during bone marrow transplants. Moreover, patients receiving massage therapy reported significantly higher perception of benefits than did patients receiving other intervention strategies. The Phipps (2002) study concluded that massage therapy was a promising approach for use in a bone marrow transplant situation.

Brefel-Courbon et al., (2003) evaluated patients with Parkinson's disease and discovered that spa therapy treatments consisting of massage therapy and hydrotherapy (water treatments) improved patients' motor skills. A twenty week study of 31 patients revealed that spa therapy was more effective than traditional treatments (Brefel-Courbon et al., 2003). Spa treatments can be effective for all people needing relaxation.

Massage Benefits Are Recognized By the Medical Community

Hospitals

Massage therapy is increasingly being used in hospitals offering alternative services. Although hospitals have used massage therapy as part of their occupational and physical therapy programs for

rehabilitation, now hospitals, like Deaconess Hospital in Evansville, Indiana (Rauber, 1998), have integrated complementary and alternative medicine (CAM) [this includes massage therapy] as part of their supportive services offered at the Deaconess Resource Center (Deaconess, 2004). Beth Israel Hospital and Memorial Sloan-Kettering in New York City also recognize the benefits of massage for preventive care by integrating massage into their facilities (Blake, 2000).

Runy (2004) contends that the major reason for the increased use of massage therapy in hospitals is demand by patients. According to an American Hospital Association (AHA) survey of 1,007 hospitals in May 2003, CAM services have doubled since 1998 (Runy, 2004). Out of those hospitals surveyed, 25% included CAM treatments at their facilities.

Attracting new patients is another reason that hospitals are beginning to provide complementary and alternative medicine (Runy, 2004). Hospitals often compete with other hospitals to provide the most attractive services.

A third reason why hospitals offer massage therapy as part of their CAM services is that hospitals are changing their focus from treating illness to promoting and maintaining good health. Hospitals hope that opening facilities like wellness centers and rehabilitation centers will increase interest among the general population in staying healthy. Hospitals also are undertaking efforts to encourage doctors to prescribe alternative treatments, including massage, to best meet patient's needs (Runy, 2004). An additional advantage of using alternative services is the of low costs of such treatments (Blake, 2000).

Nursing Homes

Nursing homes and rehabilitation centers are increasing their usage of massage therapy as part of their services to improve mobility and mental alertness.

Trombley et al. (2003) identify two nursing home facilities offering massage therapy as part of their assistance living program (approved by a physician): the Willows at Westborough, Massachusetts; and the Masonic Home in Charlton, Massachusetts. These two facilities found massage therapy to be very important in treating the elderly with Alzheimer's disease. Results of studies at these two nursing homes demonstrate that massage therapy reduces stress, improves relaxation and breathing, improves sleep habits, lowers blood pressure, relieves joint pain and reduces swelling, stimulates blood flow and bowel

movement, and releases endorphins which help to creates a sense of well-being (Trombley *et al.*, 2003). Most evident is that massage enables seniors to resist physical and mental decline and reduces the use of medication (Trombley *et al.*, 2003).

Medical Colleges

Medical colleges such as the Columbia University, Duke University, Mount Sinai School of Medicine, Stanford University, University of Arizona, University of Maryland, and the University of Pennsylvania are including massage as part of their complementary and alternative medicine (CAM) programs offered to students. In 1998 the American Medical Association surveyed 75 medical schools that reported offering CAM electives or including them as required courses (Wetzel, Kaptchuk, Haramati, & Eisenberg, 2003). Wetzel et al. (2003) concluded that in those schools adding CAM to their curriculum "the goal is not to create CAM as a separate educational entity but to include it seamlessly with the full range of therapeutic modalities throughout the preclinical, clinical and graduate medical curricula" (Wetzel et al., 2003, p.192).

Massage Therapy is also being added to text books and manuals such as the Gray Anatomy Manual (the leading manual for physicians) in a chapter on complementary and alternative medicine (Goodwin, 1997).

With So Many Benefits, There Are Good Reasons for Insurance Companies to Reimburse for Massage Treatments

The Costs of Medical Care is Reduced

Massage therapy has been shown in several scientific studies to reduce costs compared to traditional medicine. Some studies report potential savings to hospitals, patients and insurance companies of millions of dollars annually. For example, massage therapy can relieve back pain and save insurance companies and employers millions of dollars. "More than 50% of American experience back pain each year; most have pain for more than 1 week" (Daniel C. Cherkin et al., 2003, p.899). Massage therapy

treatments for chronic back pain costs 40% less than acupuncture or traditional medicine according to Daniel C. Cherkin and his colleagues (2003). "In the United States, $25 billion is spent annually on medical care services for back problems and another $50 billion is spent on lost productivity and disability payments"(Daniel C. Cherkin et al., 2003, p.899).

Doering et al. (1999) report decreased postoperative costs when fast rhythmical vibration was performed by the massage therapists after patients receive heart or lung transplants. When compared to the electrovibratory massage unit, manual massage can increase oxygen saturation by 2 percent. This can reduce rejection of the transplant organ. It also enhances perfusion of the lung, thereby decreasing postoperative costs (Doering *et al.*, 1999).

Chang et al. (2002) conclude "massage is a cost-effective nursing intervention that decreases pain and anxiety during labour" (Chang et al., 2002, p.68). Childbirth is painful, stressful, and a tiring for mothers. A midwife, massage therapist, or partner massaging mothers for at least twenty minutes can reduce anxiety levels, reduce pain which can reduce medication, shorten labor time and free nurses for other hospital duties (Chang et al., 2002).

Neonatal units can save a lot of money for hospitals when premature infants receive massage (Dieter et al., 2003; Field et al., 1986). Three independent studies show, on average, a 5 days early discharge time for each premature infant receiving massage compared to an average of 10 days discharge for conventional treatments (Beachy, 2003; Dieter et al., 2003; Field et al., 1986). Field et al. (1986) concludes that preterm infants respond to massage by increased weight gains, improved sleep habits, and better responses on the Brazelton Neonatal Behavioral Assessment Scales. All three studies conclude that massage therapy for preterm infants can be a cost-effective practice for hospitals and insurance companies (Beachy, 2003; Dieter et al., 2003; Field et al., 1986).

Costs can also be reduced when parents are shown how to massage their children for treatment of atopic dermatitis. Children reported reduced anxiety and in one month's time the measures of redness and scaling were reduced. A one time parental training expense has been shown to be cost-effective (Schachner, Field, Hernandez-Reif, Duarte, & Krasnegor, 1998).

A twenty minute massage every night before bedtime can be a cost-effective treatment for children with cystic fibrosis. Parents can be trained to conduct massages that take about half the time of the

normal chest physiotherapy treatment. Cystic fibrosis (CF) is a chronic, life-threatening disease generally treated by chest physiotherapy which may be required up to four times a day. It "consists of rhythmic pounding and tapping on different sections of the lungs to facilitate loosening of bronchial secretions" (Hernandez-Reif et al., 1999, p.176). Treatment for CF and asthma focuses on improving pulmonary functions. Tiffany Field, Director of the Touch Research Institute in Miami, reports that parents of asthmatic children can improve pulmonary functions by administering massage (Field et al., 1998). Training for parents, which can be conducted in a single session, can reduce costs (Field et al., 1998). Parents report less treatment time and a reduction of anxiety levels for both them and their children after one month of massage treatments.

Weiss (1998) reports treatment of manual lymph drainage (MDL) or (Lymphedema Therapy or Vodder Technique) for severe musculoskeletal injuries can control the costs of caring for injuries complicated by prolonged edema (swelling), and shorten rehabilitation time. Prevention of the onset of lymphedema can be cost-effective when reducing surgery and the chance of amputation (Joynt, 2004). Lymphedema therapy is also an effective treatment that reduces swelling and increases mobility for cancer patients following surgeries like mastectomies. Individuals can return to work in shorter time which decreases disability and medical costs (Casley-Smith et al., 1998).

Cost effectiveness analysis suggests that spa therapy treatments are more effective and less expensive then conventional treatments alone and are beneficial in the treatment of Parkinson's disease (Brefel-Courbon et al., 2003). Spa treatments include hydrotherapy and massage.

Shiatsu (a form of massage acupressure), acupuncture and lifestyle changes can reduce hospital days and treatments for patients with severe angina pectoris. Ballegaard, Norrelund, & Smith (1996) discovered an estimate savings of $12,000 annually for each patient, and a 90% reduction in hospital days. These combined treatments are highly cost-effective for both patients and insurance companies (Ballegaard et al., 1996).

Costs of Medicine Are Reduced

Field and her colleagues (1998) contend that massage therapy given to asthmatic children by their parents on a daily basis reduced the costs of medication. The reduction of cortisol levels during massage

treatments improves pulmonary functions. Daily massage treatments can improve airway functions, decrease irritability, and control asthma episodes which can significantly reduce the need for additional medications (Field et al., 1998).

Harmon et al. (1999) reports acupressure has been a successful non-pharmacological method for preventing nausea and vomiting after laparoscopy. In acupressure manual stimulation is applied to points on the body called meridian points. P6 is the meridian point used in the study by Harmon et al. (1999). During acupressure beta-endorphins are released. Beta-endorphins have been shown to increase gastric functions (Harmon et al., 1999) thereby reducing nausea and vomiting.

Trombley et al. (2003) state that massage can aid and sometimes replace drug therapy when treating a patient with Alzheimer's disease. Massage can stimulate the nerve passageways and alleviate anxiety associated with Alzheimer's disease. Relaxation can reduce the patients' daily intake of medication (Trombley et al., 2003).

Reducing the amount of medication for hospice patients is a reason that a slow relaxing back massage can be cost-effective. Meeks' (1993) study indicates that massage therapy can be used as a non-pharmacological means of reducing medication costs by lowering the heart rate and reducing the systolic and diastolic blood pressure. Thus the amount of medication prescribed by physicians can be reduced, saving considerable amounts of money (McNamara et al., 2003).

Massage therapy can also lower the usage of medication for children with diabetes by lowering their blood glucose levels (Field, Hernandez-Reif, LaGreca et al., 1997). This saves on costs of medication and reduces the time parents need to take off work when caring for their children with diabetes.

A random clinical trial of eighty men and women was conducted for individuals suffering from migraines. Patients who suffered from migraines receiving a combination of multidisciplinary treatments, including massage therapy, reported significantly less pain and significantly reduced frequency of pain than patients not receiving the multidisciplinary treatments (Lemstra, Stewart, & Olszynski, 2002).

Massage Increases Productivity, Reduces Absenteeism, and Instills a Positive Attitude in the Work Place

Neck pain is one of the most common problems in the work place. Limited range of motion and stiffness can aggravate symptoms of headaches and dizziness (Hoving et al., 2002). It can be severely disabling and costly. Fewer absences mean increased productivity in the work place. According to the Bureau of National Affairs (BNA) absence of workers reduced productivity by an estimated 2.5 percent (Sunoo, 1999).

Massage therapy offered as part of an employee benefit plan can send a positive message that companies value the wellness of its employees. Massage can reduce stress levels for employees within a company and less stress means fewer absences. Employers benefit from the reduced costs resulting from fewer absences (Sunoo, 1999).

Insurance Reimbursement Will Increase Access to More People

Many people are not willing to pay out of pocket expenses for treatments that are not covered by insurance companies. If consumers want massage therapy to be covered under their insurance plans, they will need to let their employer know of their interest as well as their insurance carrier. Reimbursement for massage therapy can improve access to alternative treatments and increase opportunities for patients who can't afford treatments to receive massage therapy (Kahn, 2001).

Insurance Reimbursement Will Increase Competition and Drives down Costs

"In a free market system, competition drives providers to offer improved services at lower costs. If alternative medicine is allowed to operate within the mainstream, it will bring an element of challenge back into the healthcare market …the more options a patient has for treatment, the more skilled the service will become in order to keep the patient" (Josefek, 2000).

Insurance Companies Reimburse Providers for Massage Therapy

Hospitals Receive Reimbursement as a Provider for Massage Treatments

Hospitals are receiving reimbursement from insurance companies as medical providers when massage treatments are provided by a licensed physical therapist and/or occupational therapist (inpatient and outpatient services). Medicare pays the hospital directly for massage therapy when performed by physical therapists and/or occupational therapists under the federal code 35-27 (Centers for Medicare and Medicaid Services (CMS), 2001) when treatment is ordered by a physician and considered to be "reasonable and medically necessary." Under CMS guidelines and insurance laws, massage therapists are not recognized as medical providers. Consequently the services of massage therapists are not to be reimbursed by Medicare or Medicaid. Massage therapists who do provide care in hospitals work as independent contractors. Patients must pay for their treatments directly to the massage therapists with no insurance reimbursement.

Physical Therapists Working Out of Their Offices Are Reimbursed As a Provider

Physical therapists working out of their own offices must obtain a doctors' order prescribing the type and number of massage treatments to provide to the patient in order to receive reimbursement. The physical therapists must contact the insurance company for pre-approval before treatment and reimbursement can begin. Medicare and Medicaid will reimburse the physical therapists for massage services when "medically necessary." Most other insurance plans will cover massage and pay the physical therapists directly (Cleary-Guida, Okvat, Oz, & Ting, 2001).

Rehabilitation Centers and Nursing Facilities Are Reimbursed As Providers for Massage Treatments

Rehabilitation centers and nursing facilities are reimbursed for massage treatments when services are provided by physical therapists, occupational therapists (Plehn, 2003) and recreational therapists (Hutchinson-Troyer & Gillespie, 1991). All therapists must obtain a written order from the patients' physician before treatment begins. The rehabilitation centers and the nursing facilities receive reimbursement from the insurance companies as long as they use the therapists that are contracted by the facility (Centers for Medicare and Medicaid Services (CMS), 2001). Otherwise, the patient can hire the therapist themselves and the therapist will be the one to receive insurance reimbursement. The Centers for Medicare and Medicaid Services (CMS) cover most massage treatments for the elderly when prescribed by a physician and

determined “medically necessary” under the rehabilitation program, including massages performed by massage therapists. Most other insurances also cover reimbursement when prescribed by a physician.

Chiropractors Are Also Reimbursed for Massage Therapy: But a Massage Therapist Is the Person Providing This Treatment

Massage therapists are recognized by chiropractors as licensed professionals performing medical treatments. Massage therapists are employed by Chiropractors, providing massages as prescribed by the chiropractor. But it is the Chiropractor that is receiving the reimbursement through insurance companies for massage treatment, not the massage therapist. Insurance companies that reimburse for these services do not recognize massage therapists as a medical provider. However most insurance companies by law recognize chiropractors as medical providers and reimburse them for massage treatments. The Center for Medicare and Medicaid Services (CMS) will pay the chiropractor for massage treatments under the National Correct Coding Initiative (NCCI), (which is regulated by the CMS) when performed by a licensed massage therapist, yet CMS will not reimburse the massage therapist directly (Sanna, 2002).

Massage Therapists to a Large Extent, Are Left Out Of the Reimbursement Process

Massage therapists provide massage treatments in the offices of chiropractors, as well as in their own offices, but they are not reimbursed by most insurance companies. Chiropractors and physical therapists are medical providers receiving insurance reimbursement for massage services. I believe the failure to recognize massage therapists is an injustice in Alabama, as well as in many other states that do not allow massage therapists to be designated as medical providers eligible to receive insurance reimbursement.

Medical professionals, including physical therapists, occupational therapists, and chiropractors, are required by the states to renew their licenses and continuing educational requirements in order to maintain their professional occupations. Insurance companies require a copy of current licenses in order to maintain status as medical professionals and continue to receive insurance reimbursement as medical providers. The same requirements are needed for massage therapists in states that require licensures (Alabama Board of Massage Therapy, 2001). Yet massage therapists are not recognized by insurance companies as medical

providers so they are left out of this reimbursement process. In my opinion, this is a direct violation of the antitrust laws under the Sherman Act (illegal to restrict trade).

However, There Are Exceptions to Insurance Reimbursement for Massage Therapists

Most states pay massage therapists as providers for workman's compensation when prescribed by a physician. Some auto insurance companies reimburse massage therapists when treatment is prescribed by a physician. Also, there are a few employee self-insured plans that reimburse massage therapists directly. Blue Shield of Michigan Tech's Group is a good example of a self-insured plan that is provided by the employer (Devitt, 2001). In my own experience, the Seventh Day Adventist Church insurance program covers massage therapy treatments, when ordered by a physician.

So Why Are Massage Therapists, Not Recognized As Medical Providers in the Insurance Industry?

Massage Therapists Need Laws to Mandate Insurance Reimbursement

The insurance industry does not recognize massage therapists as medical providers because most states do not have laws defining massage therapists as medical providers. There are exceptions to this rule: Washington State and Florida mandate reimbursement for massage therapists.

Massage Therapists Are Becoming Licensed

Thirty-three states have Board Regulated Licensures for massage therapists (Massage Today, 2004). Insurance companies can no longer use the argument that massage therapists are not licensed or educated. To be licensed an individual must initially have 200 to 1000 hours of training in a certified school of massage. Most states require continuing education every two years which consists of a minimum of 16 CEU (Alabama Board of Massage Therapy, 2001).

Evidence Shows Massage Therapy as a Beneficial Medical Treatment

Insurance companies have been slow to cover massage therapists due to lack of scientific research documenting (Morreim, 2003) massage therapy as a medical benefit. . It used to be that insurance companies determined whether to cover new but traditional medical treatments after scientific research data had been collected. However, I have documented the extensive scientific evidence that now exists that demonstrates massage therapy is an effective medical practice. Following their previous practice of waiting for scientific evidence before providing reimbursements, insurance companies should now willingly provide coverage for massage therapy, especially since it clearly has been demonstrated to be medically beneficial and cost effective. In general, however, massage therapy is still not covered by insurance plans. This is especially galling since insurance companies have deviated from their previous stance of requiring scientific proof of medical benefits before offering coverage. Now in traditional medicine, medical technology has grown so fast that scientific research can not keep up with new medical advancements. In several instances, insurance companies have authorized coverage of new treatments before it has been determined that the treatment is successful. For example, Morreim (2003) reported the following:

> Arthroscopic debridement or layage for osteoarthritis of the knee has been widely practiced, based on theoretical promise and two methodologically limited studies… Despite the limited evidence supporting the procedure, it has been performed on more than 650,000 people per year. (p. 224)

Due to the advancement of medical technology, physicians specialized in performing new procedures. Insurance companies are covering new treatments and the specialist providing their services with little or no scientific data to back up these necessary claims. Massage therapists now have considerable scientific data to support the benefits of massage. Still massage therapists are not recognized as legitimate medical providers who merit direct reimbursement from insurance companies. Insurance companies should recognize the benefits of massage therapy and include massage therapists as medical providers for massage treatments.

Consumers Demand Insurance Coverage

Consumers are requesting insurance companies to pay for alternative therapies. Consumers believe that massage treatments can be less expensive because they do not include diagnostic testing and pharmaceutical expenses (Clark, 2000). The American Massage Therapy Association (AMTA) surveyed consumers and found 60% using massage therapy for health and medical reasons compared to 6% of consumers using massage therapy for pampering (Health and Medicine Week, 2001). Thirty four percent of consumers did not use massage or other alternative treatments.

Insurance companies are responding to this increased interest by offering massage therapy as part of their health plans (Tillman, 2002). Insurance companies can attach separate riders to an existing insurance plan or offer discount rates to consumers. Market share is an important reason for adding CAM riders as benefits (Devitt, 2001). Insurance companies hope to attract new businesses and increase insurance profitability (Sullivan, 1997).

Massage Therapists as Providers

Blue Regence and Premera Blue Shield of Seattle, Washington are paying massage therapists as medical providers (Thompson, 2000). So is Group Health Cooperative of Puget Sound, a self-insured group that has includes massage therapists as part of their benefit plan (Thompson, 2000). Third party insurers, such as American Specialty Health (ASH) that provides services for Hawaii Medical Service Association (HMSA) reimburse massage therapists when coverage is purchased under a special "Complementary Care Rider" (Wiley, 2001).

More and more insurance companies are responding to consumer's demands, such as the ACN Group, Inc., a division of United Healthcare that is now soliciting massage therapists to enroll as providers under their discount plan (Neve, 2003). The discount plan includes the therapists' name on the health insurance registry, offering their services to members at a discounted rate with no insurance paper work to be filled out. This type of benefit is great for consumers, but some massage therapists do not like providing their service at a lower rate.

On The National Level, What Role Is The Government Taking In Providing Access to Alternative Medicine and Insurance Reimbursement?

Patient Access to Responsible Care Act

In recent years, the federal government has attempted to promote and advance alternative medicine by prompting several legislative attempts. In 1997, the "Patient Access to Responsible Care Act" (PARAC) H.R. 1415 was introduced. It would have permitted an individual to be treated by any licensed health care provider, with any method of medical treatment, modality or procedure. If passed, this bill would have protected alternative providers from discrimination by health insurance companies (Josefek, 2000).

In 1999, Congressman Jerome Nadler introduced a bill to amend the Public Health Service Act and the Employee Retirement Income Security Act of 1974. This bill would prohibit the discrimination of reimbursement against health care professionals acting within the scope of their practice (Boozang, 2000).

Since 1995, Representative Peter DeFazio (D-Ore.) has annually introduced the "Access to Medical Treatment Act" (H.R. 2085). There are two purposes of this bill. One is to return the decision making of health care back to the patient. The second objective is to provide less-expensive alternative treatments for everyone by ensuring patient access to treatments by a health care practitioners for any form of medical treatments within the scope of their license ("Access to Medical Treatment Act," 2003-2004).

National Center for Complementary and Alternative Medicine

In 1992 Congress established the Office of Alternative Medicine (OAM) under the supervision of the National Institute of Health (NIH). The main goal of OAM is to evaluate alternative treatments. In 1999 the OAM was expanded and was renamed the National Center for Complementary and Alternative Medicine (NCCAM). Congress allocated $68.4 million dollars for research for the year 2000 (Cooper & Kansas, 2000). The plan was to incorporate alternative medicine into the mainstream by completing scientific research.

White House Commission on Complementary and Alternative Medicine Policy

An executive order (no. 13147) issued in March of 2000 established the White House Commission on Complementary and Alternative Medicine Policy (WHCCAMP) (WHCCAMP, 2000). The commission was composed of 20 appointees representing an array of health interests. The plan was to develop recommendations, after listening to testimony from hundreds of individuals and organizations, and to engage in research and clinical studies with the various CAM modalities. Massage therapists in Seattle, New York and Minnesota have been included in these clinical studies. Medicare also announced that they will cover routine services for alternative treatments for people participating in clinical trials. This is a big step for the future of health care and insurance reimbursement (Centers for Medicare and Medicaid Services (CMS), 2000).

The IRS recognizes other medical services in their publication 502 and does not discriminate against massage therapists. You can include medical expenses prescribed by a physician, including fees for physicians, surgeons, specialists, or other medical practitioners. These "medical expenses are the costs of diagnosis, cure, mitigations, treatment, or prevention of disease, and the costs for treatments affecting any part or function of the body. The medial care expenses must be primarily to alleviate or prevent a physical or mental defect or illness" (IRS, 2004). Under the heading *Therapy*, you can include medical expenses for therapy received as medical treatment.

What Role Are the States Taking Toward Insurance Reimbursement For Massage Therapists?

Few States Mandate Reimbursement for Massage Therapists as Providers

Most states do not have laws requiring insurance companies to reimburse massage therapists as medical providers. Insurance laws vary from state to state. There are two states known to provide for insurance reimbursement for massage therapists as medical providers: Washington State and Florida. How did these states obtain insurance reimbursement for massage therapists?

Washington State

The State of Washington obtained insurance reimbursement with the help of Deborah Senn, state insurance commissioner (also a user of naturopathic care) ("Naturally: Alternative medicine," 1996). Washington State made health care history on January 1, 1996 with the passage of House Bill 1034, known as the "alternative provider" statute. This law requires insurance companies to reimburse all licensed health care providers including chiropractors, acupuncturists, naturopaths, physician's assistants, and massage therapists. Under this regulation, insurance coverage cannot exclude, discriminate, or limit reimbursement to alternative providers (*State to mandate coverage of alternative therapies*, 2004). This legislation made the State of Washington the first state in the nation to mandate insurance reimbursement for all licensed alternative care providers.

Blue Shield Regence challenged the legislation in the courts in the spring of 1997. Their argument was that the law only applied to managed care plans or plans in which patients are required to use a primary care physician for a referral to receive specialized treatment. A federal judge in Tacoma declared that the bill conflicted with federal (ERISA) law. But in June 1998, the U.S. Ninth Circuit Court of Appeals in San Francisco overruled the Tacoma decision and reinstated the law. Regence Blue Shield agreed to a $30 million settlement. The courts added that "every health plan offered by Regence (with the exception of basic health model plans)" is subject to the regulations contained within the "alternative provider law" (Chiroweb, 2004). Because massage therapists are licensed by the Washington State Board of Massage, massage therapists are included within the scope of the law to receive insurance reimbursement.

Florida State

Florida provides for insurance reimbursement through Chapter 456 of the Florida State "Medical Practice Act", according to Betty Bates, Regulatory Specialist II, Florida Board of Massage Therapy (Bates, 2003). She stated that insurance companies have paid massage therapists (as she remembers) since 1967. Florida laws states in Chapter 641 that "All health maintenance contracts that provide coverage for massage must also cover the services of persons licensed to practice massage pursuant to

chapter 480" (Florida, 2002). Chapter 480 is the "Massage Practice Act", which defines the purpose of having massage regulated. These laws do not mandate insurance reimbursement for all licensed alternative providers (like the State of Washington), but do mandate that any insurance companies that cover massage therapy must reimburse massage therapists as medical providers.

Other States Working On Reimbursement

New York.

The "Freedom of Access to Alternative Health Care" (Bill Text A06973) was introduced in the 2003-2004 Regular Session of the New York State Assembly for the second time (New York State Assembly, 2003b). The purpose of this bill is to provide access to complementary and alternative health care practitioners (including massage therapists). Also introduced for the second time in the 2003-2004 Regular Session is Bill A01482. This bill prohibits limitations set by insurance companies toward massage therapists. The purpose is to amend the insurance laws to include massage therapists for health care reimbursement (New York State Assembly, 2003a).

California.

With unanimous support of the legislature, Governor Davis signed into law SB-577 on September 23, 2002. This bill was sponsored by the California Health Freedom Coalition (CHFC) and authored by Senator John Burton. As of January 1, 2003, California law now recognizes that alternative and complementary health care practitioners can legally provide and advertise their services in California. Individuals now have access to all licensed alternative providers (California Health Freedom Coalition, 2003).

The problem for massage therapists is they can no longer practice until they receive licensure by the state. Working with the AMTA-CA Chapter, massage therapists are preparing a bill to regulate and license massage therapists. Due to the budget crisis in California, Bill AB 1388 was withdrawn from consideration in the legislative session in March 2004. Assemblywoman Christine Kehoe (D-San Diego) hopes to re-introduced the bill again in 2005 (Melnychuk, 2003; Walsh, 2004).

Alabama.

Alabama massage therapists have been licensed and regulated by the state since 1996. Through the American Massage Therapy Association (AMTA)–Alabama Chapter, I have been working on a new bill to insure insurance reimbursement for massage therapists. The "Alternative Health Care Practioners" bill will be introduced in the legislative session in January 2005. Section one of this bill defines "Alternative Health Care Practitioner" as any state licensed medical doctor, acupuncturist, naturopath, massage therapist or other licensed individual who is legally authorized to provide health care services in this state. Section four defines "Patient" as any individual who seeks medical treatment from an alternative health care practitioner for a disease or for the prevention of a disease. Section five defines "Seller" as an individual or organization that receives payment related to the medical treatment of a patient of an alternative health care practitioner. Although this bill does not mention the words "insurance reimbursement" (to avoid opposition), the word "Seller," is incorporated to include insurance coverage. Once the bill becomes law, it will be known as the "Medical Practice Act."

Before introducing the bill in 2005 legislative session, the AMTA-AL Chapter will need to gain the support from other massage therapists. The AL-Chapter will hold an open forum at the annual convention in May, 2004, at Gulf Shores. I will give a presentation on the pros and cons of insurance reimbursements and answer any questions from other massage therapists. Alabama needs the support and enthusiasm from massage therapists in order to pass legislation.

Legal Arguments to Support Massage Therapists Seeking Reimbursement

Sherman Act

Under the Sherman Act, it is illegal to restrain trade. In 1963 the American Medical Association (AMA) decided to form a committee against the chiropractors called the AMA's Committee on Quackery. The AMA considered chiropractors as non-medical practitioners providing quackery treatments. The committee was trying to stop them from practicing medicine by excluding chiropractors

from those called “doctors.” AMA included in their ethics laws a principle (Principle 3) stating it was unethical for physicians to associate with “unscientific practitioners.” In 1966, AMA classified chiropractic practice as an unscientific cult. Chiropractors finally won their case against the AMA for violation of this antitrust law (Wilk v. Medical Association, 895 F.2d 352 7th Circuit court of appeals in 1990.) By 1976, the legal battle began and was pursued for fourteen long years ("Wilk v. American Medical Association," 1990).

What Is Alabama Doing To Obtain Reimbursement for Massage Therapists?

First Step

The first step in attempting to obtain reimbursement for massage therapists was to require licensure for massage therapists in Alabama. Legislation doing this was enacted in 1996. Today massage therapists are required to accumulate 650 hours of education consisting of the following: anatomy, physiology, myology, osteology, circulatory system, nervous system, basic massage therapy, the contradistinctions of massage therapy, related touch therapy modalities, business, hydrotherapy, first aid, cardiopulmonary resuscitation, and professional ethics before a license is granted by the Alabama Board of Massage Therapy. Continuing education consisting of a minimum of additional 16 credit hours is also required every two years in these subjects.

Second Step

The second step is to address the failure of Alabama to mandate health insurance companies to reimburse massage therapists like the State of Washington and Florida. Auto insurances and workmen’s compensation are the only insurance companies that reimburse massage therapists for their services as long as their treatments are prescribed by a physician.

Massage Therapists Are Now Seeking Insurance Reimbursement in Alabama

Massage therapists are now seeking a way to gain support for legislation that would mandate insurance companies to reimburse massage therapists directly. Massage therapists are now developing legislation for introduction into the Alabama legislative process to accomplish this objective.

The Process of Gaining Support from the AMTA-AL Chapter

The Alabama Board of Massage Therapy was organized in 1996. The Alabama Chapter of the American Massage Therapy Association (AMTA) was instrumental in spearheading the Alabama state licensure law for massage therapists. AMTA offers malpractice insurance and publishes a directory of massage therapists in the state.

To gain support for massage therapists to receive insurance reimbursement, I began talking by phone and email to other massage therapists in Birmingham, Montgomery and Mobile during the summer and fall of 2003. My initial efforts included questions: "Should massage therapists receive insurance reimbursement from insurance companies?" Second "Would you support a bill to mandate insurance reimbursement for massage therapists?" and "Would you file insurance claims to obtain insurance reimbursement?" Responses from many therapists were very positive. Recently, however, some massage therapists with whom I have spoken expressed concerns about the amount of paper work and time required for filing insurance claims and wonder if the reimbursement would be worth their efforts.

Nevertheless, I have continued to work on appropriate legislation. In August of 2003, I initiated contact with some of the board members of the AMTA – Alabama Chapter to see if they were interested in insurance reimbursement for massage therapists. The only response I received was from the President, Len Daley who suggested I contact Denise Walker, chairman of the Government Relationship Committee. After several attempts to reach Mrs. Walker, I received no response. I tried to contact the National AMTA by phone and email to see if they were interested in insurance reimbursement for massage therapists, or if they knew of any state pursuing insurance reimbursement, or if they had a list of states that reimbursed massage therapists as providers. I received no substantive response.

Finally at the end of September 2003, I was able to talk to Denise Walker about insurance reimbursement for massage therapists. Denise did not think insurance reimbursement would be a good idea, primarily because she believed Blue Cross was so big (they administer 90% of the insurance plans in the State of Alabama) that they would be too hard to fight. We spoke about other states reimbursing massage therapists including Washington State and Florida. I also mentioned that my research indicates that massage therapy can reduce medical costs when certain types of massage treatments are used. I convinced her that insurance companies would like to save money. Denise agreed to bring this topic before the board members at the next meeting.

At the board meeting in October, 2003, the suggestion of insurance reimbursement was brought before the AMTA – AL Chapter Board members. The board members supported the idea that massage therapists needed to receive insurance reimbursement for their services. It was January before I heard of the response of the board members from Denise Walker. I was informed that there would be a meeting in Montgomery with the President and the Lobbyist, Mike Weeks, at the end of January 2004. After much discussion with Denise Walker and the AMTA-Al President, Len Daily, I agreed to become chairman of the Insurance Review Committee, responsible for creating legislation on insurance reimbursement. Denise volunteered to assist me with the efforts as needed.

I went to Montgomery and met with Mike Weeks and Len Daley. We discussed various bills. Alternatives included: a bill specific to massage therapists; an addendum to add to the chiropractor's bill to include massage therapists; and a bill to include all licensed Alternative Practioners in the state of Alabama. Mike requested copies of all model bills that we were discussing which totaled 8 different types of model bills:

1) Alabama Code 27-1-10, 19 (1997) mandating that third party payor's must reimburse chiropractors for covered services for which physicians would be reimbursed (Alison, 1997).
2) Medical Practice Act of Florida under Title XXXII, Chapter 456 (Bates, 2003).
3) "Alternative Providers" approach of Washington State (Alison, 1975; Korn, 2001).

4) Addendum to the "Alabama Medical Liability Act of 1996," to include massage therapists to the section 6-5-548 and 6-5-549, e.g. the term "health care provider" shall include any licensed …(Alison, 1975).
5) The Medical Practice Act of California SB-577 recognizing licensed alternative health care practitioners to legally provide services in California (California Health Freedom Coalition, 2003).
6) 108th Congressional bill "Access to Medical Treatment Act," H.R. 2085, 1410, pending. This permits an individual to be treated by a health care practitioner with any method of medical treatment ("Access to Medical Treatment Act," 2003-2004).
7) Freedom of Access to Alternative Health Care Bill (A06973) from New York pending approval by the State of New York Assembly. This bill would allow access to alternative health care providers. Another bill (A01482) to amend to the insurance law is also pending. The purpose is to provide insurance coverage for massage therapy services (New York State Assembly, 2003a, 2003b).
8) The Patient Access to Responsible Care Act of 1997, a federal law which, if passed, would prohibit insurers from "discriminating" against health professionals within the scope of their license (Boozang, 2000).

The President of the AMTA-AL Chapter made a decision that the bill should include all licensed alternative health care providers. (The President is also a Reiki master that is not licensed in Alabama but considered to be part of alternative health care.) He said this inclusion of all alternative health care providers will increase the support we need to pass legislation. All agreed to modify a model bill based on the 108th congressional bill pending in Washington DC. We highlighted sections of the bill that we would like to include in Alabama's model bill. We also noticed this bill did not mention the word "insurance" or "reimbursement" so we decided not to include it in our model bill either for fear of opposition. Bringing it in the back door or sneaking it in under other provisions seems to be the trick of the trade. It was decided that I would prepare a draft and then give it to the lobbyist Mike Weeks to review. Because of Mike's schedule, it was agreed that

the bill would not be introduced in the 2004 session. I met with the other board members that same weekend and discussed the outcome of our meeting.

Everyone was excited, except the chairman of education. This person was strongly concerned about additional education requirements, more paper work and less reimbursement. But most of all he did not want insurance companies demanding more control over massage treatments.

The AMTA-Al Chapter board members retained Mike Weeks as a lobbyist for the year, for a fee of $6,000. I sent a formal report of my visit to the GRP and 1st Vice President, so they could include these developments in the next news letter. In researching the background information of our lobbyist, I discovered that he was also representing the American Association of Health Plans (AAHP). This organization represents more than a 1,000 health maintenance organizations, preferred provider organizations, point-of-service plans, for more than 140 million Americans (American Association of Health Plans, 2004). I forwarded this information to the President, but he did not think this was an important issue since the board had successfully worked with Weeks as a lobbyist in the development of the legislation establishing the Alabama Board of Massage and massage licensing requirements in 1996. In writing the draft bill, I reviewed bill H.R. 2085 from the 108th Congressional "Access to Medical Treatment Act," the "Alternative Provider's" House Bill 1034 from Washington State (RCW 48.43, 18.108), and Florida "Medical Practice Act," Chapter 456 and 480. The new bill was drafted based primarily on the "Access Medical Treatment Act." I then emailed the model bill to the President and lobbyist.

I received an email from Mike Weeks, February 26, 2004. He stated "the bill is at Legislative Reference Service being drafted to fit current statutes. When completed I will forward you and Lynn Daley (president) for review" (Weeks, 2004).

Alabama massage therapists now have a model bill called "Alternative Health Care Practioners Bill." Once this bill becomes law, it will be cited as the "Access to Medical Treatment Act."

The AMTA-Alabama Chapter Board strongly recommends gaining support for insurance reimbursement from other massage therapists before continuing the process of legislation. A forum will be held at the Annual Convention in Gulf Shores May 1st, 2004. A ninety minute time slot has been provided for massage therapists to voice their opinions. Each speaker will be limited to five minutes. I will also give a presentation, answering questions at the end.

To further gain support, I have developed a web page for massage therapists to obtain insurance information concerning the forum at Gulf Shores. This link is: http://websolutionsco.com/Insurance.htm. This page will also be linked to the AMTA – AL Chapter web site. I plan to develop an additional web page for massage therapists to gain access to information on the legal process of insurance reimbursement. Information on the pros and cons of insurance reimbursement will also be addressed. Eventually the web site will provide information for the public to review. I will also attempt to gain support from the general public for our efforts.

Status of Process

Following the outcome of the forum held for massage therapists at Gulf Shores, May 1st, 2004, the board will decide whether to continue with the process of introducing the "Alternative Health Care Practioners Bill" into legislative session next year. The board could decide to table this issue until enough support is received from other massage therapists or the board could send the bill to the legislative review committee to be revised. Or the board could endorse the bill as it has been written. Once the board has announced the next steps to take, the lobbyist, Mike Weeks will be notified to start his process of gathering a list of supporters and opponents. It is my responsibility as chairman of the Insurance Review Committee to form a group of massage therapists to talk to supporters and opponents to gain their support.

What Is the Expected Out Come

Revision of the "Alternative Health Care Practioners Act" to include alternative health care practioners or massage therapists as medical providers will probably be needed. If insurance companies are expected to support this type of legislation, an additional section will need to be added that requires a patient to have a physicians' order before treatments can be reimbursed because massage therapists cannot diagnosis a condition. Insurance companies require a diagnosis before payment is rendered. Insurance laws will need to be amended to include massage therapists as medical providers. The AMTA-AL Chapter would like to see if this law will pass without mandating the need of physician's orders. If not, it will need to be revised.

AMTA expects The “Alternative Health Care Practioners Act” to pass and become law with the next two years. In my opinion, it is more likely that it will take five years, including many revisions before legislation will pass.

Conclusion

Massage therapists must be recognized as health care providers requiring reimbursement by insurance carriers. I have reported in detail the research proving massage therapy is medically beneficial for treating patients with certain medical conditions. Furthermore, I have demonstrated that massage therapy, when compared to traditional treatments, can save consumers and insurance companies millions of dollars annually. Insurance companies need to recognize the benefits of cost reduction and include massage therapy as part of their insurance plan. Consumers also recognize the medical benefits of massage therapy. Consumers need to take a stand and request these services from their employers and insurance carriers.

Currently Alabama insurance laws reimburse chiropractors, physical therapists, and occupational therapists for massage treatments and not the massage therapist. Research supports that massage therapists should be included as a medical provider under the insurance laws. Massage therapists are qualified to provide massage treatments and continue to educate themselves in this profession. Thirty three states now require massage therapists to be licensed and certified.

Alabama massage therapists are in the process of creating a legislative bill that would mandate insurance reimbursement for massage therapists and recognized them as a medical provider. Support is needed from massage therapists and the general public.

Passing legislation to enable massage therapists to be reimbursed as health care providers would bring massage therapy into the medical mainstream in Alabama and acknowledge massage therapists as a health care provider.

Appendix 1

H.R. 2085 – Bill "Access to Medical Treatment Act" from the 108th Congress 1st Session.

Appendix 2

Chapter 48.43 RCW Insurance reform – "Alternative Provider Statue" or also known as the "Every Category of Provider Law" for Washington State

Appendix 3

Chapters 18.108 RCW Massage Practitioners – for Washington State

Appendix 4

Chapter 456 – "Medical Practice Act" – Health Professions and Occupations: General Provisions

Appendix 5

Chapter 480 – Massage Practice – Regulation of Professions and Occupations

Appendix 6

Chapter 43 – Massage Therapists – Alabama

Appendix 7

"Alternative Health Care Practioners Bill" – Model Bill for Alabama to introduce in 2005

Appendix 8

Web Page – A Letter to Massage Therapist

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Wilk v. American Medical Association, 895 F.2d 352, C07.41521 Nos.87-2672 (United States Court of Appeals For The Seventh Circuit 1990).

Submitter : **Date & Time:** 09/22/2004 01:09:32

Organization :

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Strongly opposed. Thank you.

THERAPY STANDARDS AND REQUIREMENTS

Strongly opposed. Thank you.

Submitter : Ms. Sharon Walsted **Date & Time:** 09/22/2004 01:09:00

Organization : Massage Therapy Specialists, Inc.

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

ASSIGNMENT

PLEASE ~ DO NOT pass this policy whereby a physician can only refer 'incident to' services to physical therpists. Most Physical Therapists do not administer therapeutic soft tissue manipulation to reeducate the muscle structure and this is the area over 90% of patients incurring trauma need follow-up treatments. All qualified, legally licensed health care providers (such as Licensed Massage Therapists) should be allowed to provide services to patients with a physicians prescription or under their supervision.

THERAPY - INCIDENT TO

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THERAPY STANDARDS AND REQUIREMENTS

PLEASE ~ DO NOT pass this policy whereby a physician can only refer 'incident to' services to physical therpists. Most Physical Therapists do not administer therapeutic soft tissue manipulation to reeducate the muscle structure and this is the area over 90% of patients incurring trauma need follow-up treatments. All qualified, legally licensed health care providers (such as Licensed Massage Therapists) should be allowed to provide services to patients with a physicians prescription or under their supervision.

THERAPY TECHNICAL REVISIONS

PLEASE ~ DO NOT pass this policy whereby a physician can only refer 'incident to' services to physical therpists. Most Physical Therapists do not administer therapeutic soft tissue manipulation to reeducate the muscle structure and this is the area over 90% of patients incurring trauma need follow-up treatments. All qualified, legally licensed health care providers (such as Licensed Massage Therapists) should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Ms. SHERI MILLS **Date & Time:** 09/22/2004 01:09:31

Organization : PARRIS MEDICAL SERVICES

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

MASTECTOMY PRODUCTS SHOULD BE EXCLUDED FROM THE FACE TO FACE PRECRIPTION REQUIREMENTS, THE EFFECTS OF A MASTECTOMY ARE PERMANENT AND BASED ON THAT FACT, MASTECTOMY PRODUCTS ARE NECESSARY THROUGHOUT THE LIFE OF THERECIPIENT.

CMS-1429-P-2569

Submitter : Mr. Mike Puthoff **Date & Time:** 09/22/2004 01:09:31

Organization : Mr. Mike Puthoff

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attachment

CMS-1429-P-2569-Attach-1.doc

Attachment #2569

Michael L. Puthoff

Physical Therapy Department
St Ambrose University
518 W Locust Street
Davenport, IA 52803

September 22, 2004
Re: Therapy-Incident To

To Whom It May Concern:

I am writing to submit my comments on the August 5 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005." I am a physical therapist from Iowa and I would like to express my **support** of the proposed rule stating that therapy interventions can only be provided by those licensed and educated to provide those therapy services.

As a practicing physical therapist and a faculty member in a physical therapy educational program, I can personally attest to the rigors of a physical therapy curriculum. Students enter the working force with the knowledge to evaluate and treat a wide variety of medical conditions and improve patients' quality of life. When other healthcare professionals say they provide "physical therapy" and they have not been trained as "physical therapists", this becomes a dangerous situation for patients and the creditability of my profession. Patients many times receive ineffective and possibly harmful treatments. The wrong exercise or modality may be prescribed that does very little to help improve their condition. This is a waste of the patients' time and money. In addition, this is all done under the name of "physical therapy." So when these patients actually see a qualified physical therapist, they have already discounted what we can do for them because of this misrepresentation of physical therapy services by others in the health care system.

I have personally seen patients that thought they were receiving physical therapy services in their physician's office. After months of treatment (and hundreds of dollars in medical bills) it turns out the physician had an unqualified person just using an ultrasound machine and some hot packs. This patient was certain that physical therapy provided no benefit and I had to work very hard to convince her to try physical therapy under the direct supervision of a real physical therapist. After a couple of weeks of qualified physical therapy interventions she was on the road to recovery. Unfortunately, this is common experience that many patients go through.

Again, I **support** the proposed incident to therapy services rule. Thank you for your consideration

Sincerely,

Michael Puthoff, PT, MPT

Submitter : Ms. Carrie Powell **Date & Time:** 09/22/2004 01:09:09

Organization : Athletic Trainers

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Carrie Powell
245 Memorial Dr
Cullowhee, NC 28723

9/22/04

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

Re: Therapy Incident To

Dear Sir/Madam:

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

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

practitioners may provide ?incident to? care in physicians? offices would improperly remove the states? right to license and regulate health care professions. This is a MAJOR issue!!!!!

Sincerery,
Carrie Powell

CMS-1429-P-2571

Submitter : **Date & Time:** 09/22/2004 01:09:26

Organization :

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I would like to extend my support for the proposed requirement that those providing physical therapy services in a physician office be a graduate of an accredited physical therapist program. As a physical therapy professional, I feel strongly that allowing unqualified individuals to provide "physical therapy" services would negatively impact the quality of healthcare to medicare beneficiaries. Physical therapists are highly trained in anatomy, physiology, and how disease processes affect rehabilitation outcomes. Delivery of similar services by an unqualified individual would be harmful to our patients! In my area, athletic trainers are utilized in physician office groups and bill for "physical therapy" services provided. This is highly inappropriate, as athletic trainers do not have the expertise that PTs have on the disease process and function of the body as a system. Personally, having my PT license is one of my most valuable assets! It allows me to utilize my extensive training on the human body to help my patients succeed by limiting disablement and disability. Allowing other disciplines to bill for similiar "services" without the appropriate qualifications is a disservice.

Submitter : Mr. Dannerly Hall **Date & Time:** 09/22/2004 01:09:03

Organization : University of South Carolina

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 22, 2004

University of South Carolina
1300 Rosewood Drive
Columbia, SC, 29208

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

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

Sincerely,

Athletic Training Student at Minnesota State University, Dannerly Hall

Submitter : Ms. Carrie Powell **Date & Time:** 09/22/2004 01:09:26

Organization : Athletic Trainers

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Carrie Powell
245 Memorial Dr
Cullowhee, NC 28723

9/22/04

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

Re: Therapy Incident To

Dear Sir/Madam:

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

Incident to has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physicians professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician?s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient. 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.
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.
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 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.These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.To mandate that only those practitioners may provide incident to care in physicians? offices would improperly remove the states? right to license and regulate health care

professions. This is a MAJOR issue!!!!!

Sincerery,
Carrie Powell

Submitter : Mr. Dannerly Hall **Date & Time:** 09/22/2004 01:09:03

Organization : University of South Carolina

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 22, 2004

University of South Carolina
1300 Rosewood Drive
Columbia, SC, 29208

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

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

Sincerely,

Dannerly Hall, Athletic Training student

Submitter : Mr. James Shipp **Date & Time:** 09/22/2004 01:09:33

Organization : University of North Carolina Greensboro Athletics

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

9/22/04

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

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

Sincerely,

James R. Shipp, MA, ATC-L
Head Athletic Trainer
University of North Carolina Greensboro
PO Box 26168
Greensboro, NC 27402-6168

Submitter : Dawn Lamonica **Date & Time:** 09/22/2004 01:09:09

Organization : American Massage Therapy Association

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a massage therapist I have seen the benefit of chiropractic and massage for injured patients. Please do not let PT's be the only health care professionals allowed to provide medically related care to physician's patients.

Submitter : Ms. Melissa Reedy **Date & Time:** 09/22/2004 02:09:08

Organization : Great Lakes Institute of Technology

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I do not want Physical Therapists to be the only health care professionals allowed to provide medically related care to physician's patients. This opportunity should be shared with other medical professionals, including Massage Therapists. It is vital for the patient to be able to choose (with assistance from their doctor) which type of medical professional will be best for their specific condition and recovery process. Massage Therapy is an essential medical field. Please support Massage Therapists.

Submitter : Mr. David Van Brunt **Date & Time:** 09/22/2004 02:09:45

Organization : Mr. David Van Brunt

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 22, 2004

Mark B. McClellan, MD, PhD
Centers for Medicare and Medicaid Services
US Department of Health and Human Services
Attention: CMS 1429 P
PO box 8012
Baltimore, MD 21244-8012

SUBJECT: ?Therapy ? Incident to?

Dear Mr. McClellan:

My name is David Van Brunt, PT, CHT and I have been a physical therapist in practice since 1969. I currently am the Executive Director of ADVANCED Physical Therapy Associates in Cranford, NJ. As a large multi-specialty community practice since 1978, we have cared for many patients over the years. We have promoted and provided the best of our professional services.

I strongly oppose the use of unqualified personnel to provide services described and billed as physical therapy services. If I could speak especially for our elderly population, I could relate many stories of substandard treatment by individuals who fail to provide proper care, being uneducated and professionally incapable of doing so. Such treatment is rendered, not for the best interest of patients, but rather for the doctor entity seeking reimbursement.

In the August 5 proposed rule on ?Revisions to your letter Payment Policies under the Physician Fee Schedule for Calendar Year 2005?, I support and applaud CMS for establishing requirements for individuals who furnish outpatient physical therapy services in physicians? offices. 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.

Unqualified personnel may not harm a patient, but by their lack of knowledge and training forever fail to render care that would help and rehabilitate that patient to the highest level of recovery. I have had the privilege to work with the very best of our profession and physicians that exemplify medical ethics and practice. I have also experienced the ploys of psuedo practice that is provided to generate income and appear to be given by untrained individuals in a charade of medical or therapy treatment. CMS is setting standards that can only benefit the health seeking public who will be provided treatment by qualified professionals.

I would like to thank the administrator of CMS for the wisdom and conviction of establishing rules and regulations that will help provide proper physical therapy treatment standards.

Sincerely,

David Van Brunt, PT, CHT
Executive Director

CMS-1429-P-2579

Submitter : **Date & Time:** 09/22/2004 01:09:57

Organization :

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

Athletic Training is a very personal and specific profession. They are trained to deal with the health care of athletes. An Athletic trainer is with the athlete through every step of the injury process, from prevention of an injury to the rehabilitation of the injury. They know what each specific sport needs in terms of physical ability. Rehabilitating someone to walk is much different from teaching someone to run a 100-yard dash.
According to the federal government, the preparation of an Athletic Trainer is rated equivalent to a physical therapist?s, and it is more significant than that of an OT, OTA, or PTA. (www.Onecenter.org)
Why would you not do what is best for the patient? The main goal of Physical therapy is to return the patient to their pre-injury lifestyle the best you can. In that, one needs to know how the take care of the patient. An Athletic Trainer in among the best qualified to treat individuals along with highly trained athletes.
Patients are not always going to be athletes but if an Athletic Trainer can help an athlete who is in peak physical fitness and has to go from nothing to full ability, they can also help the average person. Like the businessman who just needs to walk to work.
The Centers for Medicare and Medicaid Services are recommending a change in Medicare regulations that would no longer allow physicians to be reimbursed for therapy services administered by a Certified Athletic Trainer in a physician?s office. Do what is best for the patient and allow Athletic Trainers to treat patients as a physical therapist would.

CMS-1429-P-2580

Submitter : Ms. Alissa Parish **Date & Time:** 09/22/2004 02:09:41

Organization : Boston University

Category : Academic

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

September 12, 2004

Dear Sir/Madam,

This letter is in regards to the recent proposal made by the Centers for Medicare and Medicaid Services (CMS) aiming to limit the provision of ?incident to? services to certain health care professionals. If this plan is adopted, it will eliminate a physician?s right to delegate the treatment of his or her patient as an adjunct of their professional services to certified athletic trainers. In the following, I will provide reasons for why this proposal devalues the profession of athletic training, explain why it should not be passed, and encourage the CMS to consider changing their perspective on this important issue.

I am currently a student enrolled in an accelerated AT/DPT duel major program at Boston University, and I have been fortunate enough to observe the similarities and differences of each academic program. Throughout my studies, I have noted that athletic training students take the same or equivalent courses, as physical therapy students. We share many of the same professors, complete a comparative number of clinical hours, and are held to the same, or higher, academic standards. Athletic training students sit next to physical therapy students in prerequisite courses such as anatomy, physiology, chemistry, physics, nutrition, and experimental statistics. We practice our skills on the same equipment in the same labs, and utilize the same textbooks, computer databases, and study tools to perform our research. This is why I find it disquieting when I hear that the CMS views certified athletic trainers as less qualified, less knowledgeable, and less experienced than physical therapists, or even physical therapy assistants. It is also insulting that that the CMS is implying that athletic trainers are not as qualified to perform the same duties as our academic counterparts.

The CMS will significantly decrease the quality of care to many patients by prohibiting physicians to be reimbursed for therapy administered by athletic trainers. First of all, the proposal places restraints on a physician?s choice as to whom he or she can refer a patient to. These restrictions are not in the best interest of the patient. Second, the patient would be forced to see a limited number of health care professionals. This lack of choice is especially detrimental to a patient residing in a rural setting because he or she might be forced to delay treatment, incur travel expenses, or expend an excessive amount of time trying to find a caregiver within a reasonable distance.

Another major reason why the ?indecent to? proposal should not be passed is because it is discriminatory toward the senior citizen population. The CMS is implying that older adults are not fit to be treated by professionals who specialize in caring for athletic injuries. Seniors should be encouraged to stay physically active in later life, and not expected by their health care insurers to become feeble or sedentary individuals.

The CMS should take a serious look at how this proposal will negatively affect athletic trainers, physicians, and their patients. They may not realize it, but if they mange to pass this plan, they will jeopardize the athletic training profession. Major insurance companies model their reimbursement policies after this program, meaning that many ATC?s will find themselves jobless when private insurers follow suit, and refuse to compensate employers. Lastly, physicians will have a diminishing amount of quality healthcare professionals to refer their patients to, thus creating a decline in the quality of care they can provide. Please consider these arguments while discussing this critical proposal.

Thank you,
Alissa Parish

Submitter : Dr. Stanley Forston **Date & Time:** 09/22/2004 02:09:58

Organization : Oncology/Hematology Care, Inc.

Category : Physician

Issue Areas/Comments

Issues 1-9

CODING-GLOBAL PERIOD

September 22, 2004

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

Dear Doctor McClellan:

Thank you for the opportunity to comment on CMS's proposed 90-day global period for CPT code 77427 (radiation treatment management, five treatments). It is unclear how CMS intends to apply the proposed 90-day global concept. As you are aware, this code compensates the radiation oncologist for the direct patient care that the physician provides during the course of five treatment fractions. These services include, among other things, medical evaluation and management, assessment of the patient's response to treatment, and review of all imaging and/or lab tests specific to the time frame during which the fractions are delivered. Many radiation treatment protocols require daily fractions for 5-7 weeks. Physician work and expense RVU's encompass the skill, expertise and expenses only associated with the patient's management during the course of delivering 5 fractions. CPT 77427 is not analogous to surgery codes that inherently encompass services for an extended time frame surrounding follow-up and recovery. A 90-day global period would allow payment for only one 77427 for the work done throughout a 5-7 week course of treatment. This would be seriously inadequate. If the CMS's intent is to prevent the payment of E&M codes or like services during the 5-fraction course, CCI edits should enable that. If contractors set a 90-day global for 77427, there will be a dramatic number of denials that are inappropriate, causing serious administrative problems for both physician offices and contractors. In our practice experience, the use of modifiers is, at best, cumbersome and leads to many administrative problems. CMS should not assume that the use of modifiers would protect physicians from unnecessary denials.

Additionally, following completion of the scheduled treatment fractions, it is often necessary for the physician to manage other problems that arise as complications or that may require re-evaluation within 90 days of the completed treatment fractions. These are separate and additional services for which the radiation oncologist should be paid.

I urge CMS not to impose a 90-day global period on CPT 77427.

Sincerely,

Stanley Forston, Jr., MD, MPH
Executive Vice President
Clinical Operations and Medical Managment
Oncology/Hematology Care, Inc.
2522 Highland Avenue
Cincinnati, OH 45219
513-751-2148 (Office)
513-751-2138 (Fax)
sforston@ohcmail.com

Submitter : Mr. Raymond Stadt **Date & Time:** 09/22/2004 02:09:43

Organization : Community High School District 218

Category : Other Health Care Professional

Issue Areas/Comments

Issues 10-19

THERAPY ASSISTANTS IN PRIVATE PRACTICE

Dear Sir or Madam,

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

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

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

Thank you,
Raymond J. Stadt ATC/L
Licensed Athletic Trainer
Dwight D. Eisenhower High School
Blue Island, IL 60406

CMS-1429-P-2583

Submitter : **Date & Time:** 09/22/2004 02:09:05

Organization :

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 22, 2004

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

Dear Sir,

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

I am a physical therapist with sixteen years experience. I own and operate an independent out patient physical therapy clinic in Pensacola, Florida. I am writing to express my strong support for CMS?s proposed requirement that physical therapists working in physician?s offices be graduates of accredited professional physical therapy programs. If this new proposal is not implemented, then anybody off the street can be providing ?physical therapy? services in a physician office. This can be very harmful to the patient because these individuals are not knowledgeable in what they are doing and billing Medicare for such services should actually be fraudulent.

In an independent physical therapy clinic, Medicare insists on credentialing the physical therapist providing care and billing the agency. Why should the standard be different at a physician?s office? In my opinion, the only competent individual to provide or supervise provision of physical therapy at any location is a licensed physical therapist.

Various states require that physical therapists be licensed in order to practice. The opportunity for some people to provide physical therapy services under the guise of being supervised by a physician is simply to circumvent the law and Medicare should not be a part of this.

As a professional, being licensed holds the individual to a certain standard of practice and ethical responsibility. Individuals that are not licensed and are providing physical therapy care in a physician?s office cannot be held to the same standard. The fact that anybody can do this in a physician?s office is very risky to the patient because these individuals are not trained in what they are doing and can cause injury/harm to the patient.

Thank you for taking the time to read my comments.

Sincerely,

Kayode Soladoye, PT, MBA
Trinity Rehabilitation Clinic, Inc
2629 Creighton Road, Suite # 4
Pensacola, FL 32504
TEL: 850-9691726

Submitter : Dr. Kevin Laudner **Date & Time:** 09/22/2004 02:09:52

Organization : Illinois State University

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

CMS-1429-P-2584-Attach-1.doc

Attachment #2584

Kevin Laudner, PhD, ATC

Illinois State University

Campus Box 5120

Normal, IL 61790-5120

September 22, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of "incident to" services in physician 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,

Kevin Laudner, PhD, ATC

Illinois State University

Campus Box 5120

Normal, IL 61790-5120

CMS-1429-P-2585

Submitter : Dr. Margot Putukian **Date & Time:** 09/22/2004 02:09:21

Organization : American Medical Soceity for Sports Medicine

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

CMS-1429-P-2585-Attach-1.doc

Attachment #2585
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

To Whom It May Concern:

This letter is in regard to the CMS proposal to limit "incident to" services provided by distinct groups of allied health care professionals. Our concern is that this proposal will allow only physical therapists, speech and language therapists, and occupational therapists to provide "incident services", and exclude other health care professionals, specifically certified athletic trainers.

Our organization, The American Medical Society for Sports Medicine, is comprised of more than 800 non-operative sports medicine physicians. We are the leaders in academic and clinical provision of non-surgical care of athletes, ranging from the "weekend warrior" to professional and Olympic athletes. Many of our members work as primary care physicians, but also work in a variety of other clinical settings which include overseeing fitness and cardiac rehabilitation centers, occupational medicine and employee health centers, orthopedic care centers, and numerous other settings in which health care professionals are involved in the medical care and rehabilitation of patients. In addition, many of our members also work with high school and college athletes, as well as consult for professional athletes and national governing bodies. To provide comprehensive, state-of-the-art care often requires the rehabilitative services of other groups, many of which employ various health care professionals, including certified athletic trainers, as integral members of their staffs. Although in the past certified athletic trainers worked primarily in high schools or colleges and took care of athletic injuries and first aid, a more recent evaluation of where they are working reveals that many of them currently work in a variety of health care settings. Recent data from the National Athletic Trainers Association demonstrates that roughly 12,000 certified athletic trainers work in non-traditional settings such as working in hospitals, fitness facilities, physical therapy and rehabilitation centers, industrial settings, sports medicine clinics, and physician's offices.

The CMS proposal is unacceptable to the AMSSM membership for several reasons. First, and foremost, the evaluation and treatment of our patients are best determined by the treating physician and should not be legislated otherwise We as physicians are best qualified to decide which allied health care professional provides the optimal services to meet the needs of our patients. Secondly, to exclude certified athletic trainers is unreasonable and naïve to the extensive growth and development of the athletic training profession. If one closely evaluates the knowledge, training, and experience that certified athletic trainers have, it is obvious that this profession has truly grown and developed in many new directions.

The educational training of athletic trainers is extensive and includes several areas of expertise that allows them to be a useful specialist, especially in return to activity decisions and rehabilitation. Their undergraduate training often incorporates exercise physiology, anatomy and physiology, kinesiology, nutrition, acute injury care, rehabilitation, modalities, manual medicine techniques, and chronic injury care. In addition, many athletic trainers choose to pursue graduate work and masters work, and/or gain additional expertise in other areas, including spinal cord injury, prosthetics, and disabled athletes. Athletic trainers provide quality care in a variety of clinical settings which in some situations is preferable to the care provided by other allied health care professionals.

The AMSSM strongly urges to you to reconsider the proposal to limit who can provide "incident to" services. We hope that you understand the significant disadvantages that such a proposal will lead to; most importantly the quality of care provided to patients. In addition, it will undoubtedly limit the ability of physicians to determine which health care professional should be involved in the care of our patients, again potentially resulting in sub-optimal care of patients. Finally, it will exclude certified athletic trainers, without any reasonable evidence, from continuing to provide quality care of our patients.

The above letter has been reviewed and unanimously approved by the AMSSM Board of Directors. Thank you for your consideration.

The American Medical Society for Sports Medicine (AMSSM) was organized in 1991by physicians who recognized the need for an organization within the field of sports medicine that approached athletes, exercising individuals, and teams comprehensively with consultative and continuous care of their orthopedic, medical, nutritional, and psychosocial issues. Although sports medicine concepts are often thought of in conjunction with professional and elite athletes, these concepts apply to athletes of all levels including grade school, high school, college and recreational athletes. AMSSM is comprised of over 800 Sports Medicine Physicians whose goal is to provide a link between the rapidly expanding core of knowledge related to sports medicine and its application to patients in a clinical setting.

Sincerely,

Margot Putukian, M.D., F.A.C.S.M.
Director of Athletic Medicine, Princeton University
President, AMSSM

CMS-1429-P-2586

Submitter : Ms. suann schuster **Date & Time:** 09/22/2004 02:09:11

Organization : Ms. suann schuster

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

It is so important to encourage the consumers of the medicaid system to find alternatives ways to live healthy and reap the benefits of a more economical and less drug based lifestyle. It has been my experience in 20 years as a social worker watching many cleints participate in physical therapy that pt's are not equipped to meet the needs of the body's muscle and nerve impingement, nor are they able to provide the time consuming process of helping clients care fore themselves in the often assembly line process of providing physical therapy. Massage therapists are better equipped to address many of the abuses clients place on their bodies which often cause more need for medical services. The massage profession is a medical profession that can ileviate the overworked system and has proven results of improving client overall health, Please, i urge you to support massage therapy in this venue and do not allow physical therapy to be the only avenue viable for our clientele.....

Submitter : Niki Franklin **Date & Time:** 09/22/2004 02:09:42

Organization : Niki Franklin

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

CMS-1429-P-2587-Attach-2.rtf

CMS-1429-P-2587-Attach-1.rtf

Attachment #2587 (1 0f 2)

Niki Franklin
907 S. Hightower
Stillwater, OK 74074

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 in concern to the recent proposal that would limit providers "incident to" services in the physicians clinic. If adopted, it would reduce the quality of health care for the Medicare patients and it could increase the costs of health care, which would put a burden on the patient and the health care program.

Please consider that since the set up of the Medicare program in 1965, physicians have allowed others to work under the direct supervision of physicians, to proved services in addition to the physicians' professional services. A physician has the right to have the patient be cared for by trained individuals (Certified Athletic Trainers) who the physician believes is knowledgeable and trained in the area that is administered.

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. Courses that athletic trainers must have include: human physiology, human anatomy, biomechanics, nutrition courses, acute care of injury and illness, exercise physiology, therapeutic modalities, and a course in rehabilitation. More than half of all athletic trainers have a master's degree. Practitioners who hold advanced degrees are comparable to other health care professional, including physical therapist, occupational therapists, and many other mid-level health care practitioners.

As a student currently working in a Division I college in the Big XII conference I have to the ability to work with many athletes in 19 sports, many of whom were conference champions as well as national champions in their respective sports this past year. All of these athletes have been in the care of a certified athletic trainer for the years they attended college. I have worked closely with physicians, physician's assistants, nurses, orthopedic surgeons, and laboratory techs as a member of the sports medicine team. Without certified athletic trainers to watch over the rehab process, the progression form injured to return to play would lack the functional AND sports-specific rehabilitation that is essential.

Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of 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 nor to your advantage for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Niki Franklin, ATS
Oklahoma State University – Stillwater
Athletic Training Student

Attachment #2587 (2 of 2)

Niki Franklin
907 S. Hightower
Stillwater, OK 74074

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

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In summary, it is not necessary nor to your advantage for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Niki Franklin, ATS
Oklahoma State University – Stillwater
Athletic Training Student

Submitter : Dr. Jerome True **Date & Time:** 09/22/2004 02:09:51

Organization : Dr. Jerome True

Category : Chiropractor

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

This wording will place significant burden on physicians and medicare beneficeries.
The regulation does not allow physicians to use licenced massage therapists or certified chiropractic assistants for therapy even though these allied health care professionals are licenced (in Florida) to perform physical therapy services.

Submitter : Mr. Scott Wolven **Date & Time:** 09/22/2004 02:09:12

Organization : ETHICON/GYNECARE

Category : Device Industry

Issue Areas/Comments

Issues 1-9

PRACTICE EXPENSE

Supporting the proposed increase in facility RVUs for CPT Code 58563

CMS-1429-P-2590

Submitter : Sarah Radtke **Date & Time:** 09/22/2004 02:09:35

Organization : Aurora University

Category : Other

Issue Areas/Comments

GENERAL

GENERAL

Regarding "Therapy - Incident To"

CMS-1429-P-2591

Submitter : Mr. Michael Allen **Date & Time:** 09/22/2004 02:09:10

Organization : Metrika Inc.

Category : Device Industry

Issue Areas/Comments

Issues 1-9

SECTION 613

On behalf of Metrika Inc., I appreciate the opportunity to comment on Section 613 of the Medicare Prescription Drug Improvement and Modernization Act (MMA) as proposed for implementation by the notice of proposed rulemaking governing revisions to payment policies under the Physician Fee Schedule for calendar year 2005, published in the Federal Register on August 5, 2004.

I note that CMS has specifically invited comments related to new diabetes screening panels and would like to take this opportunity to address several points which may impact access to new screening methods in the future.

First, I am concerned that subjecting future diabetes screening tests, other than fasting plasma glucose and post-glucose challenges tests, to a National Coverage Decision (NCD) process will unnecessarily delay access to alternative methods of screening. The NCD process, as defined by Section 1862 of the Social Security Act, is intended to ensure that approved benefits are 'reasonable and necessary'. Given that Section 613 of the MMA already mandates coverage for diabetes screening, it seems that future diabetes screening tests will have met the 'reasonable and necessary' requirement need provided they receive clearance by the Food and Drug Administration (FDA) for the specific purpose of diabetes screening. The inclusion of future screening tests for coverage under Section 613 would thus be governed by the FDA's existing regulatory process that may include consultation with appropriate organizations such as the ADA and AACE. Therefore, in order to ensure a more efficient process for covering new screening tests I recommend that CMS remove the 'subject to NCD process' provision in the final rule.

Secondly, I would like to recommend clarification of certain language in the Proposed Rule which may be interpreted to exclude A1C from being covered for diabetes screening at some point in the future. It should be noted that A1C is already covered by CMS and cleared by the FDA for monitoring people with diabetes. In its current form, the Proposed Rule indicates that coverage for other panels 'that may be developed in the future' will not be excluded from coverage consideration. I am concerned that a strict interpretation of this phrase could apply only to unknown tests that have yet to be developed and inadvertently exclude A1C because it is an existing marker. While I do not believe that it is not the intention of CMS to exclude A1C as a potential tool in diabetes screening, I want to ensure that the rule is not misinterpreted in the future. In order to ensure that coverage for A1C will be expanded to include screening (provided that it is first cleared by the FDA for screening) I recommend that the final rule be modified to state...

'This language is not intended to exclude existing tests such as glycated hemoglobin (A1C) or other post-glucose challenge tests that may be cleared by the FDA for screening purposes in the future, including panels that may be created to include new diabetes and lipid screening tests.'

Finally, in order to ensure broader access to this important new benefit I would also like to recommend that diabetes screening tests not require a physician's prescription or referral in order to be covered under Medicare Part B. This is consistent with screening mammograms. Therefore, I recommend that the following statement be added to the final rule:

'Medicare Part B does not require a physician?s order for coverage.'

Thank you for this opportunity to comment on what is otherwise a very positive step in the treatment of diabetes.

Sincerely,

Michael Allen.
Founder, Metrika Inc.
Sunnyvale, California

CMS-1429-P-2592

Submitter : Jeff Pounds **Date & Time:** 09/22/2004 02:09:11

Organization : Jeff Pounds

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

CMS-1429-P-2592-Attach-1.doc

CMS-1429-P-2592-Attach-2.doc

Attachment #2592 (1 of 2)

Jeff Pounds, ATC
Coastal Carolina University
PO Box 261954
Conway, SC 29528

9/22/2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

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

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

- Incident to has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician's professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician's choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
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- In many cases, the change to "incident to" services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.
- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working "incident to" the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
- 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.
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- CMS does not have the statutory authority to restrict who can and cannot provide services "incident to" a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.
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- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

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

Sincerely,

Jeff Pounds, ATC

Attachment #2592 (2 of 2)

Jeff Pounds, ATC
Coastal Carolina University
PO Box 261954
Conway, SC 29528

9/22/2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of "incident to" services in physician 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,

Jeff Pounds, ATC

Submitter : Mr. Jeff Jacobs **Date & Time:** 09/22/2004 02:09:50

Organization : ASCP

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

The American Society for Clinical Pathology (ASCP) appreciates the opportunity to provide comment on the Medicare proposed rule on revisions to payment policies under the physician fee schedule for the 2005 calendar year.

Practice Expense Relative Value Units--CAP Supplemental Survey
The Society is pleased with the Centers for Medicare and Medicaid Services (CMS) proposal to incorporate the College of American Pathologists supplemental survey data into the practice expense methodology and to adopt a total practice expense of $168.80 for independent laboratories. We strongly encourage the CMS to include this proposal in the final rule.

Section 952--Revisions to Reassignment Provisions
ASCP is concerned that changes to the reassignment provisions brought about by Section 952 of the Medicare Prescription Drug, Improvement and Modernization Act (MMA) could result in inappropriate fee splitting, markups and payments for referrals. ASCP shares CMS?s concern about this potential area of abuse and concurs that monitoring reassignments is needed to safeguard against abusive and fraudulent practices. The Society urges CMS to restate the requirements specific to the purchasing of diagnostic testing in the final rule. In so doing, we urge CMS to clearly state that the purchasing of diagnostic testing or interpretation that is the work product of an independent consultant arrangement is a purchased service.

ASCP is also concerned about the increasing prevalence of certain entities often referred to as ?turn-key? laboratories. These businesses exploit exceptions to the in-office ancillary services and other exceptions to the physician self-referral laws (Stark). These entities market their services to specialists in certain disciplines, such as gastroenterology, urology and dermatology, that rely on a high volume of anatomic pathology services. The Society urges CMS to review these practices, as they may violate the Stark anti-referral and/or anti-kickback provisions.

Diabetes Screening Tests
In addition to the glucose tests proposed for inclusion in the diabetes screening benefit, ASCP urges CMS to provide reimbursement for an additional glucose test, CPT code 82950?glucose, post glucose dose (includes glucose). This test is more frequently used to screen for diabetes, and it should also be included.

Coding--Bone Marrow Aspiration
The Society believes the proposed G-code for performing a bone marrow aspiration and biopsy on the same date, at the same encounter, through the same incision, underestimates the time necessary to perform the second procedure. ASCP urges CMS to increase the time associated with this code to 15 minutes.

Removal of Physician-Administered Drugs from the Sustainable Growth Rate
The Society shares the concerns raised by the American Medical Association that CMS should remove the costs of physician-administered drugs from the Sustainable Growth Rate (SGR). These services are not ?physician services.? While steps have previously been taken to prevent reductions to the physician fee schedule, more needs to be done to provide accurate reimbursement for physician services, as well as return stability to the program. Prescription drugs? share of expenditures subject to the SGR has more than doubled over the last eight years. When the SGR began in 1996, prescription drugs accounted for 3.5 percent of total expenditures subject to the SGR. In 2002 they accounted for 8.7 percent of total expenditures.

Physicians cannot control the growth in expenditures and they are being unfairly penalized for increases in prescription drugs. By removing drugs for the SGR, CMS will be taking an important step towards creating a system that more accurately tracks physicians? actual cost of furnishing services. Correcting this problem will help Congressional efforts to address problems with the SGR before cuts begin again in 2006.

CMS-1429-P-2593-Attach-1.doc

American Society for
Clinical Pathology®
Washington Office

1225 New York Avenue NW T 202.347.4450
Suite 250 F 202. 347.4453
Washington, DC 20005-6516 www.ascp.org

Attachment #2593

September 24, 2004

Mark B. McClellan, MD, PhD
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey building
Room 445-G
200 Independence Avenue, S.W.
Washington, DC 20201

Attention: **CMS-1429-P**

Dear Dr. McClellan:

The American Society for Clinical Pathology (ASCP) appreciates the opportunity to provide comment on the Medicare proposed rule on revisions to payment policies under the physician fee schedule for the 2005 calendar year.

ASCP is a nonprofit medical specialty society representing 140,000 members, including board certified pathologists, other physicians, clinical scientists, medical technologists and technicians. ASCP is one of our nation's largest medical specialty societies and is the world's largest organization representing the field of laboratory medicine and pathology. As the leading provider of continuing education for pathologists and medical laboratory personnel, the Society enhances the quality of the profession through comprehensive educational programs and publications and self-assessment materials.

ASCP's comments focus on the following issues: the supplemental practice expense survey, revisions to the reassignment provisions, diabetes screening tests, and bone marrow aspiration and biopsy through the same incision on same date of service and removal of the physician administered drugs form the SGR.

Practice Expense Relative Value Units--CAP Supplemental Survey
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ASCP appreciates this opportunity to provide comment. If you have any questions or need additional information, please call Matthew Schulze, ASCP Senior Manager of State and Professional Affairs, at (202) 347-4450.

Sincerely,

David F. Keren, MD, FASCP
President

Submitter : **Date & Time:** 09/22/2004 02:09:59

Organization :

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

My massage therapist is a valuable part of my recovery. They must be included in medical treatments to all who need them. It's not always about Doctors.

CMS-1429-P-2595

Submitter : Mr. Nate Viland **Date & Time:** 09/22/2004 02:09:25

Organization : Aurora University

Category : Other

Issue Areas/Comments

GENERAL

GENERAL

Regarding "Incident To"

CMS-1429-P-2595-Attach-1.doc

Attachment #2595

Nate Viland
Aurora University
347 S. Gladstone Ave.
Aurora, IL 60506

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.

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

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- 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.

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

Sincerely,

Nate Viland

Submitter : Mr. Scott Wolven **Date & Time:** 09/22/2004 02:09:40

Organization : GYNECARE

Category : Device Industry

Issue Areas/Comments

Issues 1-9

PRACTICE EXPENSE

September 22, 2004

The Honorable Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Medicare Program: Revision to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005, CMS-1429-P

Dear Dr. McClellan:

Thank you for the opportunity to comment on the Center for Medicare and Medicaid Services? (CMS) proposed rule for the Fiscal Year 2005 Physician Fee Schedule. GYNECARE, is a division of ETHICON, INC., a Johnson & Johnson company, that specializes in Women?s Health Solutions offering minimally invasive treatment options for a variety of gynecologic conditions. We strongly support the proposed increase in facility relative value units (RVUs) for Current Procedural Code (CPT) 58563, Hysteroscopic endometrial ablation.

Section ii Hysteroscopic Endometrial Ablation, of the proposed rule states that the agency ?received requests from a manufacturer and physicians to price CPT code 56853 [58563], Hysteroscopy with endometrial ablation, in the office setting so that physicians providing this service in the nonfacility setting could receive an appropriate payment (page 47497).? We agree with these requests and would also add the following other reasons to support this much needed increase.

This procedure is a highly effective and less invasive treatment that eliminates or significantly reduces menses in women suffering from abnormal uterine bleeding (AUB). Increasing the RVUs for this procedure should promote access to Medicare beneficiaries, while eliminating the number of inappropriate hysterectomies.

Moreover, increasing the physician payment in the office will make it more likely for the patient to receive this less invasive treatment in a setting that may be more familiar to a beneficiary. Where as in the hospital, which may cause more anxiety and confusion to the patient because the admission process is lengthy and many admission departments are located in different areas or other building than where the actual procedure is performed. This is not usually the case for the physician office, where the admission process is located within the same area as the patient treatment setting, thus reducing an anxiety or confusion.

Furthermore, this procedure can be safely and effectively performed in the physician office. The procedure, which takes an estimated 30 minutes to perform, is simple, minimally invasive and no overnight hospital stay is required. This treatment option can be performed under local anesthesia and requires no incision. Unlike a hysterectomy, the ablation technique allows a patient to preserve their uterus. All of these elements assist in a faster recovery time for most patients, which in many cases allow women to return to their normal activities within a few days.

In conclusion, we strongly support the RVU increase to CPT code 58563, Hysteroscopic endometrial ablation, for physician payment. As stated above, this will allow Medicare beneficiaries the opportunity to receive this safe, effective, less invasive treatment option, their own physician office.

We look forward to the published comments and the possible increase before the final rule is implemented on January 1, 2005.

Thank you for your review and consideration of these comments. If you have any questions, please feel free to contact me at 908-218-2358.

Sincerely,

Scott Wolven
Reimbursement Director
ETHICON, Inc.
Route 22 West
PO Box 151
Somerville, NJ 08876
908-218-2358

CMS-1429-P-2597

Submitter : Mr. Craig Busking **Date & Time:** 09/22/2004 02:09:35

Organization : Aurora University

Category : Other

Issue Areas/Comments

GENERAL

GENERAL

regarding "Incident To"

CMS-1429-P-2597-Attach-1.doc

Attachment #2597

Craig Busking
Aurora University
347 S. Gladstone Ave.
Aurora, IL 60506

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:

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

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Sincerely,

Craig Busking

CMS-1429-P-2598

Submitter : Mrs. Jacqueline Richardson **Date & Time:** 09/22/2004 02:09:01

Organization : National Athletic Trainers Association

Category : Other Health Care Provider

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attached file

CMS-1429-P-2598-Attach-1.doc

CMS-1429-P-2598-Attach-2.doc

Attachment #2598 (1of 2

Jacqueline Richardson ATC/L
16908 S. LeClaire Ave.
Oak Forest, IL. 60452

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

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Jacqueline Richardson ATC/L

16908 S. LeClaire Ave.

Oak Forest, IL. 60452

Attachment #2598 (2 of 2)

Jacqueline Richardson ATC/L
16908 S. LeClaire Ave.
Oak Forest, IL. 60452

September 22, 2004,

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Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
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- 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,

Jacqueline Richardson ATC/L

16908 S. LeClaire Ave.

Oak Forest, IL. 60452

CMS-1429-P-2599

Submitter : Danny Hernandez **Date & Time:** 09/22/2004 02:09:17

Organization : Aurora University

Category : Other

Issue Areas/Comments

GENERAL

GENERAL

This is regaring "Incident To"

CMS-1429-P-2599-Attach-1.doc

Attachment #2599

Danny Hernandez
Aurora University
347 S. Gladstone Ave.
Aurora, IL 60506

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.

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,

Danny Hernandez