

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

aubrey s. miree
sportsmedicine coordintor
helen keller hospital
103 fern cove
florence,al 35634

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.

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

This is outrageous, we go through as much schooling as other professions to understand what to do. This law is unlawful.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see the attached letter.

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

Gene Lane, ATC/L
Director of Sports Medicine
Baptist Hospital
2000 Church Street
Nashville, TN 37236

August 25, 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.

I have served in my profession on all levels, from Major League Baseball to the PGA TOUR. I am currently the director of a sports medicine program affiliated with an NFL and an NHL major league franchise, as well as over twenty other schools and teams. We have over 25 ATCs on our staff. We work with many high profile athletes who expect the kind of service and care only an athletic trainer can provide. They should not be denied the highest level of care based upon the desires of one organization. Not only will this proposal effect the elite athlete, the scholar/athlete from middle school thru college will also suffer a profound decrease of service. I am outraged that it is suggested that a certified athletic trainer is not capable of the same level of care that a physical therapy assistant or technician can provide. The reason that professional teams utilize the services of an athletic trainer is that they expect a level of care far exceeding the capabilities of most other providers.

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,

Gene Lane, ATC/L

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Re: Therapy – Incident To

Dear Sir or 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.***
- Patients would incur delays of access and a lack of comprehensive medical treatment by the physician. In the case of rural Medicare patients, this would also cost the patient time and travel expense. These delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
- ALL certified and licensed athletic trainers ***must have a bachelor’s or master’s degree*** from an accredited college or university. The great majority of ATC’s who hold advanced degrees is comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, and speech therapists. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education

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

- 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. This improperly removes the states’ right to license and regulate allied health care professions deemed qualified, safe, and appropriate to provide health care services. This should not be done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
- CMS does not have the statutory authority to restrict who can and cannot provide services “incident to” a physician office visit. ***This action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusively as a provider of therapy services.***

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent and may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

Sincerely,

Ron H. Walker

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a founding sponsor of the National Athletic Trainers' Association, the national association for the profession of athletic training, we are writing to express our concern over the recent proposal that would limit the providers of "incident to" services in physicians' offices and clinics. If adopted, this would eliminate the ability of certified athletic trainers, a highly qualified group of health care professionals, to provide these important services.

At The Gatorade Company and the Gatorade Sports Science Institute, we have had the privilege of working closely with athletic trainers as they assess, prevent and treat injuries, and even save lives, both on and off the playing field. Without certified athletic trainers assisting in both athletics and physician offices across the country, many American athletes would not have the quality of life they deserve.

We have long recognized the value of certified athletic trainers and view them as such an integral part of sport, that we often include them in our research processes. We have, for example, engaged athletic trainers in helping us test athletes, and developing educational materials and programs that keep them safe from the risks of heat illness and dehydration. Without the support, input, training and deep base of clinical knowledge of certified athletic trainers, athletes may be limited in their access to quality care.

That said, we do not engage in our professional partnerships lightly. We would not value athletic trainers so intensely if we were not confident of their abilities in providing critical care at several points of contact with athletes and so many others. Again, this includes working with patients in the doctor's office.

We knew when we began our 20-year relationship with athletic trainers that they were, and still are, highly educated. All certified and licensed athletic trainers must have a bachelor's or master's degree from an accredited college or university. They study human physiology, anatomy, kinesiology, biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology.

In addition, a great majority hold advanced degrees comparable to other health care professionals, including physical and occupational therapists, registered nurses and other mid-level health practitioners. We also know that their profession requires them to be involved in continuing education activities. It is for this reason and so many others that we are eager to help underscore the value athletic trainers bring to not only athletics, but the public in general.

And we are not alone in recognizing the value of the work they do. Athletic trainers are employed by 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.

Tens of thousands of high schools, middle schools and youth sports employ certified athletic trainers in place of physicians to care for students who need assistance or are injured on school grounds. (Ask any physician and they'll tell you how invaluable ATCs are to the safety of young athletes and active kids.) And dozens of athletic trainers accompanied the U.S. Olympic team to Athens, Greece, this summer to provide services for teams from the United States.

It is simply unjustified for CMS to suggest that athletic trainers are not qualified to provide care to a Medicare beneficiary who, for example, is injured as a result of a fitness activity and goes to a local physician for treatment.

In summary, it is neither necessary nor advantageous for CMS to institute the changes proposed. To the contrary, this CMS recommendation is a deterrent that we hope never comes to pass. Thank you for your consideration.

Sincerely,
Tom Fox
Senior Vice President

Robert Murray, PhD
Director, Gatorade Sports Science Institute



CMS-1429-P-405-Attach-1.doc

August 20, 2004

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

Re: "Therapy—Incident To"

To Whom It May Concern:

As a founding sponsor of the National Athletic Trainers' Association—the national association for the profession of athletic training—we are writing to express our concern over the recent proposal that would limit the providers of "incident to" services in physicians' offices and clinics. If adopted, this would eliminate the ability of certified athletic trainers—a highly qualified group of health care professionals—to provide these important services.

At The Gatorade Company and the Gatorade Sports Science Institute, we have had the privilege of working closely with athletic trainers as they assess, prevent and treat injuries—and even save lives—both on and off the playing field. Without certified athletic trainers assisting in both athletics and physician offices across the country, many American athletes would not have the quality of life they deserve.

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That said, we do not engage in our professional partnerships lightly. We would not value athletic trainers so intensely if we were not confident of their abilities in providing critical care at several points of contact with athletes and so many others. Again, this includes working with patients in the doctor's office.

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mid-level health practitioners. We also know that their profession requires them to be involved in continuing education activities. It is for this reason and so many others that we are eager to help underscore the value athletic trainers bring to not only athletics, but the public in general.

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In summary, it is neither necessary nor advantageous for CMS to institute the changes proposed. To the contrary, this CMS recommendation is a deterrent that we hope never comes to pass. Thank you for your consideration.

Sincerely,



Tom Fox
Senior Vice President



Robert Murray, PhD
Director, Gatorade Sports Science Institute

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see the attached Word document file. Thank you.

Nathan Rice, ATC

CMS-1429-P-406-Attach-1.doc

August 25, 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.
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- Curtailing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the

- workload of physicians, who are already too busy, will take away from the physician's ability to provide the best possible patient care.
- To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide "incident to" services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide "incident to" care in physicians' offices would improperly remove the states' right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.
 - CMS, in proposing this change, offers no evidence that there is a problem that is need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
 - CMS does not have the statutory authority to restrict who can and cannot provide services "incident to" a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.
 - Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.
 - Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.
 - These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

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

Sincerely,

Nathan Rice, ATC

Excel Sports

12232 St. Charles Rock Rd

Bridgeton, MO 63044

314-298-1760

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am not in favor of this proposal. Please see attached letter concerning CMS-1429-P Therapy-Incident To.
Thank you.

Bruce White MS., A.T.C., L.A.T.
Covenant Sports Medicine
4010 22nd St.
Lubbock TX 79410

August 25, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

This letter is to express concern on the proposal to limit “incident to” providers in physician clinics. This proposal 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. We continue to see patients that need services provided by qualified personnel in the physician’s office. These services can be provided by a number of qualified personnel, including Certified Athletic Trainers. By limiting the “incident to” referral, you will be limiting the amount and quality of care for the patient. Patients are finding it more difficult to seek therapy outside of the physicians office. This is not do to a lack of therapy facilities. It has more to do with a distance to travel or having the time to go for therapy. Certified athletic trainers are more than qualified to provide these services. If they weren’t this would be a moot issue. Physicians would not use them for therapy. The primary reason for limiting an activity would be to provide better care to the patient, or to cut costs. This proposal limits care for the patient and may very well increase costs.

I have included several points that our national organization has deemed important to this issue. Please review these points and consider them during the decision making process.

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

Sincerely,

Bruce White MS, A.T.C., L.A.T.
Covenant Sports Medicine
4010 22nd St.
Lubbock TX 79410

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see the following attachment.

CMS-1429-P-408-Attach-1.doc



American Kinesiotherapy Association

P.O. Box 1390 , Hines Ill. 60141-1390

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

Kevin Mejia
2870 Seabright Avenue
Long Beach, CA 90810

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

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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 registered kinesiotherapists) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- 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, accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.

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

- CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.

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

Sincerely,

Kevin Mejia, RKT

Submitter : Mrs. JANETTE TISDALE Date & Time: 08/25/2004 03:08:06

Organization : Haley's Mom

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I have a 13 year old daughter who has swam competitively for 5 years. I have many times used the advise of an athletic trainer for different issues over the years and have found their advice and experience to be very beneficial in both preventing injuries and in making good nutrition choices so that my growing athlete is able to maintain her level of swimming as well as her school work. I think the trainers do an excellant job and maybe the fact that they keep a lot of athletes from having injuries that require physical therapy is the whole reason behind this issue. I do hope that the athletic trainers do not loose their standing in sports. I feel that they are an invaluable aid in at least my athletes continued success.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly support the CMS proposal that individuals who furnish outpatient physical therapy services in Physician's practices must be graduates of an accredited professional physical therapist program. Physical Therapists, and Physical Therapist Assistants under the direct supervision of a Physical Therapist, are the only caregivers with the requisite training to provide physical therapy services. The educational scope and requirements for both the Physical Therapist and Physical Therapist Assistant are stringent and prepare them for the level of care required by patients in all settings. Included in the educational process are electrical modalities, light and sound sources for treatment, and specialized exercise and manual techniques utilized in the treatment of patients with a wide variety of diagnoses and problems. Delivery of physical therapy services by unqualified individuals places patients at risk of considerable harm. Please support this 'incident to' provision and include it in the final rule. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

please see attached



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS**

Please note: The attachment cited in this document is not included for one of the following reasons:

1. Improper format.
2. The submitter did not follow through when attaching the document.
3. The submitter had intended to attach more than one, but not all attachments were received.
4. The type of document provided was a password-protected file. CMS was given read-only access to the document.

We cannot provide this electronic attachment to you at this time, but you would like to view any of those that are not posted on this web site, you may call CMS and schedule an appointment at **1-800-743-3951**. Those comments along with its attachment(s), that could not be posted, will be available for your viewing at that time.

Submitter : Mr. ELIAS KABBAN

Date & Time: 08/25/2004 03:08:10

Organization : SCHEURER HOSPITAL

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Eli Kabban
944 Lakeview Dr.
Harbor Beach, MI 48441

Aug. 24, 2004
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012
Re: Therapy ?? Incident To
Dear Sir/Madam:

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

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

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

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.

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,
Eli Kabban
944 Lakeview Dr.
Harbor Beach, MI 48441

Submitter :

Date & Time:

08/25/2004 03:08:10

Organization :

Category :

Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Donald J. Howard, RKT
1008 Whisperlake Court
Midlothian, VA 23114

8/25/2004

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, placing 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 registered kinesiotherapists) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician?s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.

? 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, accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient. If physicians are no longer allowed to utilize a variety of qualified health care professionals working ?incident to? the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient?s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.

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

? CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing.

In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.

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

Sincerely,

Donald J. Howard, RKT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Attached

CMS-1429-P-414-Attach-1.doc

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 or Madam,

On behalf of the membership of the Oklahoma Athletic Trainers' Association, we are writing to express our 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. Unnecessary alteration of current and customary practice would restrict the trade of the members of our association. This revision would adversely affect patients, especially in the orthopedic setting.***
- Patients would incur delays of access and a lack of comprehensive medical treatment by the physician. In the case of rural Medicare patients, this would also cost the patient time and travel expense. These delays would hinder the patient's recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
- ALL certified and licensed athletic trainers ***must have a bachelor's or master's degree*** from an accredited college or university. The great majority of ATC's who hold advanced degrees is comparable to other health care professionals,

including physical therapists, occupational therapists, registered nurses, and speech therapists. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).

- 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. This improperly removes the states’ right to license and regulate allied health care professions deemed qualified, safe, and appropriate to provide health care services. This should not be done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
- CMS does not have the statutory authority to restrict who can and cannot provide services “incident to” a physician office visit. ***This action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusively as a provider of therapy services.***

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent and may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

Sincerely,

On behalf of the membership of the Oklahoma Athletic Trainers’ Association

Ken Moore, ATC/L
President OATA

Brian Coley, ATC/L
Vice President OATA

Becky Flanagan, ATC/L
Secretary OATA

Ron Walker, ATC/L
Treasurer OATA

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

August 23, 2004

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

Dear Dr. McClellan:

I am writing you in support, albeit not complete, of the provision governing ?Incident To? Services, by physicians performing physical therapy services in their office. Although I believe this incident to rule is much to late in arriving, it also does not even go far enough. Physicians in no way, shape or form are trained in physical therapy. Physical therapy educational process is a minimum of 7 to 8 years at this time, the vast majority of physical therapists receiving a Clinical Doctorate in Physical Therapy. Physical therapy training given physician even in physical medicine and orthopedics, as well as neurology and neurosurgery is extremely limited generally not more than a few days total. Even physical medicine specialists are generally not trained in rehabilitative care, only in diagnostics and directing the care.

With that being said, it is to me unwise that Medicare would allow any incident to service even if there was a physical therapist in the office as the physician generally does not know what or how to order the physical therapist decides this.

And should I ask this question, is there any reason that a physician for signing a referral should be able to bill for someone else?s license and essentially self refer.

With all of that being said, if this is the best scenario that CMS can come up with, the physical therapy should at least be performed by a Physical Therapist directly or under the direct care of a Physical Therapist by a certified Physical Therapy Assistant. In no way, shape, or form should a physician be able to monitor a non-physical therapist in doing physical therapy for their patients as I truly believe that it is detrimental not only to the patient, but also costs enormous amounts of money, limits accessibility, and creates a dramatic void in rehabilitation as it is meant to be provided for our seniors.

I am looking forward to hearing from you regarding these comments, and I hope that it does not end here with the ?Incident To? but ends completely with physical therapists being able to perform physical therapy independently, safely, effectively, and in a cost benefit ratio that CMS would appreciate and eliminate physician?s being able to bill and make money for self-referring.

Sincerely,

Paul J. Roubal, PhD, PT, OCS
PJR/df

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I strongly support CMS's proposal that individuals who furnish outpatient physical therapy services in physician's offices must be graduates of an accredited professional physical therapists program. It is not uncommon to cross paths with physicians providing 'physical therapy' in their offices without using a licensed physical therapist. At times, we have seen patients in our practice who have been unsuccessfully treated in these settings- the patient is under the impression that they are receiving 'physical therapy' from a nurse, a trainer, a massage therapist, and in some instances, completely untrained employees often referred to as technicians or aides. Subsequently, these patients are referred to us to try to improve their status. This not only compromises the recovery of the patient, but also is a tremendous waste of money. Physical Therapists are the only caregivers who have the requisite training to provide physical therapy services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attached letter.

Natasha Tibbetts, ATC
HealthTracks Sports Training Center
4331 S. Fremong
Springfield, MO 65804

August 25, 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,

Natasha L. Tibbetts, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am writing to express my concern over the recent proposal that would limit providers of 'incident to' services in physician 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 situation has the potential to create a lack of communication between the various health care providers.

This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working 'incident to' the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment. Many times, the lack of immediate treatment and delays in health care creates a lengthier recovery and rehabilitation time for the patient. This results in an increase in the costs to the patient and to Medicare.

Patients who would now be referred outside of the physician's office would incur delays of access. In the case of rural Medicare patients, such as the majority of those found in Missouri, 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. Many patients rely on public transportation or transportation provided by family members not living in the home and additional travel could create difficulties for the patient and their families. For example, I have an elderly grandmother who relies on family members that live over 3 hours away to get her to her various medical appointments. She lives in a rural area where the nearest medical provider is 35 miles away and no access to public transportation. Additional travel creates logistical nightmares for family members.

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

Karla Bruntzel, PhD, ATC
500 E. College
Marshall, MO 65340

August 25, 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 situation has the potential to create a lack of communication between the various health care providers.
- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment. Many times, the lack of immediate treatment and delays in health care creates a lengthier recovery and rehabilitation time for the patient. This results in an increase in the costs to the patient and to medicare.
- Patients who would now be referred outside of the physician’s office would incur delays of access. In the case of rural Medicare patients, such as the majority of those found in Missouri, 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. Many patients rely on public transportation or transportation provided by family members not living in the home and additional travel could create difficulties for the patient and their families. For example, I have an elderly grandmother who relies on family members that live over 3 hours away to get her to her various medical appointments. She lives in a rural area where the nearest medical provider is 35 miles away and no access to public transportation. Additional travel creates logistical nightmares for family members.

- 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). Additionally, programs must submit annual program reviews and incorporate updated materials into their curriculums.
- 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. Instead, we as health care providers, should work together to improve the opportunities for patients rather than restrict them.
- 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,

Karla M Bruntzel, PhD, ATC

Submitter :

Date & Time:

08/25/2004 03:08:23

Organization :

Category :

Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a licensed physical therapist with 17 years experience. I have worked in acute care hospitals and outpatient physical therapy clinics. I strongly urge CMS to require appropriate physical therapy licensure of individuals that provide outpatient physical therapy services in a physician's office. I have seen patients that were "given physical therapy" by a secretary in the family physician's office. This more likely than not consisted of ultrasound to a joint for a few sessions with little regard for contraindications or appropriate application of the modality. It also was not followed with any exercise or home program and the individual became disillusioned with physical therapy. However, when the individuals are appropriately evaluated for their condition, and treatment that is evidence-based and appropriate for their impairments is given by a licensed physical therapist, they realize that what was done in the physician's office was only palliative at best and not really physical therapy. Only licensed physical therapists and physical therapist assistants under the supervision of licensed physical therapists are educated and qualified to provide physical therapy services, regardless of setting. I have often been consulted by physicians regarding appropriate indications and contraindications for various physical therapy interventions. I wonder how many physicians don't take the time to investigate such issues before having an office staff person apply a modality, or "teach" exercises. Having CMS pay for physical therapy services incident to a physician visit NOT provided by a licensed physical therapist or physical therapist assistant under the supervision of the physical therapist is contradictory to the rules for outpatient practices and allows two sets of standards of care. It is unfair for the Medicare recipient to receive inferior care in a physician's office than in an outpatient practice or hospital. Medicare recipients should be assured of the quality of services provided as physical therapy regardless of the setting. Also, should the therapy cap become effective again in January 2006, Medicare recipients could potentially utilize their entire physical therapy benefit without ever seeing a physical therapist. There is the potential that the recipient could exhaust benefits receiving inappropriately applied modalities several times per week for months for low back pain, and then fall, breaking a wrist, and be unable to afford the needed physical therapy to regain use of his/her arm and hand because he/she received the inappropriate modalities in a physician's office applied by an unlicensed individual. I am also aware that there is a "push" to have athletic trainers be allowed to provide "physical therapy services" incident to physician visits. Athletic trainers DO NOT have the appropriate scope of education to provide rehabilitation to America's Medicare recipients, especially those recipients with complicated medical histories. Thank you very much for your consideration of my comments.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I belong to both the American Physical Therapy Association and the National Athletic Trainers Association who have both taken opposing sides to a 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 many important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system. As a Licensed Physical Therapist as well as a Certified Athletic Trainer I am able to speak directly to the recent proposal.

I know first hand, that this bill would severely limit the quality of care available to patients of any age, not just those directly covered by Medicare benefits. During the decision-making process, please consider the following in the attached Letter submitted in Word Format.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS**

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Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Athletic Trainers are probably the most qualified health care professionals for providing preventative and rehabilitative health care for the physically active, no matter what age. Physicians trust the expertise of certified athletic trainers in getting the athlete back to activity as an integral part of the sports medicine team. ATCs complement the efforts of the physician to provide complete health care services addressing every aspect of their injuries. In many aspects athletic trainers and physical therapy professional perform the same services. We have the same background in anatomy, physiology, pathology of injuries, biomechanics, and therapeutic modalities and rehabilitation. Also, we are taught how to evaluate the patient and instructed early on proper bed-side manners. Athletic trainers are just as qualified as physical therapists and perhaps more qualified in situations concerning orthopedic injury and on-site emergency evaluations. By limiting the professionals that can be included in this revision for payment policies "incident to" (i.e., only Physical Therapists) you are limiting the quality of health care for the physically active patient. Please consider this when voting.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Thomas Kiff, MA, ATC
Corrective Exercise Specialists
625 Marquette Ave South
Suite 236
Minneapolis, MN 55402

August 25, 2004

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

Re: Therapy- Incident To

To Whom It May Concern:

This letter is in response to the proposed changes that would limit physicians' ability to utilize rehabilitation specialists other than PT, OT, and SLP in their practice under CMS guidelines as 'incident-to?.

The APTA would like CMS to believe that PT and OT are the only qualified professions that should be providing rehabilitative care in setting such as this. The reality of the situation is that there are a variety of highly skilled, highly effective medical professionals that can also provide these services in specific situations; exclusively limiting MD's choices for care is wrong on several levels.

As a certified athletic trainer, I have managed rehabilitations to many professional athletes, and countless more intercollegiate competitors. My area of expertise as an athletic trainer is certainly mainly involved with orthopedic and sports medicine-related concerns; other professionals, such as PT are much better suited to working with specific populations (stroke victims, amputees, etc) than I am as an athletic trainer. Of this, there is no dispute. Of my abilities (as a certified athletic trainer) to perform rehabilitative care for patients who have orthopedic or sport-related issues, this too, should be indisputable.

Physicians who choose to use certified athletic trainers for their patient's rehabilitative care are making this choice for many reasons, but the bottom line is that they believe that the patient will benefit the most from this care, and they are holding true to their responsibility as a care provider for a patient; while CMS has had a powerful effect on medical care in the US in the past 40 years, doctors should be making individual medical decisions for specific patients.

Please do not amend the current policy.

Sincerely

Thomas Kiff, MA, ATC

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS**

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Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

This proposal limits the amount of work Certified Athletic Trainers can do under Medicare. Athletic trainers are used to treat the elitest of athletes, there is no reason why they should be unable to treat the general population under Medicare. Physicians are able to choose who to send their patients to based upon their knowledge of the professions and the persons providing the services. If physicians choose to send their patients to Certified Athletic Trainers there is no reason why they should not be covered under medicare.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS**

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Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Regarding Page 125-126 on the proposed G code: the area where only the operating surgeon should be reimbursed for venous mapping---I propose that interventional radiologist or nephrologist should be included in the category as well since the majority of patients in our group are assisted by an interventional nephrologist for access-related problems. Therefore the area of venous mapping should not be restricted to surgeons alone.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am opposed to the portion of the recent CMS proposal (CMS-1429-P) that would limit who may provide 'incident to' therapy services in a physician's office or clinic.

No evidence has been presented that shows a problem requiring a statutory change. Section 1862(a)(20) of the Act already provides that 'any services provided incident to a physician's professional services only if the practitioner meets the standards and conditions that would apply to such therapy services if they were furnished by a therapist, with the exception of the licensing requirement.' There is no evidence that the requirement of meeting 'the standards and conditions' has been violated by any provider. There is no evidence that harm has occurred or that inappropriate care has been delivered to even one patient as a result of 'incident to' therapy services.

'Incident to' services have, since the inception of the Medicare program in 1965, been utilized by physicians to allow personnel to provide valuable services to their patients under the direct supervision of the physician. 'Incident to' services have never had any limitations or restrictions. Medicare and private payers have always relied upon the professional judgment of the physician, and there is no reason to call that judgment into question now.

A physician accepts legal responsibility for everyone who is working under his or her supervision. Physicians will remain ultimately responsible for the outcome of treatment regardless of who provides 'incident to' or other ancillary services; the proposed change will have no effect on that fact other than to limit the choice of services that a physician may have available.

Please allow physicians to be able to continue to make the decisions that directly affect the quality of care being delivered to their patients.

Sincerely,

Daniel P. O'Connor, PhD, PT, ATC (Physical Therapist and Athletic Trainer)

Submitter : Mrs. Kristen Hawn Date & Time: 08/25/2004 04:08:49

Organization : NHL

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached WORD document.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS**

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Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attached letter concerning this issue.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
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Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

The issue of limiting the therapy services to one allied health care professional will have significant ramifications in health care. The patients who do improve by seeing other providers will not have that option, therefore increasing the number of visits and costs. It is imperative that the physicians have access to other health care provides in the "incident to" billing line.

CMS-1429-P-428-Attach-1.pdf

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS**

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Submitter : **Mr. Greg Banks** Date & Time: **08/25/2004 05:08:39**

Organization : **Rehabilitation Centers of Charleston**

Category : **Health Care Professional or Association**

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

August 25, 2004

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

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, such as myself and dozens of others in our company to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

I have been treating athletes and the general patient population for over 20 years. I have spent time working at one of the largest retirement communities in the USA and the activity level of this age group is more than double the average patient population. Their active, they have aches and pains and need help to return to the things they enjoy the most, like golf and tennis. Who better to help them return to level of activity safely than the same professional that help the Pro?s in the NFL, NBA, WTA, MLB, NHL, & PGA to help the best in the world return to their game.

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

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

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

? To allow only physical therapists, 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.

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,
Greg Banks, ATC, CSCS

CMS-1429-P-429-Attach-1.doc

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS**

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Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see the following attachment.

CMS-1429-P-430-Attach-1.doc



American Kinesiotherapy Association

P.O. Box 1390 , Hines Ill. 60141-1390

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

Joseph S. Neczek, MS, RKT
564 Green Valley Dr. W
Lombard, IL 60148

August 25, 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, placing 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 registered kinesiotherapists) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- 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, accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.

- To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide “incident to” services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide “incident to” care in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.
- CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.

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

Sincerely,

Joseph S. Neczek, RKT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I whole heartedly support the CMS proposal that individuals be accredited physical therapist to provide outpatient physical therapy services. Physical Therapist and Physical Therapist Assistant programs have educationally equipped graduates with the ability to handle all aspects of direct access and Physician prescribed physical therapy needs. Physical Therapy is a specific and precise treatment that should billed as such. Please support this 'incident to' provision and include it in the final rule. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Re: Therapy ? Incident To

Dear Sir or Madam:

I am writing to express my concern over the recent proposal seeking to limit providers of ?incident to? outpatient therapy services in physician offices/clinics.

August 25, 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 or Madam:

I am writing to express my concern over the recent proposal seeking to limit providers of “incident to” outpatient therapy services in physician offices/clinics. If adopted, this proposal would eliminate the ability of qualified health care professionals to provide “incident to” services as well as reduce the quality of health care for Medicare patients. The by-product of removing these qualified providers of “incident to” service will be an increase in the costs associated with this service and may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

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. At no time has there been a limitation or restriction placed upon the physician in terms of who he or she can utilize to provide ANY “incident to” service.

CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing. It appears this proposal is being driven by a professional group who would seek to establish themselves as the sole provider of therapy services. To mandate that *only* physical therapists, occupational therapists, and speech and language pathologists may provide “incident to” outpatient therapy in physicians’ offices would improperly remove a state’s right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.

For CMS to even suggest that certified athletic trainers are unqualified to provide these same services to a Medicare beneficiary is outrageous and unjustified. Certified athletic trainers are highly educated and a great majority of practitioners hold advanced degrees comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners. In fact, 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 necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Mitch Doyle, MA, LAT, ATC
Program Director / Assistant Professor
Athletic Training Education Program
Coe College
1220 First Ave. NE
Cedar Rapids, IA 52402

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attachment



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS**

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Issues 20-29

THERAPY - INCIDENT TO

please see attachment

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,

Neil Curtis, EdD, ATC

143 Pole Cat Rd

Glen Mills PA 19342

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear sir or madam:

I am a licensed certified athletic trainer working in a high school in El Paso, TX. I am writing to express my concern over the recent proposal that would limit providers of "incident to" services in physicians 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.

As an athletic trainer you would be taking a valuable inexpensive outpatient therapy away from us and allowing only physical, therapist, OT, and speech and language pathologists to provide "incident to" would limit patients time and scheduling to a small group of health care professionals. We as Licensed and or Certified athletic trainers can meet with patients on a one on one basis daily if needed for easy and inexpensive quality health care. We are governed by the Texas Department of Health and our National Athletic Trainers association which requires us to maintain high standards and continuing education. We are capable of working with physicians as well as physical therapists etc to provide the best quality care a medicare patient can receive.

These issues may lead to more physicians 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,

Joe Messinger, MA, LATC
Austin High School
3500 Memphis Ave
El Paso, TX 79930

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am writing my concern about the proposal to limit providers of "incident to" services in physician and physical therapy practices. I work in a physical therapy setting and have experience in working with medicare patients. By limiting the providers, there will be a decrease in services available and quality one on one care that medicare patients deserve. Certified athletic trainers in the physical therapy setting are professional providers and should be able to provide the services needed as directed by the physician. This proposal limits the use of certified athletic trainers and should not be considered.
sincerely,

Margaret Molloy, MS, ATC, CSCS

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I strongly support the CMS proposal that individuals providing outpatient physical therapy services in physician offices must be performed by a licensed physical therapist or physical therapist assistant. PTs and PTAs are the only professionals who are educated and trained to provide physical therapy interventions. Therefore, it makes sense that physical therapy should only be reimbursed as physical therapy if it is provided by a physical therapist, or a PTA, under the supervision of a PT.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

CMS-1429-P-438-Attach-1.txt

Attachment #0438

Sarah Spencer
Sunnyside High School
Head Athletic Trainer
1019 S. Peach Ave.
Fresno, CA 93727

August 25, 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.

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

To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide “incident to” services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide “incident to” care in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services. CMS, in proposing this change, offers no evidence that there is a problem that is need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.

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,
Sarah Spencer

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

please see the following attachment.



American Kinesiotherapy Association

P.O. Box 1390 , Hines Ill. 60141-1390

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

Donna Marchini
516 Farmhill Circle
Wauconda, IL 60084

September 15, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service, placing 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 registered kinesiotherapists) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- 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, accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.

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

- CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.

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

Sincerely,

Donna Marchini MA, RKT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

THERAPY ASSISTANTS IN PRIVATE PRACTICE

I support the proposed revisions. The "in-room" supervision requirements are onerous and do not serve to improve patient care, protect the public or utilize resources in a cost effective manner. The proposed direct supervision requirement is sufficient to ensure that physical therapist assistants are adequately supervised.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

My name is Chris Kirby and I am a physical therapist who is just now moving back to Florida. I have been practicing for over three years now and I am a board certified orthopaedic physical therapist and am currently working on my doctorate in manual physical therapy. I have just learned from my professional association (APTA) about this proposal. I am writing to express my strong belief that only physical therapists and physical therapy assistants working under the supervision of a physical therapists should be performing physical therapy services. I understand that many physicians (and chiropractors) routinely bill for services that are strictly physical therapy services. This may seem like a petty issue; however, this situation is particular risky and in some instances unethical. Even the simple task of applying a moist hot pack can cause someone severe burns if not applied correctly. Using electrical stimulation is often thought of as something anyone can do; it is not. Physical therapists receive extensive training on the multitude of different types of electrical stimulation and the safety precautions involved. For instance, untrained personell may not understand the importance of not performing electrical stimulation near cancerous tissues - this can vastly accelerate the spread of the cancerous tissue and severly alter the prognosis of the patient. My point is this, physical therapists spend many years in school (most in the future will be doctorally trained) to learn the many facets of what we do every day. While some things do not seem overly complicated, all things we do with our patients is taken very seriously and is planned meticulously. So, please consider your actions with regard to legislation - it may significant implications in the care of patients in the future.

Thank you,

Christopher Kirby, PT, MSPT, OCS

Submitter : Margaret Naulty Date & Time: 08/25/2004 07:08:37

Organization : Center of Balance Physical Therapy and Wellness

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a physical therapy practitioner of 21 years, I have seen hundreds of patients that have been first treated in a physician office for their physical therapy services by non-licensed personnel. I always get the same comment, 'They never did any of this in my doctor's therapy place.' It is a reasonable requirement that physicians use licensed physical therapy professionals, graduates of an accredited professional physical therapy program, or those that have passed equivalency standards, in their incident to practices for outpatient physical therapy services. Such personnel are the only specifically trained therapist for physical therapy rehabilitation. It is in the best interest of the patients they refer to themselves, the profession of physical therapy, and for the Centers for Medicare and Medicaid Services to ensure appropriate, beneficial, and cost effective treatment of patient who need outpatient physical therapy services. It is for this reason I strongly support CMS' proposal of requiring licensed personnel to deliver appropriate physical therapy services incident to a physician services in his/her office.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see the following attachment

CMS-1429-P-443-Attach-1.doc



American Kinesiotherapy Association

P.O. Box 1390 , Hines Ill. 60141-1390

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

Loralee Hansen
2117 NE Ainsworth
Portland, Or 97211

September 15, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service, placing 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 registered kinesiotherapists) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- 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, accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.

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

- CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.

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

Sincerely,

Loralee Hansen, MST, RKT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

August 25, 2004

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

To Whom It May Concern:

I am writing to express concern over the recent proposal that would limit providers of ?incident to? services in physician clinics. If adopted, this would eliminate the ability of many qualified health care professionals, including certified athletic trainers, to provide these important services. In turn, it could reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with treating these individuals.

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

? A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician?s choice of qualified therapy providers is inherent to the specifics of the type of practice, medical subspecialty, and individual patient needs.

? 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.

? There are over 25,000 certified athletic trainers in the US who provide prevention, assessment, and treatment services to physically active patients under the supervision (direct or indirect) of physicians. While the majority of certified athletic trainers do not work directly in physician offices, there are many who do. It is not logical that a physician be able to refer a patient to an athletic trainer for therapy at an off-site facility, but not within his or her own office.

? There is no empirical research that demonstrates therapy rendered by certified athletic trainers leads to any better or worse health outcomes than that rendered by physical therapists or their assistants. To this end, there are thousands of certified athletic trainers who are employed in physical therapy practices across the country. The operators of these clinics obviously feel that: 1) their patients can be successfully treated by certified athletic trainers, and 2) treatment by certified athletic trainers warrants third party reimbursement. Why then would physical therapists oppose that athletic trainers be reimbursed for providing similar services in a physician?s office?

In summary, the proposed change in policy related to ?incident to? services in physician clinics is unwarranted, illogical, and not in the best interest of patients. Thank you for soliciting public comment.

Sincerely,
Jay Hertel, PhD, ATC, FACSM
University of Virginia
Department of Human Services
210 Emmet Street South

Charlottesville, VA 22904



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see the following attachment.

CMS-1429-P-445-Attach-1.doc



American Kinesiotherapy Association

P.O. Box 1390 , Hines Ill. 60141-1390

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

Sandra Aichele
360 Poplar
Wood Dale, Il. 60191

August 25, 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, placing 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 registered kinesiotherapists) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- 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, accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.

- To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide “incident to” services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide “incident to” care in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.
- CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.

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

Sincerely,

Sandra Aichele, RKT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Athletic Trainers do not discriminate due to Age, Race, gender, and sport/activity. Why then will medicare ignore the Athletic Training profession who is the leader in Athletic injuries in this country? Who is making the decision to eliminate the most knowledgeable profession in this area? Not the physicians. Physicians have been supporting Athletic trainers for centuries and this has made for good health care. Why take this away from the senior citizens who are interested in an active lifestyle and wish to recover from an injury to return to their active lifestyle. Please do not exclude Athletic Trainers from the medicare regulation. Thank you for your understanding and support. Ed Crowley

Submitter : Mrs. Debra Virtanen Date & Time: 08/25/2004 08:08:46

Organization : Riverfront Physical Therapy

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

Medical professionals are licensed to perform specific duties within their discipline's practice act. In NYS, the practice act specifies what the licensed physical therapist can do as part of the licensure. It also specifies what requirements must be met to become licensed as a physical therapist. It stands to reason, that a professional in another specialty or a nonprofessional, such as receptionist should be precluded from performing treatments designated within the practice act as those specific to Physical Therapy.

The provision proposed to require physical therapy treatments performed in a doctor's office be performed only by a licensed therapist would provide for this protection to the patient's and the profession.

Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

8/26/2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

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

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

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- 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,

Sharon West, PhD, ATC
University of the Pacific
3601 Pacific Ave.
Stockton, CA 95211

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

August 25, 2004

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

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

CMS 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.

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,

Aaron Gill, ATC
Head Athletic Trainer
Holy Names University
Oakland, CA 94619



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see the following attachment.

CMS-1429-P-450-Attach-1.doc



American Kinesiotherapy Association

P.O. Box 1390 , Hines Ill. 60141-1390

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

Karen Popovic
3001 Green Bay Road
North Chicago, IL 60064

September 15, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service, placing 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 registered kinesiotherapists) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- 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, accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.

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

- CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.

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

Sincerely,

Karen Popovic, RKT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see the attached letter.

Jamie Krzykowski
Elmhurst College
190 Prospect Ave
Elmhurst, IL 60126

August 25, 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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- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
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- Curtailing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician’s ability to provide the best possible patient care.
- To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide “incident to” services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide “incident to” care in physicians’ offices would improperly remove the states’ right to license

and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.

- CMS, in proposing this change, offers no evidence that there is a problem that is need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
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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,

Jamie Krzykowski, MS, ATC/L

190 Prospect Ave

Elmhurst, IL 60126

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not exclude Athletic trainers from serving the Medicare Pt. who are revered by the Dr. for instructions and care of athletic injuries for their save return to activities which are healthy and neseccary for a quality lifestyle. Medicare patients's need the Athletic Trainer.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Sir/Madam:

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Please see the attached document for my full comments.

Robert Stow, PhD, LAT, ATC



American Kinesiotherapy Association

P.O. Box 1390 , Hines Ill. 60141-1390

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

Loralee Hansen
2117 NE Ainsworth
Portland, Or 97211

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:

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

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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,

Loralee Hansen, MST, RKT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Brian J. Yoak
 Anna Dean Therapy Center
 28 Conservatory Dr, Suite A
 Barberton, Ohio 44203

<August 25, 2004
 Centers for Medicare & Medicaid Services
 Department of Health and Human Services
 Attention: CMS-1429-P
 P.O. Box 8012
 Baltimore, MD 21244-8012
 Re: Therapy ? Incident To
 Dear Sir/Madam:

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

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? 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, in proposing this change, offers no evidence

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Therapy Incident To

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

Craig Harnetiaux
Claremont McKenna College
500 E. Ninth St.
Claremont, CA 91711

August 25, 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.

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

Craig Harnetiaux

Submitter : Mrs. Kirsten Martine Schrader Date & Time: 08/25/2004 10:08:25

Organization : NATA

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Please review the attachment on the 'incident to' proposal

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS**

Please note: The attachment cited in this document is not included for one of the following reasons:

1. Improper format.
2. The submitter did not follow through when attaching the document.
3. The submitter had intended to attach more than one, but not all attachments were received.
4. The type of document provided was a password-protected file. CMS was given read-only access to the document.

We cannot provide this electronic attachment to you at this time, but you would like to view any of those that are not posted on this web site, you may call CMS and schedule an appointment at **1-800-743-3951**. Those comments along with its attachment(s), that could not be posted, will be available for your viewing at that time.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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.

CMS-1429-P-457-Attach-1.doc

CMS-1429-P-457-Attach-2.doc

August 25, 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 or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Benetta M Albaugh, MA, ATC/L

Doctors Hospital

Rehab Health Center

3624 J Dewey Gray Circle, Suite 302

Augusta, GA 30909

August 25, 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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- 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,

Benetta M Albaugh, MA, ATC/L

Doctors Hospital

Rehab Health Center

3624 J Dewey Gray Circle, Suite 302

Augusta, GA 30909

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am writing in strong support of CMS' proposal that individuals who furnish outpatient physical therapy services in physician's offices must be graduates of an accredited professional physical therapist program or meet the special rules or grandfathering clauses for foreign-trained physical therapists. Untrained and/or unsupervised personnel can cause harm or provide inadequate treatment resulting in poor outcomes and higher costs while putting the public at unnecessary risk for injury.

Physical Therapists have unique education and training to provide specialized physical therapy injury prevention, health and wellness and rehabilitative services to the public in a safe and effective manner. Our background in anatomy, physiology, physics and application of kinesiology, kinesiotherapy, the evaluation and treatment of musculoskeletal pathology, etc. after screening other systems to identify the need for medical referral is unique, especially in the evaluation and treatment of human movement patterns. This unique knowledge base is necessary for prevention and/or treatment of musculoskeletal injuries in businesses (ergonomics), athletics, in musicians and clients with limitations in their activities of daily living. Many injuries are caused by aberrant, inefficient movement patterns. No other profession has been as successful as physical therapists at applying research, evaluating and treating clients with these issues. Skill in evaluating and treating this areas is gradually developed through a rigorous, structured educational program that includes research and multiple practicums with direct supervision from experienced practitioners that provide immediate feedback to maximize the learning experience.

Other treating practitioners often fail to evaluate core areas such as neural mobility of the spine and all four extremities. Some are aware of this category, but few outside of the physical therapy realm have sufficient training to adequately evaluate, treat and educate patients with restrictions in neural mobility. If lack of neural mobility is the client's limiting factor, then stretching and/or strengthening certain areas may be detrimental and cause further symptoms and injury.

Physical therapists are trained to look for signs of non-musculoskeletal caused symptoms, to screen other body systems and identify potential risk areas through an evaluation process that includes special questions, observation and other screening tools/procedures. We are trained to refer our clients to doctors and other medical professionals for additional diagnostic testing such as x-rays, EMG tests, etc. and treatment such as medication prescriptions and other treatment outside the scope of our profession or outside the skills/expertise of the individual. We communicate and work well with doctors, nurses, coaches, other health professionals and the public to help our clients achieve their health and movement goals.

Cost containment is another excellent reason to keep the treatment in the hands of the physical therapy professionals. A study in Florida demonstrated that physical therapy services provided in a physician's office resulted in higher costs than services provided in a physical therapist's treatment setting. Physical therapists have also saved businesses a lot of money through injury prevention services. My company saved a baking company \$450,000 in Worker's compensation related costs in one year! Over a three year period, we helped a large company cut their workers' compensation total developed losses costs 78%, cut their cost per claim 50% and eliminated all surgeries!

In summary, I strongly encourage you to keep this proposed language and intent in this important legislation to protect the health and safety of the public and to help control medical costs. Thank you for your consideration.

Steve Garske, MS, PT
Optimal Performance
Physical Therapy and Ergonomic Injury Prevention

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly endorse this provision and request that you include it in the final rule. Physical therapist and physical therapy assistants under the supervision of a PT are the only caregivers who have the requisite training to provide physical therapy services. My education involved Advanced neurology, Anatomy and Physiology, Kinesiology, Orthopedics, Joint Mobilization of the peripheral joints and Spine, Soft tissue techniques, Exercise classes, Diagnosis and Precautions, Advanced rehabilitation skills for a variety of diagnosis. Internships x 5. (Pediatrics, Orthopedics, Neurology, Sports Medicine, Gerontology)

THERAPY STANDARDS AND REQUIREMENTS

It is very important that those who furnish physical therapy services in physicians offices be graduates of accredited physical therapy programs or meet the grandfathering clauses. I have had several therapy patients referred to me that had physical therapy in a physicians office by non physical therapist. They increased the patients pain, did things that were contraindicated and did not provide the skilled intervention that would complete and make their rehab successful. They had limited knowledge of the problem. The patients have all said their was no comparison between the quality of therapy done by a physical therapist and the individual that provide care in the physicians office.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am writing to voice my strong opposition to the proposal by CMS to "Incident To" treatment and care. You will find attached my letter explaining my opposition.

CMS-1429-P-460-Attach-1.doc

Tony Fitzpatrick, MA, LAT, ATC
Timberline High School
701 E Boise Avenue
Boise, ID 83706

August 25, 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:

My name is Tony Fitzpatrick and I am a Certified Athletic Trainer, as well as, Licensed to practice Athletic Training in the State of Idaho, as granted by the Idaho State Board of Medicine. I have been working as an Athletic Trainer for the Boise School District in Boise, Idaho for the past 17 years.

This letter is to voice my STRONG opposition to CMS's proposed change that would limit providers of "incident to" services in physician offices and clinics to only physical therapists, occupational therapists and speech and language pathologists. By doing so, you would eliminate a strong, professional, experienced and well-trained work force, Certified Athletic Trainers, from the treating physician's options of the treatment he or she desires for their patients.

Just like physicians, nurses, and physical therapists, we undergo an extensive collegiate educational training and experience. This academic experience MUST and IS accredited through the Commission on Accreditation of Allied Health Education Programs (CAAHEP). ALL potential athletic trainers must pass a series of National Board Examinations. On top of that, many in our profession must register or become licensed by individual state governing bodies, I MUST be licensed by the Idaho State Board of Medicine in order to practice athletic training.

Athletic Trainers specialize in the care, prevention, and rehabilitation of injuries sustained to people in an athletic or recreational setting. Our primary mission is to prevent, assess, treat and rehabilitate injuries. For the CMS to suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of a torn ACL, whether skiing, soccer or stepping off a curb is not only absurd, but also insulting to the athletic trainer and physician. Who is best suited to judge and determine what is best for the Medicare patient: CMS or the local physician who has been working with and is satisfied with the care and rehabilitation that a Certified Athletic Trainer is providing in their clinic? The proposed CMS change is taking away the choices that physicians are now able to make for what THEY deem is best for their Medicare patient. I ask again, who is better suited to make decisions for the Medicare patient in Idaho: a

governmental agency or the treating physician? Is it the intention of CMS to improperly usurp the State's right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services?

Where is the evidence that Medicare patients have not received anything but the best care from Clinical Certified Athletic Trainers? CMS is proposing a change in which they can offer no evidence that there is even a problem that needs to be fixed. Please excuse me for saying this, but in my humble opinion, it is nothing more than a "financial Turf War" by a single professional group that has never really recognized the talents, education and services that Certified Athletic Trainers can and DO provide on a daily basis. They seek to establish themselves as the sole provider for therapy services, all in the name of what is in the "best interest" of the Medicare patient. CMS does NOT have the statutory authority to restrict who can and cannot provide services "incident to" a physician office visit. Again, I ask, where is the evidence, or proof, that Medicare patients have been mistreated by Certified Athletic Trainers? Independent research has demonstrated that quality of services provided by Certified Athletic Trainers is EQUAL to the quality of services provided by physical therapists.

Physicians accept 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 particular services. In Idaho, it is now state law that ALL Certified Athletic Trainers have a Supervising Physician on file with the Idaho State Board of Medicine, as well as a Sports Medicine Service Plan written and signed by both the Supervising Physician and the Certified Athletic Trainer. This Service Plan must be on file and readily available. I bring this up because I find it odd, that in the high school setting, (one of 17,346 National Federation of High School member high schools with approximately 10 million young people involved in high school activity programs), I work with many athletes, typically nearly 900 each school year. Of that, because of my high school's socio-economic demographics, I have roughly 1/5 of my students who identify Medicare as their insurance. I do not bill out for any services to any insurance. I work in the public school setting. As such, I am hired to take care of the needs of my athletes under the direction of my supervising physician and guided by my service plan. I find it odd that I can successfully rehabilitate an injured "Medicare identified" high school athlete to the standards of my supervising physician and return them to the playing field. However, if this same athlete was to attend a high school without the services of a certified athletic trainer, but go to a physician's clinic where certified athletic trainers are employed, under the proposed rule, that certified athletic trainer, with the same education as I, could not treat that athlete. As of June 2004, there were 5598 Certified Athletic Trainers in the Secondary School setting, who are successfully treating and rehabilitating athletes, many of whom are probably identified as Medicare Patients. Again, this is an absurd proposal. I am perfectly capable of treating and rehabilitating my "Medicare identified" athletes at the high school level, per my job description and Supervising Physician driven Service Plan, free of charge, but would not be able to provide those same services if I worked in my Supervising Physician's clinic.

I do not believe it is necessary or advantageous for CMS to institute the proposed changes. This CMS recommendation is not only a health care access deterrent, it monopolizes who is authorized to provide these services.

Sincerely,
Tony Fitzpatrick, MA, LAT, ATC
Head Athletic Trainer
Timberline High School
Boise, Idaho

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I believe that the therapy-incident to proposal which would limit Physical Therapists to being the only qualified medical professionals capable of offering physical medicine to medicare patients is entirely wrong. There are other very well qualified professionals such as Certified Athletic Trainers which would be able to provide physical medicine services as well. Please consider to points raised in the attached letter in helping you to make your decision. Thank you for your consideration,

Todd Hull, MS, PA-C, ATC

Submitter : Marilyn Meyer Date & Time: 08/26/2004 01:08:45

Organization : Marilyn Meyer

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I have been practicing as a Physical Therapist for twenty-seven years. I wish to comment on the August 5 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005". I support CMS's proposal that personnel providing physical therapy services in physicians' offices, or anywhere for that matter, must be graduates of an accredited physical therapy curriculum and be licensed, or meet grandfathering requirements. Licensure is the standard by which our profession maintains our credibility and professional stature, and it sets us apart from anyone wanting to hang up a shingle. We often treat patients who have been given a list of exercises by their physicians, and often times they are inappropriate or misunderstood and are being performed in a harmful manner. Physical therapists and physical therapist assistants under the supervision of licensed physical therapists are the only individuals educated to be the neuromuscular movement specialists we have become. Unqualified persons should not be providing and billing for something they call physical therapy.

Physical therapists receive extensive training in anatomy, physiology, and mechanics of the body and are the most qualified persons to treat movement disorders. Our education has moved to a doctorate level, and our profession has worked hard to provide positive outcome oriented care to all individuals. I feel the Medicare beneficiaries, who have often complicating factors, deserve to receive their rehabilitation services by physical therapist professionals.

Thank you for consideration of my comments.

Sincerely,

Marilyn Meyer, PT, MHS

Submitter : Mrs. Lisa Shaw Date & Time: 08/26/2004 01:08:56
Organization : Mrs. Lisa Shaw
Category : Physical Therapist

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

THERAPY - INCIDENT TO

I wish to strongly support CMS's proposed requirement that physical therapists working in physicians offices be graduates of accredited professional physical therapist programs. In order to protect the safety of the public, licensure should additionally be a standard requirement. If this is not currently possible for CMS to require, it should still be noted that it is in the best interest of the public and would best help CMS to meet its objectives. At the very least, provision of physical therapy services should only occur by graduates of accredited physical therapy programs.

Physical therapists and physical therapist assistants under the supervision of physical therapists are the only practitioners who have the education and training to furnish physical therapy services. Unqualified personnel should NOT be providing physical therapy services. Physical therapists must have a post-baccalaureate degree and must be licensed in the state in which they practice. They are fully accountable for their professional actions by way of licensure. The education of physical therapists is intensive, including thorough training in anatomy and physiology as well as comprehensive patient care experience, uniquely training them to be provide appropriate rehabilitation and patient education for all patients including Medicare beneficiaries.

The delivery of so-called 'physical therapy services' by unqualified personnel is harmful to the patient. If treatment is administered by an individual lacking thorough understanding of injury and disease processes as well as rationale for various treatments, the patient's safety is at risk.

When the 'therapy cap' becomes effective January 1, 2006, a patient's rehabilitation services will be financially restricted. If individuals are allowed to bill for 'physical therapy services' when in fact the patient has not actually received such services from a physical therapist, the patient will lack available funding for times when he/she requires rehabilitation. This is a potentially dire circumstance for a Medicare patient.

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

Thank you very much for your attention to these points. Thank you for your support of our profession and of Medicare beneficiaries who benefit from our services.

Sincerely,
Lisa Shaw, PT
Physical Therapist
Atlanta, Georgia
lshawpt@yahoo.com

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

8-25-04

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.

In summary, this proposal can be seen as a way to provide exclusive rights to Medicare billing, thus eliminating qualified allied health practitioners services.

Sincerely,

Kyle L. Mabry ATC/R

Ashland OR 97520

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am writing in opposition to the revisions of CMS 1429-p 'incident-to' guidelines. The revisions would severely limit the ability for physicians to determine the appropriate care for the medicare patient. This legislation will ultimately hurt the patient/doctor and patient/therapist relationship. CMS-1429-p underestimates the diversities of medicare patients. They are as diverse as any patient population with specific needs and functional levels. Most patients in the 62 and over age range live very active lifestyles. I strongly believe that these revisions do not take into account the potential for these individuals to sustain sport related injuries due to their active lifestyle. Sports related/orthopedic injury is not specific to younger populations. Sports related injuries afflicts all age groups. Medicare patients should not be discriminated from the type of therapy they should receive or by whom. The physician should be able to make judgements with regard to the type of therapy they receive. For example; a patient with severe difficulties with activities of daily living may receive occupational therapy. An individual with lumbar-sacral pain with radicular symptoms may be referred to a physical therapist. Each therapist provides a specific need for their patient. What of those patients who sustain a sport related injury and would like the assistance of a qualified professional in this area. Athletic Trainers are trained in sports therapy and treat patients side by side with physical therapists and occupational therapists. We are trained to evaluate the acute injury as well as the rehabilitation of such injuries. Patients who require assistive strapping, taping and bracing are provided by staff athletic trainers. Sports Medicine, the core of the athletic trainers education, encompasses far more than rehabilitation of injury. Athletic trainers provide a facility or clinic with a well rounded approach to attaining successful outcomes for the patient. With the ever increasing medicare population rising, qualified professionals like athletic trainers will only assist the therapists in easing this burden.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Certified Athletic Trainers are highly qualified individuals. We work with athletes at the highest of levels. We take numerous classes that allow us to understand the body and how it responds to the different treatment options available and there are many places where you can take classes that allows you to concentrate on specific age populations. To only let physical therapists treat Medicare patients would greatly decrease the quality of care that many patients receive especially in the rural settings. It would also be a slap in the face to those people who are currently working in those settings. This regulation is trying to be put in place not because there is a problem but because physical therapists are trying to monopolize themselves. This will drive up the price of therapy and lead to many individuals not being able to afford treatment. Currently over half of the practicing Athletic Trainers have an advanced degree that is equal to that of physical therapist. Please consider the welfare of the patients and allow them to receive the best possible treatment and not have to have large delays and increase in cost.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

See attachment

August 25, 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,

Ashley Minnick, ATC
50 Roscommon Drive
Springfield, OH 45503

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Personally, I have worked in two orthopedic surgeons' offices for a total of 6 years. I was able to assist them daily with 'incident to' services under their supervision in accordance with their protocols. These physicians preferred certified athletic trainers to work with their patients because certified athletic trainers are the most educated and proficient at returning the injured patient to their former activities. Several of our patients were grandmothers, several were Olympic athletes, professional football players, and patients with every activity level in between. Each received the care that the physician needed them to have to recover from their injury, wound or surgery.

Joan D. Hart, Med, ATC, LAT
3817 18th Street
Plano, Texas 75074

Joan D. Hart, Med, ATC, LAT
3817 18th Street
Plano, Texas 75074

August 24, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician 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.
- Personally, I have worked in two orthopedic surgeons’ offices for a total of 6 years. I was able to assist them daily with “incident to” services under their supervision in accordance with their protocols. These physicians preferred certified athletic trainers to work with their patients because certified athletic trainers are the most educated and proficient at returning the injured patient to their former activities. Several of our patients were grandmothers, several were Olympic athletes, professional football players, and patients with every activity level in between. Each received the care that the physician needed them to have to recover from their injury, wound or surgery.
- 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

Joan D. Hart, Med, ATC, LAT
3817 18th Street
Plano, Texas 75074

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.

Joan D. Hart, Med, ATC, LAT
3817 18th Street
Plano, Texas 75074

- 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,

Joan D. Hart, Med, ATC, LAT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please find attached letter regarding "Therapy-Incident To".

Carrie Janiski
Western Michigan University
3800-8 Pine Terrace
Kalamazoo, MI 49006

August 25, 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 many 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.***
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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. As a student pursuing an Athletic Training degree as well as a Michigan representative to the GLATA Student Senate, I am very disappointed that this proposal even merits consideration. Certified Athletic Trainers are well-educated and well-qualified to provide any incident-to service that a physician deems appropriate. Athletic Trainers have been working side-by-side for years in sports medicine and now is no time to upset that balance.

Thank you for your time and consideration.

Sincerely,

Carrie Janiski
Western Michigan University
President, Student Professional Association of Sports Medicine
Co-Chair, GLATA Student Senate

Submitter : Mrs. Marian Over Date & Time: 08/26/2004 04:08:23

Organization : Stark State College

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

I am writing to strongly support the the proposed personnel standards for physical therapy services that are provided ?incident to? physician services in the physician?s office.

I fullheartedly agree that interventions should be represented and reimbursed as physical therapy only when performed by a physical therapist or by a physical therapist assistant under the supervision of a physical therapist.

I adamantly oppose the use of unqualified personnel to provide services described and billed as physical therapy services. Several years ago I injured my shoulder. The D.O. suggested I have an Ultrasound treatment. I was suprised when a female worker came into the room with a machine. I agreed to the procedure only to assess the quality of the services provided and to see who actually provided the treatment. I was appalled when this woman proceeded with smearing gel on my upper arm. She never told me what she was going to do. She never asked me any questions about the location of my shoulder pain. She never asked me about any contraindications to ultrasound that I might have. She then proceeded to turn the unit on and increased the ultrasound intensity rapidly. I intervned because I knew there was a high probability that she was going to cause a periosteal burn on my arm. I then asked her if and when their unit had been calibrated. She didn't know. I asked her how she would determine the intensity had I not stopped her, she said she "always uses 1.5". I asked her if she knew what the 1.5 was a measurement of. She didn't know. I asked her how she came up with "1.5" She didn't know. She admitted she had been shown the technique once & did it the same way every time! Before I left the office, I told the physician about the incident and I also told the office manager about it.

I never expected to be charged for the ultrasound treatment that I had not recieved because I had refused it, but not only was I charged for the ultrasound that never happened, I was also charged another "physical therapy" fee. I still don't know what that was for! Both were taken off my bill only after I demanded it.

I apologize for the length of this notation. This is such a significant issue for patient quality care and especially patient safety.

Thank you for the opportunity to share my thoughts on this very important subject.

I can share other examples of patient/client mismanagement of physical conditions by physicians and/or their office staff. Please feel free to contact me during the day EST 330-966-5458 x 4733 or 330-335-3161 in the evening or weekends.

Sincerely yours in patient advocacy and protection,
Marian S. Over, PT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

see attached word document

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS**

Please note: The attachment cited in this document is not included for one of the following reasons:

1. Improper format.
2. The submitter did not follow through when attaching the document.
3. The submitter had intended to attach more than one, but not all attachments were received.
4. The type of document provided was a password-protected file. CMS was given read-only access to the document.

We cannot provide this electronic attachment to you at this time, but you would like to view any of those that are not posted on this web site, you may call CMS and schedule an appointment at **1-800-743-3951**. Those comments along with its attachment(s), that could not be posted, will be available for your viewing at that time.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

see attached word document

Jason Trinidad, ATC, CSCS
Whittier College Sports Medicine
13406 East Philadelphia
Whittier, CA 90608

8/25/04

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

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Sincerely,

Jason Trinidad, ATC, CSCS

Trinitrainer@aol.com

562 907 4965

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attached letter.

CMS-1429-P-473-Attach-1.doc

CMS-1429-P-473-Attach-2.doc

David A. Oliphant MS, ATC/L
Physician Extender
Gallo Glass Medical Dept
605 S. Santa Cruz
Modesto, California 95354

August 25, 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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Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Sir/Madam,

I am firmly against any change which would not allow Certified Athletic Trainers to provide services.

r/

Vance Penn

*Vance Penn
USS ESSEX (LHD - 2)
Wardroom S-5
FPO AP 96643-1661*

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
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Sincerely,
Vance Penn

Vance Penn, M.Ed., ATC, CPFS

Afloat Fitness Director

USS Essex (LHD 2)

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Dr. McClellan:

I am sending this note to support the "incident to" provisions and request that it be included in the final rule.

Thank You

Mark Macri PT MS OCS

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am a MA licensed Physical Therapist (PT) and private practice owner. I strongly support CMS' proposal that individuals who furnish PT services in a physician's office must be graduates of an accredited PT program and licensed by the state board as a Physical Therapist. PTs are the only caregivers who have the training to provide PT services (Now either a Masters or Doctorate degree). Delivery of PT services by an unqualified person will be harmful to the health of patients and costly to the Medicare system.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see the following attachment.

CMS-1429-P-477-Attach-1.doc



American Kinesiotherapy Association

P.O. Box 1390 , Hines Ill. 60141-1390

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

Miriam G. Correa, RKT
5141 W. Cullom
Chicago, IL 60641

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

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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, accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.

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

- CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.

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

Sincerely,

Miriam G. Correa, RKT

Submitter : Mrs. Doretha Staples Date & Time: 08/26/2004 01:08:37

Organization : Memphis Veterans Hospital

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see the following attachment.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS**

Please note: The attachment cited in this document is not included for one of the following reasons:

1. Improper format.
2. The submitter did not follow through when attaching the document.
3. The submitter had intended to attach more than one, but not all attachments were received.
4. The type of document provided was a password-protected file. CMS was given read-only access to the document.

We cannot provide this electronic attachment to you at this time, but you would like to view any of those that are not posted on this web site, you may call CMS and schedule an appointment at **1-800-743-3951**. Those comments along with its attachment(s), that could not be posted, will be available for your viewing at that time.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see the following attachment.

CMS-1429-P-479-Attach-1.doc



American Kinesiotherapy Association

P.O. Box 1390 , Hines Ill. 60141-1390

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

Lester Richard
7120 Pleasant Ridge Rd.
Arlington, TN 38002

September 15, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service, placing 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 registered kinesiotherapists) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
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Sincerely,

Lester Richard, RKT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see my attached letter.

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

Jeremy Simington, MS, ATC
Director, Athletic Training Education Program
King's College
133 N. River Street
Wilkes-Barre, PA 18711

August 10, 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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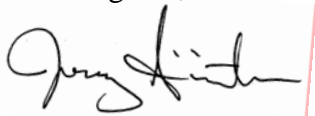
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- Curtailing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician’s ability to provide the best possible patient care.
- 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

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

Best regards,

A handwritten signature in black ink, appearing to read "Jeremy Simington", with a vertical red line to its right.

Jeremy Simington, MS, ATC
Director, Athletic Training Education Program

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Should this proposal pass, it will create a monopoly for PT's as the only providers of physical training to senior citizens. Few PT have the wellness, health, and fitness backgrounds of certified athletic trainers. Why not allow the physician to chose the best provider for his/her patient instead of the only provider?

CMS-1429-P-481-Attach-1.doc

CMS-1429-P-481-Attach-2.doc

Melanie Adams, ATC,CSCS
Hood College
401 Rosemont Ave
Frederick MD 21701
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 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 and thus reduce the quality of health care for Medicare patients. Fewer providers would mean greater costs for all Americans.

Please consider the following before acting on this proposal:

- 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.
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- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists. These professionals have skills that relate to all populations not just competitive athletes. They are a tremendous asset to patients needing lifestyle modifications for exercise, nutrition, and fall prevention.

I believe it is not in the best interest of Medicare patients to institute the changes proposed. The CMS recommendation is a deterrent to accessible health care.

Sincerely,

Melanie Adams, ATC, CSCS

Melanie Adams, ATC,CSCS
Hood College
401 Rosemont Ave
Frederick MD 21701
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

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Sincerely,

Melanie Adams, ATC, CSCS

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Sir/Madam,

Please read the attached letter in response to the proposed changes in providing "Therapy- Incident To" services.

Brett VanFleet, ATC
Palisades High School
35 Church Hill Road
Kintnersville, PA 18930

August 26, 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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- Curtailing to whom the physician can delegate "incident to" procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician's ability to provide the best possible patient care.
- To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide "incident to" services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide "incident to" care in physicians' offices would improperly remove the states' right to license

and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.

- CMS, in proposing this change, offers no evidence that there is a problem that is need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
- CMS does not have the statutory authority to restrict who can and cannot provide services “incident to” a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.
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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,

Brett VanFleet, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

? CMS offers no evidence that there is a problem 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 should not be in the business of promoting and paying only one profession for therapy when others are qualified.

? Certified athletic trainers are highly qualified health care professionals with at least a bachelor's degree. They are not in the same profession as personal trainers. Certified athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. Dozens of certified athletic trainers accompanied the United States Olympic Team to Athens Greece to provide these services to top U.S. athletes. For CMS to even suggest that certified 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 or falling off a ladder and goes to their local physician for treatment of that injury is outrageous and unjustified.

? Certified athletic trainers are highly educated. They must graduate from an accredited bachelor's or master's degree program, and 70 percent of all certified athletic trainers have a master's degree or higher. Their coursework includes human physiology, human anatomy, biomechanics, nutrition, acute and chronic care of injuries and illnesses, and orthopedic assessment. Certified athletic trainers are comparable to other health care professionals ? including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners.

? Restricting the ability of physicians to utilize ATCs would severely limit access to quality physical therapy services in those communities where a physical therapist is not available.

? CMS is accepting comments until September 24. The National Athletic Trainers' Association is encouraging ALL athletic trainers ? no matter what setting they work in ? to take this opportunity to tell CMS this is a bad idea. We're also asking physicians, patients and athletes to submit letters.

? Time is of the essence. Please: Can we count on your help?

Submitter : **Mr. Christopher Rice** Date & Time: **08/26/2004 03:08:50**

Organization : **RSM Physical Therapy and Sports Medicine**

Category : **Other Health Care Professional**

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Chris Rice
29803 Santa Margarita Parkway
RSM, Ca 92688

8/26/04

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.

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CMS, in proposing this change, offers no evidence that there is

Chris Rice
949 459 9010



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached document

CMS-1429-P-485-Attach-1.txt

Attachment #0485

Karen Lovell
Austin Peay State University
P.O. Box 4515
Clarksville, TN 37044

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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To allow only physical therapists and PTAs, OT and OTC 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 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 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 are accompanying the U.S. Olympic Team to Athens, Greece to provide these same services to the top athletes from the U.S. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary is outrageous and unjustified.

It is my strong opinion that it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Thank you for your time and consideration in this matter.

Sincerely,

Karen Lovell, M.S., ATC/L
Austin Peay State University
Assistant Athletic Trainer

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

As a Physical Therapist Assistant practicing in the state of Tennessee, I am aware of the importance to the general public that the practice of physical therapy be carried out by individuals who have obtained the proper education and state licensure to ensure first and foremost, the safety and welfare of the patient. But, also ensuring that physical therapist and physical therapist Assistants have a viable and proffitable occupation. Only a physical therapist or a physical therapist assistants should be providing PT services that are billed to Medicare regardless of the location of Treatment. Thank you for your time in this matter. David Johnson PTA.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

Nick Refvem, MS, ATC
University of Tulsa
600 S College Ave
Tulsa, OK 74104

August 26, 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.
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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,

Nick Refvem, MS,ATC
University of Tulsa
600 S College Ave
Tulsa, OK 74104

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

see attached letter



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS**

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We cannot provide this electronic attachment to you at this time, but you would like to view any of those that are not posted on this web site, you may call CMS and schedule an appointment at **1-800-743-3951**. Those comments along with its attachment(s), that could not be posted, will be available for your viewing at that time.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

SABRINA SEGARRA
1589 Quarrier Street
Charleston, WV 25311
304-343-4747
Segarra Fitness@aol.com

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 term of whom 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 or master?s degree from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and

illness, statistics and research design, and exercise physiology. Seventy (70) percent of all athletic trainers have a master's degree or higher. This great majority of practitioners who hold advanced degrees are compar

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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 understand that certified athletic trainers are medical professionals who specialize in the prevention, assessment, treatment, and rehabilitation of injuries and illnesses that occur to athletes and the physically active. In order to practice as an athletic trainer one must graduate from a program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), so that the public knows that certified athletic trainers are qualified healthcare professionals maintained through a system of certification, adjudication, standards of practice, and continuing competency programs. Certified athletic trainers do more than work the sidelines of football games, tape ankles, and give out ice; they are the most qualified health care practioner to provide daily care for physically active individuals. I believe certified athletic trainers are an important member to any medical team. Curtailing to whom the physician can delegate ?incident to? procedures will result in physicians performing more of these routine treatments themselves. This will take away from the physician?s ability to provide the best possible patient care.

Sincerely,
Mike Ediger
Assistant Professor
Assistant Athletic Trainer
Whitworth College
300 W. Hawthorne Rd
Spokane, WA 99251
509-777-4624

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see the following attachment

CMS-1429-P-491-Attach-1.txt

Attachment #0491

American Kinesiotherapy Association
P.O. Box 1390 , Hines Ill. 60141-1390

Regina A. Boddy
10568 Pak Cv
Biloxi, Ms 39532

September 15, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service, placing 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 registered kinesiotherapists) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.

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, accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.

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

CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing.

In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.

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

Sincerely,

Your Name, RKT

Submitter : **Mr. Joshua Cooper**Date & Time: **08/26/2004 06:08:29**Organization : **Gundersen Lutheran**Category : **Other Health Care Professional****Issue Areas/Comments****Issues 20-29**

THERAPY - INCIDENT TO

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

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

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

Athletic trainers are highly educated. 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.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See Attached Letter

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS**

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Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See Attached Letter



Eric D. Frederick, MS, ATC, EMT-B
Athletic Trainer
118 Stewart Stadium
Murray, KY 42071-3351
(270) 762-6806
eric.frederick@murraystate.edu

November 19, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals, certified athletic trainers 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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- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

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

Sincerely,

Eric D. Frederick, MS, ATC, EMT-B
Athletic Trainer

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attached letter.

Alan Lollar, ATC
1701 Johnson Blvd
Murray, KY 42071

8/26/04

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

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Sincerely,

Alan Lollar, ATC
1701 Johnson Blvd
Murray, KY 42071

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

1429 P
Nephrologists are the physicians who see patients prior to ESRD and the ones who educate them and prepare them for dialysis and/or transplantation. We order the venous mapping for fistula placement. The surgeon then uses this information. It is inefficient and not the usual mode of practice to send a patient to a surgeon first in order to get an order for ultrasound/doppler assessment for access placement. Payment for the access assessment by ultrasound should not be limited to requests by a surgeon.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See Attached Letter



Eric D. Frederick, MS, ATC, EMT-B
Athletic Trainer
118 Stewart Stadium
Murray, KY 42071-3351
(270) 762-6806
eric.frederick@murraystate.edu

November 19, 2004

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

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

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

Sincerely,

Eric D. Frederick, MS, ATC, EMT-B
Athletic Trainer

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am writing to express my concern over the recent proposal that would limit providers of 'incident to' services in physician clinics. Please see attached MicroSoft Word document for full comments. Thank you, Elizabeth Emeterio, MS, ATC/L

CMS-1429-P-498-Attach-1.doc

CMS-1429-P-498-Attach-2.doc

Elizabeth A. Emeterio, MS, ATC/L
220 Associates Blvd
Alcoa, TN 37701

August 26, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

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

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220 Associates Blvd
Alcoa, TN 37701

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Elizabeth A. Emeterio, MS, ATC/L
220 Associates Blvd
Alcoa, TN 37701

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I would like to express my concern over the proposed change to "incident to" service reimbursement. If this change was implemented it would bar a whole field of healthcare professionals, Certified Athletic Trainers (ATC's), from performing services they are qualified to provide. This would provide physical therapists a monopoly on the provision of certain types therapy services that ATC's are qualified and educated to provided.

Ryan A. Boyer, LAT, ATC
Head Athletic Trainer
Rockledge High School
Rockledge, FL 32955

August 26, 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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Head Athletic Trainer
Rockledge High School

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see the following attachment

CMS-1429-P-500-Attach-1.doc



American Kinesiotherapy Association

P.O. Box 1390 , Hines Ill. 60141-1390

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

Carrie Domingo-Bailey
3430 S. Sepulveda Blvd. #411
Los Angeles, CA 90034

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

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