

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

The exclusion of other health care providers is not proper or fair to their training and licensure.
PT's should not be the only approved providers.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

see attached letter

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

Organization : American Massage Therapy association

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : Miss. Alison Snyder Date & Time: 09/21/2004 08:09:54

Organization : Miss. Alison Snyder

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

To Whom it May Concern:

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

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

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

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

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

Sincerely,

Alison Snyder, MS, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Comments
Issues 20-29

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

Christina Raymond, MS, LMT
FL license # MA 39331

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

THERAPY ASSISTANTS IN PRIVATE PRACTICE

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

September 21, 2004

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

Re: Therapy-Incident To

Dear Sir:

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

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

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

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

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

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

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

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

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

Sincerely,

Tonia Gruppen, MS, ATC

Head Athletic Trainer

Zeeland High School



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attached letter.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Sincerely
Andrew MacGregor

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER HEALTH CARE PROFESSIONAL - INCIDENT TO

Athletic trainers are highly educated allied health care providers. ALL certified or licensed athletic trainers must have a bachelor's or master's degree from an accredited college or university. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT). To allow only physical therapists, occupational therapists, and speech and language pathologists to provide "incident to" outpatient therapy services would improperly provide these groups exclusive rights to Medicare reimbursement. To mandate that only these practitioners may provide "incident to" outpatient therapy in physicians' offices would improperly remove the states' right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services. Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists. These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept. In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,
William Twehues, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See Attached File

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

PRACTICE EXPENSE

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

Please reclassify Santa Cruz County.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

"Therapy-Incident To"

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please See Attached File

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

Organization : National Athletic Trainers Association

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attached document

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

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

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

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

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

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

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

Thank you for your consideration.

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

Organization : Cuyahoga Community College

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

"Therapy - Incident To" 9/21/04

I would like to comment on the proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calender Year 2005". I believe that qualifications of individuals providing physical therapy services "incident to" a physician should be a graduate of an accredited professional physical therapy program or meet the grandfathering clauses or educational requirements for foreign trained physical therapists. Physical therapists and physical therapist assistants under the supervision of physical therapists are the only practitioners who have the education and training to provide physical therapy services. Unqualified personnel should NOT be providing these services and it is my belief that delivery of so-called "physical therapy services" by unqualified personal is harmful to the patient. Since these people do not have the proper education and training, unsuspecting patients will be the ones who will be missing out on the full benefits of a properly trained professional. Section 1862(a)(20) of the Social Security Act clearly requires that in order for a physician to bill "incident to" for physical therapy services, those services must meet the same requirements for outpatient therapy services in all settings. Because of this, it is my belief that the services must be performed by individuals who are graduates of accredited physical therapist education programs. Thank you.

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

To whom it may concern:

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

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

Thank You

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

Organization : BODY

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attachment

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments**GENERAL**

GENERAL

Dear Sir/Madam:

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

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

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

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

Sincerely,
A Certified Athletic Trainer

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 18, 2004

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

Re: Therapy-Incident To

Dear Sir/Madam:

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

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

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

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

What those individuals will not tell CMS is this:

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

 Core coursework for an ATC includes:

Human physiology and anatomy

Kinesiology/biomechanics

Nutrition

Acute care of injury and illness

Exercise physiology

Stats and research design

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

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

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

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

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

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

Jessica McCloskey, ATC
Athletic Trainer
Conestoga High School
NovaCare

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

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

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

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

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

Thank you for your consideration.

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

ASSIGNMENT

opposed

CARE PLAN OVERSIGHT

opposed

DIAGNOSTIC PSYCHOLOGICAL TESTS

opposed

IMPACT

opposed

LOW OSMOLAR CONTRAST MEDIA

opposed

MANAGING PATIENTS ON DIALYSIS

opposed

TECHNICAL REVISION

opposed

THERAPY - INCIDENT TO

opposed

THERAPY STANDARDS AND REQUIREMENTS

opposed

THERAPY TECHNICAL REVISIONS

opposed

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

Organization : University of Medicine

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

To Whom It May Concern:

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

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

We are writing to comment on the Proposed Rules governing the Physician Fee Schedule for Calendar Year 2005 as printed in the Federal Register of August 5, 2004.

Please reconsider your proposed rule. CMS committed in 1996 to updated the physician payment localities if there has been a significant change in practice costs. Santa Cruz County remains the most disadvantaged county in California. The payment differential for physician services in a county less than 20 miles from our business is over 25% greater than for services performed by local physicians. We understand that this is by far the greater such differential in the country.

This needs to stop. We are losing doctors and important specialties. Our organization cannot fathom how this is allowed to continue. We believe that Congress has delegated to CMS the responsibility to manage the payment to physicians. Further, we believe that no other county in the U.S. is in greater need of reform than our county. It is your responsibility to correct this problem. Continued postponement of this long-needed reform is ill advised and inappropriate.

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

Sincerely,

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Issues 20-29

THERAPY - INCIDENT TO

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

Michael True

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

Dear Dr. McClellan:

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

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

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

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

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

Sincerely,
Laura Hobart-Porter, OMS IV

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

Organization : Miss. Tiffany Williamson

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

September 21, 2004

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

Dear Sir/Madam:

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

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

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

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

Sincerely,

Tiffany Williamson

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

please see attachment

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

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

Submitter :

Date & Time:

09/21/2004 11:09:38

Organization :

Category :

Individual

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

THERAPY - INCIDENT TO

Susan Floyd
 1475 Calle Tilo
 Thousand Oaks, Ca 91360
 September 21, 2004
 Centers for Medicare & Medicaid Services
 Department of Health and Human Services
 Attention: CMS-1429-P
 P.O. Box 8012
 Baltimore, MD 21244-8012
 Re: Therapy ? Incident To
 Dear Sir/Madam:

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

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

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

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

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

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

CMS does not have the statutory authority to restrict who can and cannot provide services ?incident to? a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.

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

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

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

Sincerely,
 Susan Floyd

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 2004

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

Dear Sir/Madame:

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

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

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

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

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

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

Sincerely,

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Alissa Floyd
 1475 Calle Tilo
 Thousand Oaks, Ca 91360

September 21, 2004
 Centers for Medicare & Medicaid Services
 Department of Health and Human Services
 Attention: CMS-1429-P
 P.O. Box 8012
 Baltimore, MD 21244-8012
 Re: Therapy ? Incident To
 Dear Sir/Madam:

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

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

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

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

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

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

CMS does not have the statutory authority to restrict who can and cannot provide services ?incident to? a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.

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

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

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

Sincerely,
 Alissa Floyd

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Subject:

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

Reference:

'Therapy - Incident To'

Please see attachement for complete comments.

Sincerely,

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

Submitter :

Date & Time:

09/21/2004 11:09:50

Organization :

Category :

Individual

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

THERAPY - INCIDENT TO

William Floyd
1475 Calle Tilo
Thousand Oaks, Ca 91360

September 21, 2004
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012
Re: Therapy ? Incident To
Dear Sir/Madam:

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

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

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

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

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

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

CMS does not have the statutory authority to restrict who can and cannot provide services ?incident to? a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.

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

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

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

Sincerely,
William Floyd

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

Organization : ABMP

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Diane Nelson

Sports PT of NY PC

2540 Sheridan Drive

Tonawanda, NY 14150

September 21, 2004

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

Re: Therapy - Incident To

Dear Sir / Madame:

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

A physician has the right to delegate the care of his or her patients to trained individuals (including Certified Athletic Trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. There has never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide any "incident to" service. It is imperative that physicians continue to make decisions in the best interest of the patient.

Athletic Trainers are highly educated. All certified or licensed athletic trainers must have a bachelor's or masters degree from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness and exercise physiology. Seventy percent of all athletic trainers have a masters degree or higher. This great majority of practitioners who hold advanced degrees is comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and any other mid-level health care practitioner. To allow only physical therapists, occupational therapists, and speech pathologists to provide "incident to" outpatient therapy services would improperly provide these groups exclusive rights to Medicare reimbursement. To mandate that only these practitioners may provide "incident to" outpatient therapy in physicians offices would improperly remove the states' right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services. CMS does not have the statutory authority to restrict who can and cannot provide "incident to" a physician office visit. In fact, this action could be construed as an attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider for therapy services.

Sincerely,

Diane Nelson



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

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

Thank you

Joseph P. Carroll PT MS SCS
Director
Cape Cod Rehabilitation

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

Organization : Mrs. Sandi Russ

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Centers for Medicare and Medicaid Services:

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

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

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

Thank you,

Katherine Pullman

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

Resolutions II, Inc. Sharon Messinger President #611332780, 3018 championd Drive, Barboursville, WV 25504

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Sir/Madam,

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

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

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

Sincerely,
Amanda Hart
Athletic Training Student
University of Vermont

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

SECTION 303

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

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

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

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

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

SECTION 303

Please see attached Word document

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

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

Organization : Mrs. Shayne Sanderford

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

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

Organization : National Athletic Trainers Association

Category : Individual

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

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

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

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

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

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

Submitter : Date & Time:

Organization :

Category :

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

THERAPY - INCIDENT TO

September 21, 2004

To Whom It May Concern:

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

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

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

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

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

Sincerely,

Julie Walsh ? student athletic trainer

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 21, 2004

University of South Carolina
Student Athletic Training Program
Columbia SC 29208

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

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

Sincerely,

Claudia Branum

Athletic Training Student at University South Carolina, Columbia SC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

MANAGING PATIENTS ON DIALYSIS

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

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

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

To Whom It May Concern:

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

Thank you,

Mark A. Kasari, M.D.

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

9/21/04

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

system.

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

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

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

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

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

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

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

Sincerely,

Walter S Robinson

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

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

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

Thank you for your consideration,

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

September 15, 2004

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

Dear Sir/Madam:

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

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

A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY 'incident to' service. It is imperative that physicians continue to make decisions in the best interests of the patients.

Athletic trainers are highly educated. ALL certified or licensed athletic trainers must have a bachelor's or master's degree from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Seventy (70) percent of all athletic trainers have a master's degree or higher. This great majority of practitioners who hold advanced degrees is comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners. The Commission on Accreditation of Allied Health Education accredits academic programs through an independent process. Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).

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

CMS does not have the statutory authority to restrict who can and cannot provide services 'incident to' a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of therapy services.

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

Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. For CMS to even suggest that athletic trainers are unqualified to provide services to Medicare beneficiaries that goes to their local physician for treatment for an injury is outrageous and unjustified.

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

Sincerely,

William L. Hayes, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 21, 2004

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

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

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

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

? Athletic trainers are highly educated. ALL certified or licensed athletic trainers must have a bachelor?s or master?s degree from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Seventy (70) percent of all athletic trainers have a master?s degree or higher. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).

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

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

deterrent.

Sincerely,

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



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

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

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

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

Organization : In Touch Therapeutic Massage, Inc.

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

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

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

Thank you

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Hello,

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

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

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

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

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

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

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 21, 2004

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

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

Sincerely,

Stephen Kramer

Athletic Training Student at University of South Carolina, Columbia

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear CMS,

As a senior at James Madison University in the sports medicine program, I will be looking for jobs soon. I have worked here at the university and in the community doing many of the same things at physical therapists and occupational therapists, and their aides. I have also worked in a physical therapist clinic doing the work that you are trying to not allow to be reimbursed.

Certified athletic trainers have many of the same skills as the people you list to be allowed to be reimbursed and even more skill. ATCs go through more schooling than physical therapist and occupational therapist aides and have many of the same skills as physical therapists and occupational therapists, and some they don't have. It is said by the federal government that an athletic trainer's preparation is equivalent to that of a PT, and more significant than an OT, OTA, and PTA. If this is so, why would you try to not allow certified athletic trainers who have to take a national exam, and continuing education? There are no continuing education requirements for PTs and they have an equivalent preparation to athletic trainers.

In closing, I do not think this proposal should be passed, and I would be outraged to see something like this happening to our athletic training community, because we are definitely capable. Thank you and I hope that you listen to what I have to say, and what many other athletic trainers have to say.

Sincerely,

Alex Esposito

Submitter : 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
PO Box 8012
Balitimore, MD 21244-8012

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

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

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

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

Sincerely,
Amber Anderson, SPT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

September 21, 2004

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

Re: Therapy-Incident To

Dear Sir/Madam:

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

During the decision-making process please consider the following:

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

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

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

Curtailing to whom the physician can delegate "incident to" procedures will result in physicians performing more of these routine treatments themselves, thereby increasing the workload of physicians. This will take away from the physician's ability to provide the best possible patient care.

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

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

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

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



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

CMS-1429-P-2510

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

Organization : Mrs. June Corbit

Category : Nurse

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

To Whom is May Concern:

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

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

Thank you for your time,

Brian Hinkle, ATC, EMT

Please See Attached File

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
Attn: CMS-1429-P
PO Box 8012
Baltimore, MD 21233-8012
Please see attachment

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

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

Organization : JMU

Category : Individual

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

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

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

proposal CMS-1429-P is no good.

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

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

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

Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY STANDARDS AND REQUIREMENTS

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

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

Think before you act. This is not sound judgement.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

The Centers for Medicare and Medicaid Services:

Personnel who provide physical therapy services in a physician's office incident to a physician's professional service must be provided by persons qualified to provide those services at the highest of levels. Making those individuals be graduates of an accredited professional physical therapist educational program is a quality change to the 'incident to' physician fee schedule.

I am a graduate of an accredited program in physical therapy. The education that I received required a Master's of Science degree and over 70 hours of study. This education along with the training I received at various medical facilities including hospitals, nursing homes, outpatient physical therapy clinics and skilled nursing facilities prepared myself to provide quality physical therapy services at the highest of levels to patients upon graduation and licensure.

I strongly support the change of those individuals providing physical therapy services incident to physician services be graduates of an accredited physical therapy program or physical therapist assistant program with the physical therapist assistant working under the supervision of a physical therapist. This would improve the quality of care provided to patients who are expecting to receive 'physical therapy services' from someone who is trained in physical therapy. Interventions, services and education provided to patients called 'physical therapy' must be provided by a physical therapist or physical therapist assistant working under the supervision of a physical therapist to be reimbursed accordingly through Medicare and Medicaid and all other self paying patients or 3rd party payors.

There are several reasons why those providing physical therapy services must be graduates of an accredited physical therapy program or physical therapist assistant program:

1. Physical therapists and physical therapist assistants graduate from programs recognized by the United States Department of Education and are accredited by the Commission on Accreditation of Physical Therapy. Programs that are accredited means that the program has met certain standards and requirements to ensure that the person graduating from that program will have been educated and trained by these same standards and requirements of education. This will be carried over into the professional occupation of physical therapy by the person graduating from the accredited program. Persons who don't graduate from accredited physical therapy programs should not be allowed to practice physical therapy services in any setting including physician incident to settings.
2. Physical therapists and physical therapist assistants have licenses. This means they have passed a state licensure exam covering the vast spectrum of physical therapy in the state they wish to practice in. These people should be the only people in that state practicing physical therapy.
3. Education sets physical therapists and physical therapist assistants apart from those who are not one of the above. For example, a graduate in kinesiology or someone with a high school diploma and a certificate in Pilates should not be allowed to practice 'physical therapy services' in a physician's office. The education is not obtained by these persons to properly practice physical therapy.
4. Delivery of so-called 'physical therapy services' by unqualified personnel being those who are not graduates of accredited physical therapist or physical therapist assistant programs is not physical therapy and should not be billed as a 'physical therapy service'. Physical therapy services should only be billed as such when a graduate of a physical therapist or physical therapist assistant program has provided that service. This is clearly stated in Section 1862(a)(20) in the Social Security Act.

Thank you for the consideration of my comments.

Sincerely,

Jon Stefka, MSPT

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

Organization : Instructor - Massage Therapy

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

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

Carolyn Porter

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision. Massage is, in fact a form of physical therapy, and while the legal definition of physical therapist may not include Licensed Massage Therapists, it should.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am for the proposition proposed by CMS.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

PRACTICE EXPENSE

Tomomi Sato

September 21, 2004

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

? Athletic trainers are highly educated. ALL certified or licensed athletic trainers must have a bachelor?s or master?s degree from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Seventy (70) percent of all athletic trainers have a master?s degree or higher. This great majority of practitioners who hold advanced degrees is comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).

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

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

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

? Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from

the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of walking in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.

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

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

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

Organization : Utopia Massage Therapy

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

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

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

Organization : Illinois State Univeristy-NATA

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Re: Therapy-Incident To

Dear Sir/Madam:

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

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

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

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

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

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

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

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

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

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

Sincerely,

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



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

PLEASE DO NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.
I am a massage therapist working with 35 patients a week for over two years now. My treatments are extremely helpful in the recovery of my patients and they tell me so. The doctors are very pleased with their patients progress and positive attitude towards my treatments.
Please allow us to serve the medical field.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

August 31, 2004

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

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

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

Sincerely,

Terrance Jones

Athletic Training Student at The University of South Carolina, Columbia

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We at ProMotion Therapy, Inc. beg you to NOT pass this policy whereby a physician can only refer 'incident to' services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision, as long as they are trained and competent. We have helped many patients while working along side doctors of chiropractics. They have come to rely on us to best serve their patients. We treat a doctor who finds massage indispensable in treating fibromyalgia. We deeply believe in the benefits of massage and there need in the medical field.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

PHYSICIAN ADMINISTERED DRUGS

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

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

SKILLED NURSING FACILITIES

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

MEDICAL CARE FOR UNINSURED PATIENTS

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

PROVIDER ENROLLMENT CHAIN AND OWNERSHIP SYSTEM (PECOS)

Carriers need more money for this, and the allocation should not be year to year. Carrier incentive payments for accuracy and timeliness should be considered.

NATIONAL PROVIDER IDENTIFIER (NPI)

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

POWER WHEELCHAIRS

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

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

CALLCENTER ACCURACY

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

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

PT SERVICES

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

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

Issues 1-9

PRACTICE EXPENSE

PHYSICIAN FEE SCHEDULE

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

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

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

SECTION 611

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see the attached file.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

PRACTICE EXPENSE

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

Please do not limit therapy to physical therapy for Part B. Massage therapists are a cost effective way to reduce or even eliminate pain, weakness, range of motion issues and a host of other health problems. Working in concert with physicians, we can extend the body's own remarkable healing abilities. There are many schools that now teach medical massage, including at least three in the Baltimore area. The State of Maryland now recognizes the Certified Massage Therapist as a health care professional, and differentiates in the requirements from spa therapists who are permitted to perform only relaxation massage.

In Many states, a massage therapist must complete a two year program and pass a national examination. In Maryland, two years of college credit is also required. Massage therapists are competent health care professionals who work WITH the patient's other health care providers and physicians to provide a complete care plan.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

THERAPY - INCIDENT TO

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

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

Organization : Mrs. Susanna Tocco

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

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

Organization : South Walton Physical Therapy

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

THERAPY STANDARDS AND REQUIREMENTS

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

DEFINING THERAPY SERVICES

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

see letter attachment

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Florida Allergy, Asthma & Immunology Society

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

Dear Gentleman:

This letter is sent on behalf of the members of the Florida Allergy, Asthma and Immunology Society. It is meant to express our concerns about future changes in the reimbursement for intravenous gammaglobulin therapy in the office, home, and hospital setting in the year 2005 and 2006. We have been informed that the reimbursement formula is outlined in The Federal Register of August 5, 2004. The payment schedules in this issue indicate a decrease in reimbursement for infusion time of over 21%. It indicates that the reimbursement for intravenous gammaglobulin products will be based on 106% of the volume-weighted average of the manufacturers' most recently reported average sales prices aggregated across all product brands. We have no idea what this means. Will physicians, hospitals, and home health care agencies be able to provide intravenous gammaglobulin in the year 2005?

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

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

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

Sincerely,

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

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

Organization : National Athletic Trainers Association

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 21, 2004

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

Re: Therapy- Incident To

Dear Sir/Madam:

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

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

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

Sincerely,

Erin Hallman

Athletic Training Student at the University of South Carolina

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

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

Organization : Greenup County High School

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Septmeber 22, 2004

Re: Therapy - Incident To

*I am writing to express my concern regarding the recent proposal that would limit providers of 'incident to ' services in physician offices and clinics.If adopted, this would eliminate the ability of qualified health care professionals to provide these important services.It would, as a result, reduce the quality of health care for our Medicare patients and would eventually increase the cost and burden on the health care system.

*Please consider these points during your decision making process:

*'Incident to' has been utilized by physiicians to allow others, under their direct supervision, to provide services adjunct to the physician's profession services.A physician has the right to delegate the care of his or her patients to individuals that they feel are trained properly to provide therapy services (This includes certified athletic trainers).

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

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

*Living and working in a rural area, I have seen the distance that patients have had to travel to receive quality health care and therapy services. If the changes in 'incident to' would occur, many patients would have to be referred outside of the physician's office and could possibly mean a delay in services and an increased cost to the patient in travel time and travel expense and could mean a delay in recovery time and in turn, an increase in medical expentiture.

*Curtailing to whom the physician can delegate 'incident to' procedures will result in the physicians performing more of these routine treatments themselves.If a physician increases their workload then this will take away from the physician's ability to provide the best possible patient care.

*ALL certified or licensed athletic trainers must have a bachelor's or master's degree from an accredited college or university.Athletic trainers have background in human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. A majority of practitioners (70%) who hold advanced degrees is comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners.Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review committee on educational programs in Athletic Training (JRC-AT).Athletic Trainers must also pass a national exam to practice as a Certified Athletic Trainer.

*The bottom line is that a physician should have the right to decide who should provide therapy services to his/her patients.If they feel that a Certified Athletic Trainer is the most qualified and is convenient and cost effective for the patient, then the physician has the right to make the decision that is best of their patients.Would a physician really want to jeopardize their reputation and the health of their patients by providing services 'incident to' by unqualified persons?

Thank you,
Amy Crum,MS,ATC
259 Rupp's Way
Greenup, Ky 4114

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

see attached doc.

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

Organization : Mrs. Barbara Fiedler

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

Re: Therapy-Incident To

Dear Sir/Madam:

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

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

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

Sincerely,

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

THERAPY STANDARDS AND REQUIREMENTS

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 17, 2004

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

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

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

Sincerely

Christopher M. Johannes
Sacred Heart University, Athletic Training Student

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Strongly opposed. Thank you.

THERAPY STANDARDS AND REQUIREMENTS

Strongly opposed. Thank you.



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

ASSIGNMENT

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

THERAPY - INCIDENT TO

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

THERAPY STANDARDS AND REQUIREMENTS

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

THERAPY TECHNICAL REVISIONS

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attachment

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Carrie Powell
245 Memorial Dr
Cullowhee, NC 28723

9/22/04

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

Re: Therapy Incident To

Dear Sir/Madam:

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

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

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

CMS does not have the statutory authority to restrict who can and cannot provide services "incident to" a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.

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

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

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

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

Sincerery,
Carrie Powell

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 22, 2004

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

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

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

Sincerely,

Athletic Training Student at Minnesota State University, Dannerly Hall

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Carrie Powell
245 Memorial Dr
Cullowhee, NC 28723

9/22/04

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

Re: Therapy Incident To

Dear Sir/Madam:

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

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

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

CMS does not have the statutory authority to restrict who can and cannot provide services incident to a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.

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

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

These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept. These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept. To mandate that only those practitioners may provide incident to care in physicians' offices would improperly remove the states' right to license and regulate health care

professions. This is a MAJOR issue!!!!

Sincerery,
Carrie Powell



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 22, 2004

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

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

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

Sincerely,

Dannerly Hall, Athletic Training student

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

9/22/04

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

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

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

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

* CMS does not have the statutory authority to restrict who can and cannot provide services "incident to" a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.

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

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

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

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. In fact, CMS is not granted statutory right to make this decision. This CMS recommendation is a health care access deterrent.

Sincerely,

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



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 22, 2004

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

SUBJECT: ?Therapy ? Incident to?

Dear Mr. McClellan:

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

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

In the August 5 proposed rule on ?Revisions to your letter Payment Policies under the Physician Fee Schedule for Calendar Year 2005?, I support and applaud CMS for establishing requirements for individuals who furnish outpatient physical therapy services in physicians? offices. Physical therapists and physical therapist assistants under the supervision of physical therapists are the only practitioners who have the education and training to furnish physical therapy services. Unqualified personnel should NOT be providing physical therapy services.

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

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

Sincerely,

David Van Brunt, PT, CHT
Executive Director

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Athletic Training is a very personal and specific profession. They are trained to deal with the health care of athletes. An Athletic trainer is with the athlete through every step of the injury process, from prevention of an injury to the rehabilitation of the injury. They know what each specific sport needs in terms of physical ability. Rehabilitating someone to walk is much different from teaching someone to run a 100-yard dash.

According to the federal government, the preparation of an Athletic Trainer is rated equivalent to a physical therapist's, and it is more significant than that of an OT, OTA, or PTA. (www.Onecenter.org)

Why would you not do what is best for the patient? The main goal of Physical therapy is to return the patient to their pre-injury lifestyle the best you can. In that, one needs to know how to take care of the patient. An Athletic Trainer is among the best qualified to treat individuals along with highly trained athletes.

Patients are not always going to be athletes but if an Athletic Trainer can help an athlete who is in peak physical fitness and has to go from nothing to full ability, they can also help the average person. Like the businessman who just needs to walk to work.

The Centers for Medicare and Medicaid Services are recommending a change in Medicare regulations that would no longer allow physicians to be reimbursed for therapy services administered by a Certified Athletic Trainer in a physician's office. Do what is best for the patient and allow Athletic Trainers to treat patients as a physical therapist would.

Submitter : Ms. Alissa Parish

Date & Time: 09/22/2004 02:09:41

Organization : Boston University

Category : Academic

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

September 12, 2004

Dear Sir/Madam,

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

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

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

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

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

Thank you,
Alissa Parish

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

CODING-GLOBAL PERIOD

September 22, 2004

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

Dear Doctor McClellan:

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

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

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

Sincerely,

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

THERAPY ASSISTANTS IN PRIVATE PRACTICE

Dear Sir or Madam,

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

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

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 22, 2004

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

Dear Sir,

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

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

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

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

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

Thank you for taking the time to read my comments.

Sincerely,

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

PRACTICE EXPENSE

Supporting the proposed increase in facility RVUs for CPT Code 58563



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

Organization : Aurora University

Category : Other

Issue Areas/Comments

GENERAL

GENERAL

Regarding "Therapy - Incident To"

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

SECTION 613

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

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

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

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

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

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

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

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

Sincerely,

Michael Allen.
Founder, Metrika Inc.
Sunnyvale, California

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

Practice Expense Relative Value Units--CAP Supplemental Survey

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

Section 952--Revisions to Reassignment Provisions

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

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

Diabetes Screening Tests

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

Coding--Bone Marrow Aspiration

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

Removal of Physician-Administered Drugs from the Sustainable Growth Rate

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Regarding "Incident To"

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

PRACTICE EXPENSE

September 22, 2004

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

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

Dear Dr. McClellan:

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

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

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

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

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

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

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

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

Sincerely,

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



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

regarding "Incident To"

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attached file

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

This is regaring "Incident To"

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

DEFINING THERAPY SERVICES

Dear Sir/ Madam;

I am an Athletic Trainer who will be harmed if this bill is passed in it's present form. Frankly, though, I don't know how this part ever came to committee especially in light of the sad state of our healthcare system. Let me be blunt, Athletic Trainers save patients, health insurance companies, and the government money. Athletic Trainers don't charge as much as physical therapists, that's where the conflict comes. Certain factions representing physical therapists may be lobbying to muscle out Athletic Trainers as though we are competitors. We are not, we are partners and extensions of the service of rehabilitating patients and many of us are also PT/ATCs. This kind of action is bad business and opens the door for negligence suits against the government in the form of breach of contract and denial of care for Medicare patients. The elderly is organized and not silent. You have bigger problems that need greater attention.

Furthermore, this kind of legislation punishes a specific social group, athletic trainers, without due process or proof of wrongful doing. Please do the right thing and reject #CMS-1429-P. Thank you.

Sincerely,

Martin J. Hendricks
5802 35th Way SE
Auburn, WA 98092-7355

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY STANDARDS AND REQUIREMENTS

Certified Athletic Trainers are highly qualified individuals who have a rich background in injury prevention, evaluation, and rehabilitation. Physicians need to be able to bill for the services provided by a Certified Athletic Trainer.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Regarding "Incident To"

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I would like to take this opportunity to express my concerns to the "incident to" billing of outpatient therapy services. Limiting this service greatly diminishes a physicians ability to provide medically necessary services to the patients under his/her care. Athletic Trainers have been utilized by physicians for many years to provide the necessary on-site rehab, instruction, as well as many other services. I strongly urge you to consider the overall detrimental impact that this will have on the patients that are served by the physicians. If you have any questions regarding this matter, do not hesitate to contact me at your conveneence.

Respectfully,

Doug Bloyd, MS, ATC, LAT
(903)315-5582

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

This is regarding "Incident To" proposal

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY STANDARDS AND REQUIREMENTS

If the CMS limits the ability of the physicians to bill for athletic training services, the professionals of athletic training will suffer greatly as their provided services will be recognized as 'not-qualified'. Essentially, thousands of certified athletic trainers will lose jobs because their services are not chargeable. With a college education (bachelor's and master's level) and certification through examination requiring athletic trainer's to practice, there is no reason why their services can not be billed.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

"Incident To"

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

THERAPY - INCIDENT TO

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

LICENSED MASSAGE THERAPIST ARE THE SOFT TISSUE SPECIALIST OF HEALTHCARE. WE PROVIDE ONE-TO-ONE CARE WITH UNIQUE PALPATION SKILLS. DO NOT CLOSE OUR PROFESSION OUT AND DEPRIVE PATIENTS A GREAT SERVICE.
THANKS

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

This is regarding the "Incident To" proposal.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY STANDARDS AND REQUIREMENTS

If the CMS limits the ability of the physicians to bill for athletic training services, the professionals of athletic training will suffer greatly as their provided services will be recognized as 'not-qualified'. Essentially, thousands of certified athletic trainers will lose jobs because their services are not chargeable. With a college education (bachelor's and master's level) and certification through examination requiring athletic trainer's to practice, there is no reason why their services can not be billed.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Regarding "Incident To"

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Regarding "Incident To"

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Incident to therapy must include allowing certified massage therapists the ability to provide the care needed in the doctor or chiropractic office. Physical Therapists alone are not trained in many of the techniques necessary to relieve soft tissue trauma or to work muscle groups as needed. The time needed to work with soft tissue is beyond what a PT will be allowed to give as well, and will bog down and overload their time with injuries that could be handled by another practitioner. Massage therapy is a necessary and vital component of a patients care- as evidenced by my own client base, many of whom are working with PT's, Chiropractors etc, and are only finding relief when massage therapy is introduced.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

SECTION 613

I would like to add the following statement to my previously submitted comments:

In order to ensure broad access to this important new screening benefit, we recommend that diabetes screening should not require a physician's prescription or referral in order to be covered under Medicare Part B. This approach would follow the successful precedent established by CMS with other screening tests such as mammograms.

Thank you for your consideration of this additional comment.

John Maynard

Submitter : Date & Time:
Organization :
Category :

Issue Areas/Comments**Issues 10-19**

SECTION 623

Concerning ESRD Payments for 2005:

The proposed methodology for drug add-ons is unfair and will not keep providers operating in small towns and rural areas whole. The price that providers pay for prescription drugs has nothing to do with their geographic location so why should the add-on be based on a geographically determined composite rate? A more fair and accurate system would be to base the add-on on the real dollars being cut from provider reimbursement. For instance, you are proposing a \$0.96 cut for epogen per 1,000 units. If the average dialysis unit gives 5,000 units of epogen per treatment, give everyone a one-time add-on of \$4.80 per treatment for epogen to keep us whole. Furthermore, I do not understand how you can base our drug reimbursement on sales price less 3% and expect us to remain whole. MedPAC repeatedly has told CMS and congress that payments do not match costs and you are proposing to pay us at a rate less than what it costs us to provide services. If there are no access to care issues now, your proposal will ensure that there soon will be.

The Case Mix Adjustment Payment proposal is based on, in my opinion, inaccurate data. We have analyzed our patient demographics and have determined that our case mix adjusted payment will be 1.173 instead of the 1.1919 that you claim on page 35 of your report. I believe our facility is no different than the average facility, so I believe that all providers are going to see significant reductions in total payments when this system is implemented. Again, my question would be are you trying to create an access to care problem?

Finally, the complexity of this case mix adjusted payment system is mind boggling. As I understand this system, our payment will vary from patient to patient. Based on past experience with CMS contracted intermediaries, I doubt that they will be able to implement this system by the proposed date and when it is finally implemented, I believe there will be payment errors galore. My challenge to CMS would be that if you believe in your data, then just adjust the composite rate accordingly. Give us all 119.19% of the current composite rate, skip all of the complicated programming changes and save all of us the huge administrative burden of trying to figure how we are getting paid for every single patient. My feeling is that this won't happen because your data paints an inaccurately rosy picture and you know that the average provider is going to get significantly less than 1.1919 of the composite rate. What is most frustrating about this is that it is just a clever ruse to get around addressing the heart of the matter which is that payments for ESRD services are inadequate. Case mix adjustments, drug add-ons, budget neutrality factors are just distractive measures that you can use to avoid fixing the real problem!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am concerned with the proposed change in policy whereby a physician can refer 'incident to' services to physical therapists only. I believe that ALL qualified health care providers should be allowed to provide services to patients with a physician's prescription or under the physician's supervision. This is especially relevant in the State of Florida where all massage therapists are licensed and where there is a steady influx of elderly/retired citizens. To deny these people access to massage therapy would not only cause unnecessary hardship for the patients but also over time increase the cost of health care as massage therapists bill at a rate significantly less than other providers.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

There have never been any limitations or restrictions placed upon the physician in terms of who can be utilized to provide ANY 'incident to' service. Why the need for change with something that has been effective since 1965?

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a certified athletic trainer, it greatly concerns me that our privileges as health care providers to all age populations would attempt to be limited. As with all other qualified health care professionals, athletic trainers are required to attain a bachelors degree from an accredited university and pass a board certification test. I fully believe that athletic trainers play a vital role in the rehabilitation process and are fully qualified to do so. In a clinical setting, I have seen first hand the quality relationship that can develop between athletic trainers and other health care providers, such as physical therapists, which strengthens the rehab process for each individual patient, from all age ranges. It would be a complete injustice to limit these important services to only the non-geriatric and athletic populations by restricting ATC's from providing therapy services to medicare patients. In this day and age, when health and fitness promotion is at its peak, the average life span is increasing, and the amount of active senior citizens is increasing, why would we try to limit the amount of health care providers that can help this population return to a healthy, active life as soon as possible? Please carefully consider this. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a Massage Therapist, I am qualified to have physicians refer to me and work under their supervision. These proposed regulations would limit this referral to Physical Therapists only. Therefore I am recommending that the referrals be made to all qualified health care professionals. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg you to NOT pass this policy wherby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a doctors script ot under their supervision. Thank you,

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Comments to Medicare's proposed rule: Revisions to Payment Policies Under the Physician Fee Schedule for Calendar-Year 2005.

Re: CMS-1429-P

1. On page 214 of the proposed rules a single add-on to the per treatment composite rate of 11.3% is proposed. The proposed rules offer an alternative calculation that produces separate adjustments for hospital-based and independent facilities. The alternative calculation results in an adjustment of 2.7% for hospital based and 12.8% for independent facilities. Although either method may be budget neutral for CMS, the use of a single rate will result in a significant reduction in the payments to independent facilities. This seems contrary to the spirit of the proposed rules. Accordingly, it is our recommendation that the alternative method of producing separate drug add-on adjustments for hospital-based and independent facilities be implemented.

2. On pages 253 and 254 the proposed rules seem to effectively eliminate exception rates for dialysis facilities. We operate multiple dialysis facilities in rural Idaho and we have been granted exception rates because the cost of operating those rural facilities is greater than in the metropolitan areas with a large population base. Yet under the proposed rules not only are the exception rates eliminated but the proposed rates for rural facilities as listed in Table 19 on page 269, are substantially less than the rates for urban facilities. This appears to be a very significant reduction in the reimbursement to these rural facilities. Our suggestion is to allow the exception rate as the base rate to which the drug add-on and the case-mix adjustments are applied or alternatively, to allow the use of the urban facilities rate for small rural states such as Idaho.

3. Page 174 of the proposed rules state that "payment for a drug or biological furnished during 2005 in connection with renal dialysis services and separately billed by renal dialysis facilities will be based on the ASP of the drug minus 3 percent". For the independent dialysis centers this represents a loss on the drugs furnished. Our costs are on the average 4% above the ASP, yet under the proposed rules our reimbursement is 3% under the ASP. It appears the smaller independent dialysis centers will suffer a reduction in revenue due to the buying power of the big chains. Our recommendation is that reimbursement for the independent dialysis facilities be based on our cost, which is 4% above the ASP.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

To Whom It May Concern,

My name is Emily Smith and I am currently a senior in the Athletic Medicine program at the University of Vermont. I am writing to state why I am against the proposed change in the Medicare Program; Revisions to Payment Policies.

This change would mean that students like myself and ATC's currently working in the clinic setting would no longer have this option. Working in the clinic is an integral part of Athletic Training and ATC's should be able to bill for their services in this setting.

Athletic Trainers are highly-skilled health care professionals trained to prevent, evaluate, manage and rehabilitate injuries sustained by both athletes and active individuals of all ages. ATC's are amply qualified to work in a clinic setting. Similar to the way an Occupational Therapist Assistant works under the supervision on an OTC, and a PT assistant works under a physical therapist, Athletic Trainers work under a supervising team physician.

A description of the role of a PT assistant and their performed tasks included the following: Physical therapist assistants perform a variety of tasks. Components of treatment procedures performed by these workers, under the direction and supervision of physical therapists, involve exercises, massages, electrical stimulation, hot and cold packs, and ultrasound. Physical therapist assistants record the patient's responses to treatment and report the outcome of each treatment to the physical therapist. This description is not much different than many of the responsibilities of Athletic Trainers. Not to mention that all Certified Athletic Trainer's have at least a Bachelor's degree, which is comparable to the education of such providers as Physical Therapists, Occupational therapists, Physician Assistants, etc. Even PT and OT assistants do not require a bachelor's degree. In addition to a higher degree of education, like PT's and OT's, Athletic Trainers also have to pass a certification exam. As Chuck Kimmel, ATC, President, National Athletic Trainers' Association (NATA) stated in a news release, 'If ATCs are qualified to prevent, evaluate, manage and rehabilitate injuries for the top athletes in this country, including many who competed at the Summer Olympic Games in Athens, then surely they are qualified to prevent, evaluate, manage and rehabilitate injuries for Medicare.'

From my perspective, it is clear that Certified Athletic Trainer's are more than qualified to work in a clinic setting and to provide services under a physician's supervision. This proposed change in Medicare billing practices would not only take away options from those wishing to receive rehab, but also take away many possibilities for ATC's.

Sincerely,

Emily A. Smith, SAT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

- "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 interest 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 separately and 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 patients's 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 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.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am writing to you as a PHYSICAL THERAPIST who is shocked and dismayed over the recent proposal that would limit providers of incident to services in physician clinics. Limiting the ability of qualified health care professionals to provide such services indicates that one group of individuals is more qualified than another. In reality, however, each group, Certified Athletic Trainers, Physical Therapist and Occupational Therapists, provides unique strengths and abilities to the provision of these services. Allowing the Physician to select the individual who is best qualified to provide such services on an individual patient basis is much more beneficial to the patient and the entire health care system. If adopted, this regulation will reduce the quality of health care for our Medicare patients, increase the costs associated with this service and place an undue burden on the entire health care system.

Physicians should have the right to select the health care professional (including the Certified Athletic Trainer) who they deem is most qualified to treat the patient's condition. Physicians should be allowed to select the provider of care based on the best interests of the patient. By allowing the Physician to select from a variety of health care providers, the patient receives the benefits of quicker, more accessible health care. Additionally, no single group of individuals should receive exclusive rights to provide Medicare services for reimbursement. To mandate that only certain 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. Research has demonstrated that the quality of care provided by Certified Athletic Trainers in the provision of rehabilitation services is equal to that of Physical Therapists. Limiting the ability of Certified Athletic Trainers to provide care to Medicare patients, will mean that physically active individuals who qualify for Medicare will no longer be able to select the most qualified professional for care of athletic related injuries.

In summary, I feel, as a Physical Therapist, it is neither necessary nor advantageous for CMS to institute the proposed changes to incident to services.

Sincerely,

James R. Scifers, DScPT, PT, SCS, LAT, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

As a student athletic trainer, I am deeply troubled by the proposal to mandate that only physical therapists are allowed to provide physical medicine to Medicare patients. It is unacceptable for you to assume that athletic trainers are less qualified than the PT, PTA, OT, or OTA. In reality, our level of education, experience, and skill is equal to or greater. We have to pass a certification exam, we have to have a degree from an accredited university, and we take many of the same classes as the physical therapy students. It is unfair to think that your patients would receive substandard treatment from us. We would provide the same, and often times a more functional approach to treating your patients' injuries. It is in your best interest to give your patients a wide variety of providers to choose from. That way they can decide for themselves what treatment method and style works best on helping them back to work and to their original lifestyle. I'm not saying that athletic trainers are better than physical therapists. I think we do very similar work. We provide therapeutic exercises and modalities to decrease pain and increase range of motion. One of the main differences is the population of people that we see. Most athletic trainers focus on the younger population; while physical therapists focus on the older population. There is some overlap in these, but to deny your Medicare patients the opportunity to explore the possibility of seeing an athletic trainer hurts them. If you make it so they can only see physical therapists, then you are greatly reducing the available services out there. They will have more difficulty finding an available clinic with the personnel to accommodate them. In conclusion, I believe this proposal not only hurts those practicing physical medicine, but also the patients who are receiving it. It greatly limits their options and could possibly reduce their chances at an optimal recovery.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

THERAPY - INCIDENT TO

I think that it is outrageous for CMS to judge ATC's as unqualified to provide therapy services under the supervision of a physician. One of the domains of athletic training, deals with the rehabilitation/return to activities of patients. Athletic trainers are skilled in injury prevention, assesment, and rehabilitation. They are not just specialized in first aid. Athletic trainers have a broad knowledge of different sports injuries, as well as how to care for those injuries. As a student, I have had an oppurtunity to see how physicians and PT's interact with each other while doing rehabilitation. There seems to be a mutual respect between all three. While going through school to become an ATC or PT, students will often take the exact same course work as the other, which makes neither less qualified than the other. In the case of OT's, OTA's, and PTA's the Certified athletic trainer has actually had a more extensive education on rehabilitating injuries. Also many PT's that are certified athletic trainers know how much being an ATC has helped them in all aspects of the field. Being a certified athletic trainer is not something that is easy to obtain. You have to pass a certification exam and many ATC's pride themselves on continuing their education for personal benifit, as well as to help further the profession. PT's are not even required to have continuing education in many states. Overall I think it would be devastating to the medical profession, to deny a group of people that are well schooled and trained in the area of rehabilitation, not to be recognized as capable of performing a job that they have been succesful at. If athletic trainers do not seem as capable medical professionals, then why has the field grown so much in the past decade (espically in clinical settings)?

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please See Attached File

Sincerely,

Shane V. Caswell, PhD, ATC
George Mason University
10900 University Boulevard, MS 4E5
School of Recreation, Health, and Tourism
Manassas, Virginia 20110

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Date: September 23, 2004

From: Steven Lisker /s/

To: CMS/HHS/Gov/Regulations/Ecomments

Subject: File CMS-1429-P

My comments on the proposed rule are as follows:

Issue II.D.5. ? Q Code for the Set-Up of Portable X-ray Equipment

It is my recommendation that CMS continue for the current year to price this service (Q0092) within the nonphysician workpool. There is no evidence presented or available to indicate that any other methodology would be more accurate than the current method. We have no reason to believe that the carriers can do a better job than CMS in developing the RVU?s for pricing this service or by trying to cost it out directly as it is done for the transportation component. In addition, it is noted that tin the regulatory discussion states the CMS consultant found the industry data to be inconclusive to support a change in the pricing. Based upon this, it is unclear as to what reliable sources would possibly be available for carriers to use to price the service? I disagree with the comment that geographic differences should be the basis for the service to be carrier priced. This same logic could apply to virtually every code on the fee schedule. In addition, by being on the fee schedule, geographic differences are taken into account via the GPCI factor. This is a basic operating component of the fee schedule. Carrier priced services have historically been limited to those services/items where national data is either inconsistent, limited or where the unique characteristics of the service itself, necessitate it to be carrier priced. The unique characteristics criterion is considered applicable for the transportation component of portable x-ray services. However, there is no evidence presented, nor does imputed logic indicate that the set-up of portable x-ray equipment at a location is inherently different based upon the location.

In order to comply with the provisions of PL 108-199 which urged the Secretary to review and the RVU?s for Q0092, CMS should consider using a consultant to develop an independent recommendation on the RVU value or convene a task force similar to the one used in the development of the Ambulance fee schedule to arrive at the appropriate RVU values. If such task force was convened, it should incorporate the development of a National RVU value for the transportation component (R0070) of portable x-ray services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Massage Therapists can, and have been, providing effective treatment for those patients suffering from a variety of muscular and soft tissue trauma for a number of years. More and more research is becoming available to support massage therapy's effectiveness. Many massage therapists work with doctors and chiropractors in order to provide more complete care to patients. Medicare's proposal to eliminate Massage Therapists from providing care to physician's patient's would be a step in the wrong direction, as a result, I am opposed to this proposal.
Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

My name is Flavio Correa,I am a License Massage Therapist,I working in a medical Office doing therapy for patient who suffer for pain,disabilities,chronic also on my own,I heard the controversial regarding discontinue treatments for massage therapist treatment from Medicare,if this happen is going to be a very mistake,massage is a modality who rehabilitate the patient emotionally and physically,our profession has only one intention,do everything for the patient regarding well being,among others benefits,please don't do it ...patient need it.

Flavio Correa

License massage therapist(29200).

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am writing to state that the proposal to limit providers of "incident to", would eliminate a number of wualified professionals from providing needed health care services. It should be the right of a physican to chose whom they send their patients. There has never been any limitations or restrictions placed on a physican in terms of how there judgement of what is best for their pts. Certified Athletic Trainers are highly trained professionals that provide a high quality of service. To deny a Medicare beneficiary the same access of service that is given our Olympic athletes is unjustified. It is an unneeded and unnecessary limitation and rule change

Sincerely,

Richard Jean, ATC, LAT, MS

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

09/22/04

To Whom It May Concern:

My name is Joni and I have been a licensed physical therapist for 15 years. I am sending this letter to support the proposed 2005 Medicare physician fee schedule rule. I feel it is important to only have licensed Physical Therapist and Physical Therapist Assistants providing services billed as physical therapy.

I work predominately in a setting with Neurologic patients. One of my specialty areas is vestibular rehabilitation for patients with dizziness and balance problems. A few months ago I received a phone call from a technician at a doctor's office who was looking for a physical therapy clinic that provided vestibular rehabilitation. She went on to say that normally they provide vestibular rehabilitation to the patients in the doctor's office and bill it as physical therapy. But, they had one patient who's insurance company insisted that a service billed as physical therapy be provided by a physical therapist so they could not treat that patient. Quite honestly I was a little shocked by the whole conversation. I asked her more about the services they provided and her training. She replied she had attended a weekend workshop and felt she learned what she needed to know to work with this population. This continued to shock me because most physical therapist when they have finished their entry-level education and received a bachelors, masters or doctorate degree go on to get further education in vestibular rehabilitation before they start treating this patient population extensively. It scares me to think of a technician who attended a weekend course providing services that get billed and reimbursed as physical therapy. She certainly cannot have the knowledge of anatomy, physiology and pathology to provide this patient with the best care. My guess is that she has a very cookbook approach to the care she provides.

I hope you will consider situations like these that are occurring across the country and accept the proposed 2005 Medicare physician fee schedule rule.

Thank you for taking the time to read this.

Sincerely,

Joni B, PT, DPT, NCS

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I strongly urge you to continue to allow massage therapist to provide medical care under Medicare. We are educated, skilled, trained and nationally test professionals.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Including services provided by Certified Athletic Trainers. We are qualified professionals who can provide these therapy services to Medicare patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

MASTECTOMY PRODUCTS SHOULD BE EXCLUDED FROM ANY FACE-TO-FACE PRESCRIPTION REQUIREMENTS. A MASTECTOMY IS PERMANENT, THEREFORE NECESSARY THROUGHOUT THE RECIPIENTS LIFE. CURRENT PARAMETERS FOR THE DIPENSATION OF THESE ITEMS ARE SUFFICIENT. FACE-TO-FACE PRESCRIPTION REQUIREMENTS WOULD PLACE AN UNDUE BURDEN ON ALL AFFECTED MEDICARE BENEFICIARIES, PHYSICIANS, SUPPLIERS AND MEDICARE. THE INCONVENIENCE TO THE RECIPIENT, THE PHYSICIAN'S TIME AND PAYMENT BY MEDICARE FOR THE VISIT IS UNREASONABLE AND CREATES AN UNNECESSARY EXPENSE TO MEDICARE.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

GPCI

September 2004

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

CMS Code 1429-P

I am writing to comment on the Proposed Rules governing the Physician Fee Schedule for Calendar Year 2005 as printed in the Federal Register of August 5, 2004.

I object to the Proposed Geographic Practice Cost Indices for 2005 because they fail to correct proven inadequacies in reimbursements to localities currently categorized as "Locality 99" that exceed the 5 percent threshold (the "105% rule") over the national 1.000 average. Specifically, the new GPCIs exacerbate reimbursement deficiencies for the California counties of Santa Cruz, Sonoma, Monterey, San Diego, Sacramento, Santa Barbara and El Dorado.

In particular, the county of Santa Cruz, when broken out from Locality 99, would otherwise reflect a 1.125 percent GAF - higher than the California Localities 17 (Ventura), 18 (Los Angeles) and 26 (Orange). The boundary payment difference between Santa Cruz County and its neighboring county of Santa Clara (Locality 9) is a whopping 25.1 percent. Such statistics demonstrate the fallacy of the GPCI formula and demand CMS develop either exceptions to the current rules that would correct for the Santa Cruz situation or refine the formula to more accurately reflect the true cost of medical practitioners. Not to do so perpetuates an inherently unfair and discriminatory formula.

In its August 5 notice, CMS states that on the issue of payment localities "[a]ny policy that we would propose would have to apply to all States and payment localities." Such an effort is commendable and bespeaks a desire to be fair to all physicians across the nation. However, the reality is that the governing statute does not prohibit individual State fixes or individual county or locality fixes. The CMS is not constrained by law from developing a strategy - with or without the concurrence of the state medical association - to correct the discrepancies in the reimbursement levels to California counties and I request that it do so as part of this rulemaking process.

CMS cannot postpone a solution this year as it did last year. Failure to address the GPCI/locality issue in California only grows the problems and will make fixing it all the more difficult in the future. Further, it threatens to undermine medical care to Medicare beneficiaries. Evidence from the local medical society shows an increasing trend toward doctors refusing to accept new Medicare patients. Many doctors are simply leaving the county to practice elsewhere, depleting the county of its medical resources. To implement the August 5 proposed rules would be counterproductive to CMS' mission to make Medicare benefits affordable and accessible to America's seniors.

I object to the Proposed Geographic Practice Cost Indices for 2005 as printed in the Federal Register of August 5, 2004. I request that CMS define a method in which it can revise the GPCIs for those California counties - especially Santa Cruz - that exceed 5 percent of the national average and begin reimbursing doctors in those counties more appropriate to their true costs.

Sincerely,

Matthew F. Hansman M.D.



Submitter : Mrs. Kimberly Sanders Reaves Date & Time: 09/22/2004 03:09:23

Organization : FLORIDA STATE MASSAGE THERAPY ASSOCIATION

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am opposed to this proposal as it is limiting the practice of manual therapies to Physical Therapists. Although their training is intense, it doesn't cover the depth of massage covered in this specialty. Massage therapists are the most qualified to perform manual therapy as they have extensive hours of "hands on" work and study in the musculoskeletal systems. Their understanding of the mind/body connection is greater as they also study the emotions that relate to pain in the body. No other field covers the body as holistically as the area of massage does.

One of the reasons our elderly are so ill is that they aren't receiving enough human contact. Touch is healing. However in allopathic medicine, touch is greatly discouraged as it may lead to a law suit. The patient's tactile needs are neglected, thus slowing the healing process. Massage is healing in that touch is given in an effort to reconnect the mind/body and soothe the patient.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please read the attached Word document and thank you for your time and concern for this very important matter.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

If an office is billing for physical therapy a state licensed physical therapist should have to be providing onsite supervision in accordance with PA state PT regs, ensuring that licensed and qualified personell are treating the patients

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a RN, LMT I feel that LMT's have a much better knowlegde of the body than most PT's. By taking away insurance reimbursement to us, I feel that you are limiting the quality of health care to our citizens.

Please do not limit us or the quality of healthcare in this country any further. Let us do the work we were trained to do for everyone's health. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As an educator and an Athletic Trainer for 25 years, I implore you to disregard the latest attempt by certain Allied Health professionals to isolate care to their profession. This is an attempt to harness other professionals and relegate them to be a non-functional profession. Who better to direct care than a physician in cooperation with a multitude of resources in rendering care to patients who require incidental therapy. Athletic Trainers have always been a viable source for physicians and continue to be a profession that is providing outstanding care to an ever growing active society. Athletic Trainers have long been a source and resource for the management, treatment, rehabilitation and prevention of injuries sustained by physical active people. The physician/athletic trainer model has been the cornerstone of the NATA and the care of athletes for 50 years, but now has become the cornerstone in healthcare. The model has helped progress Sportsmedicine centers, industrial settings, hospital settings and the Physicain Extender model is revolutionizing the Physican/Athletic Trainer ability to care for physically active people. This is a critical issue and should not be led by professionals who deem themselves as sole source of incidental services to physicians. The physician, remains, the most appropriate Allied Health professional to determine the care afforded to patients.

Submitter :

Date & Time:

09/22/2004 03:09:38

Organization :

Category :

Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Athletic Trainers should be able to practice in clinics and in doctor's offices. Athletic Trainers receive instruction on how to rehabilitate injuries. The required curriculum looks like one of a medical student in the early years, and is very similar to a Physical Therapists'. However, Athletic Trainers are not allowed to work in clinics, nor are they allowed to help rehabilitate the 'regular Joe.' In other words, doctors can not suggest to a patient that they get help from an Athletic Trainer, even if the injury is sports related and would require expertise in that arena to cure the ailment. I understand that Physical Therapists have to have different certifications and may take some different courses on their way to becoming a Physical Therapist, but the function of the job is relatively the same. In fact, I would suggest that the only difference between the two is that a Physical Therapist is more qualified to work with stroke victims, patients with cardiovascular disease, and para/quadrupelgics. Athletic Trainers have no interest in these patients.

Athletic Trainers have a specialty and it should be recognized in a clinical setting. They are best qualified to work with people who have sports-related injuries. We count on Athletic Trainers to fix world class athletes. Why can we not count on them to help with similar injuries in people and in the elderly? Doctors should be allowed to prescribe the most efficacious and cost effective course of therapy for their patients. Doctors should be able to have Athletic Trainers in their own office and Athletic trainers should be allowed to work in clinics. Athletic Trainers have the education and experience necessary to help patients with ankle sprains and other sports-related injuries and they are a more cost effective alternative to Physical Therapy. Doctors have the training and expertise to be able to recognize when it is appropriate for a patient to receive care from any licensed professional. Often times, the appropriate care for a patient includes therapy from an Athletic Trainer.

An example of an appropriate time to enlist the services of an Athletic Trainer would be for the weekend warrior who hurts their shoulder or knee during a vigorous tennis match or golf game. Another example would include an elderly person who sprains their ankle walking down steps. Athletic Trainers deal with these types of injuries on a day to day basis and their expertise is easily transferable into a clinical setting. Doctors and Clinicians agree that Athletic Trainers should be able to practice in clinics and in doctor's offices.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Submitter :

Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a practicing Physical Therapist for more than 30 years, I am glad to see the proposal for these rules to finally come into the system.

I am very much in favor of requiring the provision of physical therapy services in physician offices to be under the supervision of a licensed Physical Therapist.

Throughtout my career I have dealt with the provision of physical therapy services in physician clinics by poorly trained aides who had absolutely no idea as to the effective utilization of modalities or even adequate training as to their proper application. They certainly had not any of the training necessary to implement proper therapeutic exercise programs that form the core for effective treatment of the musculoskeletal problems they were treating. I have personally, on numerous occasions, had patients who received such treatment in physician offices to tell me of their poor experiences and the differences in treatment techniques they recognized when seen by a professional Physical Therapist.

The physicians who offer such services clearly had received no special training in the physcial therapy treatments they were rendering through their provider numbers and were incapable of training their personnel in the techniques for which I was required to receive an advanced education and am tested and licensed regularly, based upon my demonstrated competency for such treatment methods.

Physical Therapy services (generally for modalities only) have been provided in these physician offices, despite the presence of well qualified Licensed Physical Therapists in the community to provide complete and appropriate treatment. I am led to believe that these services are offered in physician offices simply as an addition to the financial bottom line of the physician clinics, and not an effort to provide quality patient care.

With the growing reality of managed care we are also seeing new problems. Where there are limited resouces for Physical Therapy services by the managed care companies, the coverage may be exhausted in the physician's clinic by inappropriate or incomplete treatment with little or no funds available for coverage when the referral is finally made to a qualified professional to provide such services. This is unfair to the patient who has paid for inadequate treatment, and is also unfair to the trained and licensed professional who sees his coverage for services depleted when clearly if the patient had been properly evaluated and treated early in the process, better treatment methods could have been utilized with better outcomes and less cost.

I strongly recommend that you implement this requirment for physical therapy services to be provided under the supervision of a licensed Physical Therapist in all areas including physician offices.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Comments to CMS on proposed 2005 Fee Schedule CMS-1429-P

Respondent: John Brouillette, MD jbrouillette@nephrologypc.com

RE: RVUS for CPT code 36870- Percutaneous Thrombectomy

Dear Members of CMS,

I would like to express my concerns regarding the proposed reductions of RVUs for CPT code 36870. The information put forth by CMS shows a reduction of 27.7% for this code.

The bottom line with percutaneous thrombectomy for patients with prosthetic dialysis grafts is that the overall morbidity and mortality for these patients is reduced by performing this procedure in an outpatient setting compared to inpatient thrombectomy. The overall cost savings is substantial. The frequency of outpatient percutaneous thrombectomy in the United States has been increasing on an annual basis in a wide variety of settings. Further impedance of this procedure by reduction of reimbursement will negatively impact this trend.

As a member of the Fistula First Initiative through Network 8 we have been actively and aggressively implementing pathways for placement of primary fistulas using native veins. Our overall goal is reduction of prosthetic graft shunts which in the long term will reduce the need for thrombectomy of all shunts in total across the board. This is where future cost savings and therefore a reduction in reimbursement will occur without a need for the current reduction in RVU.

If the reimbursement for code 36870 is reduced there will be a negative fiscal impedance of this outpatient procedure which will then lead to an increase of inpatient procedures and hence, increased CMS expense.

I ask that you take these comments into consideration as the final revisions for this code are put forth.

Thank you for your time and continued efforts on this billing and coding issue.

John R. Brouillette, MD

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 22, 2004

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

To Whom It May Concern:

I am writing this letter concerning the above issue. The Centers for Medicare and Medicaid are asking that Certified Athletic Trainers should not be allowed to practice their skills in a physician's office, but in turn allow to have physical therapists, physical therapy aids, occupational therapists, and occupational therapy aides provide such rehabilitation programs in this setting.

A Certified Athletic Trainer has obtained many hours of classroom and clinical experience prior to taking a lengthy exam to acquire their certification. A Certified Athletic Trainer's role is to provide rehabilitation for any kind of injury and to also provide preventative measures to keep an injury from occurring.

Certified Athletic Trainers have the same qualifications as a physical therapist as they have taken most of the same courses. Unlike Certified Athletic Trainers, physical therapists in most states do not require continuing education requirements to keep their certification current. This is also true for occupational therapists, occupational therapy aides, and physical therapy aides.

Overall, the Certified Athletic Trainer has more preparation in working with people with injuries than do the above- mentioned professions. Please reconsider this proposal that the Centers for Medicare and Medicaid have asked to be passed.

Sincerely,

Michelle Beery

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly support for CMS's proposed requirement that physical therapists working in physicians offices be graduates of accredited professional physical therapist programs.

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

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

Additionally, physical therapists must be licensed in the states where they practice. As licensed health care providers in every jurisdiction in which they practice, physical therapists are fully accountable for their professional actions.

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

The delivery of so-called "physical therapy services" by unqualified personnel is harmful to the patient.

Again, I strongly support for CMS's proposed requirement that physical therapists working in physicians offices be graduates of accredited professional physical therapist programs.

Thankyou for consideration of my comments.

Sincerely,

Leah Paige Versteegen

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

The legislation proposed to limit the use of licensed, certified athletic trainers is ridiculous. Our education and experience for our job prepares us to handle the caring of patients of all ages. We are practitioners recognized by the American Medical Association to aid in the treatment of injuries. This legislation limits the power a physician has to choose who he or she would like to treat a particular patient. Limiting what we can do as athletic trainers is a detriment to the medical field. We are highly trained individuals with advanced degrees in our field. Please allow us to continue serving the field of medicine with our knowledge by NOT passing CMS 1429-P. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Todd J. McLaughlin
131 Medical Park Rd
Mooresville NC 28117

Sept. 22, 2004

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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.

As a practicing Physician's Assistant that retains and practices many of the skills and knowledge as a certified athletic trainer in the physical rehabilitation setting, I find this profession (that of an A.T.,C) valuable to the health and well-being of all medical populations. And certainly a profession whose services should be directed by the overseeing Physician.

Sincerely,

Todd J. McLaughlin, MPAS, PA-C, A.T.,C

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

See attached PDF file.

CMS-1429-P-2656-Attach-1.pdf

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.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

SEE ATTACHED SHEET

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. The remaining letter will be attached as a microsoft file on the next page.

CMS-1429-P-2659-Attach-1.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

WE BEG YOU TO NOT PASS THIS POLICY WHEREBY A PHYSICIAN CAN ONLY REFER "INCIDENT TO" SERVICES TO PHYSICAL THERAPISTS. ALL QUALIFIED HEALTH CARE PROVIDERS SHOULD BE ALLOWED TO PROVIDE SERVICES TO PATIENTS WITH A PHYSICIANS PRESCRIPTION OR UNDER THEIR SUPERVISION.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Section 305

Reimbursement for respiratory medications at average selling price + 6% will not fairly reimburse providers of respiratory medications.

The recently published new allowables for albuterol sulfate and ipratropium bromide of \$0.04/mg and \$0.30/mg respectively are at or below our current cost for these medications. We currently pay \$0.048/mg for albuterol and \$0.30/mg for ipratropium. Clearly, our small privately owned pharmacy cannot afford to fill prescriptions at a loss. We believe the CMS calculations for the new allowables were skewed by a small group of large national providers that are able to purchase direct from the manufacturers of these drugs. We are forced to deal with wholesale distributor middlemen who mark the drugs up to us. The proposed pricing discriminates against small privately owned pharmacies. But, interestingly enough, the large national providers (Apria, Lincare and American HomePatient) have all announced publicly that they will exit the business unless an adequate dispensing fee is provided. These announcements were made in spite of the fact that the large national pharmacy providers undoubtedly enjoy costs of medications far below that of the small independent pharmacies.

In order for us to be able to remain in the respiratory medication business for the Medicare beneficiary population, there must be an additional financial incentive in the form of a dispensing fee to cover our costs and allow a profit. We have examined our costs related to the pharmacy segment of our home medical equipment business, looking at the following components:

Allocated cost of rent and utilities;

Salary and benefits for pharmacists as it relates to filling prescriptions, obtaining proper documentation for both Medicare and the Missouri State Board of Pharmacy, record keeping, interface with prescribing physicians, and patient counseling;

Professional and business liability insurance as it relates to the pharmacy segment of our business;

Costs associated with initial in-home delivery, patient training and education, follow-up deliveries, and compliance monitoring as required by Medicare;

Costs associated with sales and marketing activities related to the respiratory medication segment of our business;

Billing and clerical activities related to accepting Medicare assignment for respiratory medications;

Costs related to twenty-four hour on-call support for our patients;

Costs related to other licensed professional staff (respiratory therapists).

We believe the Muse and Associates calculation of a \$68.10 dispensing fee falls short for small pharmacies. We suggest that CMS consider a transition payment for the medications based on an average selling price that takes into consideration the prices paid by small pharmacies. In addition, we calculate that a dispensing fee of \$90.00 per prescription would provide enough incentive to remain active in this business segment. This amount was arrived at by an exhaustive study of the aforementioned costs related to our pharmacy business.

In the event a dispensing fee is not forthcoming, we will exit the respiratory medication business. We fill an average of 350 prescriptions/month, involving approximately 200 different patients. Our patients will be forced to pay out-of-pocket to obtain their medications from local pharmacies. More than likely, the majority of our patients will not purchase these medications, but instead will go untreated. An untreated COPD patient is likely to suffer an acute exacerbation that will require hospitalization.

We also feel the comments regarding the migration to MDI's in 2006 is misguided. We suggest you survey Medicare beneficiaries who have used both forms of treatment to determine which provides them with greater therapeutic benefit. We believe you will discover the vast majority of patients favored nebulized respiratory medications.

Thank you for this opportunity to comment.

James B. McLaughlin

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

PRACTICE EXPENSE

September 22, 2004

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

CMS Code 1429-P

I am writing to comment on the Proposed Rules governing the Physician Fee Schedule for Calendar Year 2005 as printed in the Federal Register of August 5, 2004.

I object to the Proposed Geographic Practice Cost Indices for 2005 because they fail to correct proven inadequacies in reimbursements to localities currently categorized as "Locality 99" that exceed the 5 percent threshold (the "105% rule") over the national 1.000 average. Specifically, the new GPCIs exacerbate reimbursement deficiencies for the California counties of Santa Cruz, Sonoma, Monterey, San Diego, Sacramento, Santa Barbara and El Dorado.

In particular, the county of Santa Cruz, when broken out from Locality 99, would otherwise reflect a 1.125 percent GAF - higher than the California Localities 17 (Ventura), 18 (Los Angeles) and 26 (Orange). The boundary payment difference between Santa Cruz County and its neighboring county of Santa Clara (Locality 9) is a whopping 25.1 percent. Such statistics demonstrate the fallacy of the GPCI formula and demand CMS develop either exceptions to the current rules that would correct for the Santa Cruz situation or refine the formula to more accurately reflect the true cost of medical practitioners. Not to do so perpetuates an inherently unfair and discriminatory formula.

In its August 5 notice, CMS states that on the issue of payment localities "[a]ny policy that we would propose would have to apply to all States and payment localities." Such an effort is commendable and bespeaks a desire to be fair to all physicians across the nation. However, the reality is that the governing statute does not prohibit individual State fixes or individual county or locality fixes. The CMS is not constrained by law from developing a strategy - with or without the concurrence of the state medical association - to correct the discrepancies in the reimbursement levels to California counties and I request that it do so as part of this rulemaking process.

CMS cannot postpone a solution this year as it did last year. Failure to address the GPCI/locality issue in California only grows the problems and will make fixing it all the more difficult in the future. Further, it threatens to undermine medical care to Medicare beneficiaries. Evidence from the local medical society shows an increasing trend toward doctors refusing to accept new Medicare patients. Many doctors are simply leaving the county to practice elsewhere, depleting the county of its medical resources. To implement the August 5 proposed rules would be counterproductive to CMS' mission to make Medicare benefits affordable and accessible to America's seniors.

I object to the Proposed Geographic Practice Cost Indices for 2005 as printed in the Federal Register of August 5, 2004. I request that CMS define a method in which it can revise the GPCIs for those California counties - especially Santa Cruz - that exceed 5 percent of the national average and begin reimbursing doctors in those counties more appropriate to their true costs.

Sincerely,
Darien Heron, MD

Submitter : Mrs. Heather Campbell Date & Time: 09/22/2004 04:09:53

Organization : Union Hospital

Category : Health Care Provider/Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a licensed physical therapist, I have worked side by side with several athletic trainers.

The trainers I have worked with are very knowledgeable and are excellent additions to our staff (in a private physical therapy clinic). These athletic trainers have more training and education than some of the licensed therapists in our clinic, and the testing required for their certification is rigorous.

If health professionals such as the trainers I know are not allowed to perform 'physical therapy services,' the therapist shortage would be even further critical than it is already, and unlicensed individuals would be necessary to assist the remaining therapists in seeing their patients. While I realize that the skills of the individual athletic trainer as pertains to a certain population of patients varies widely, the same is true for physical therapists (no matter what their degree), and any facility would be foolish to hire a trainer or therapist who was unskilled in the specialties dictated by that facility's patient type.

I must admit that I was skeptical when we first hired our athletic trainers, but I have been pleasantly surprised. The schools are putting out well-prepared trainers, who we do not hire until they have passed their exam.

Please consider my comments before you make your decision. Thank you very much for your time.

Sincerely,

Michael C. Cole, MS, PT
Northwestern University Physical Therapy Programs, Class of 1977
Northwestern University Masters Degree program, Class of 1986

clcole@mc.net
Licensed Physical Therapist for the past 27 years

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Certified Athletic Trainers are highly educated medical professionals and the professions ability to treat should not be limited.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please see attached file.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Issues 20-29
Therapy-Incident to.

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

As a certified athletic trainer with extensive experience and education in the field of athletic training, exercise science and cardiac rehabilitation, I oppose the proposed CMS revisions to payment policies.

Athletic training is a profession which prepares individuals to work in a number of health care fields and in a variety of settings. After completing a rigorous education program following by a national exam and individual state licensing/registration, an individual may be able to practice as an athletic trainer. States, such as Illinois, have taken an active role in educating the general public of the value and expertise of athletic training. In addition, Illinois has taken steps to educate the medical/allied health population about the proper education needed to be referred to as an Athletic Trainer or ATC.

With athletic trainers having significant experience working with active populations, it makes sense to allow athletic trainers to work in many settings and encourage their role in the lives of active individuals. By working with physicians in their offices and under their supervision at rehabilitation clinics, athletic trainers can provide a unique perspective to the 'injured' individual. This perspective exemplifies 'return to normal activities' as many people do not simply want to return to sitting at a desk but to return to recreational activities for an improved quality of life.

By restricting the practice of payment for services authorized by a physician, you are in fact limiting the choice of the physician and infringing on their right to practice medicine. The decision for care should be left in the hands of the physician and not individuals periphery to the situation. If physicians choose to utilize certified,licensed athletic trainers to perform return to activity rehabilitation, CMS should respect that decision.

Athletic trainers are very marketable because of their educational background and the physicians I have worked with enjoy working with certified athletic trainers throughout the rehabilitation process. Patients served by athletic trainers are often better prepared after completing their rehabilitation to return to a completely normal life which includes not only daily tasks such as cleaning and cooking but enjoying recreational activities with their families.

Athletic Trainers are qualified to perform services, as directed by physicians, and should be allowed under Medicare to continue to bill for their services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I would like to express my discontent with this proposal. I am a high school basketball coach at a small, rural school in Illinois. We have the fortunate opportunity to employ a part-time athletic trainer. Basically they work in a physical therapy clinic in the mornings and at our high school in the afternoons. I am very grateful of our athletic trainer. He has done a wonderful providing care for our athletes. It is a unique profession that is designed to serve this capacity. Specifically, our athletic trainer can treat anything from a blister, to a sprained ankle, to a collapsed lung where a player of mine almost died. Because of that athletic trainer, this student has graduated and is successfully going to college. If CMS-1429-P moves forward, it would eliminate the athletic trainer at our school and a large majority of other high schools who have athletic trainers outreach from clinics. Please, for the lives of student athletes all over this country, do not allow this proposal to pass.

Sincerely,
Thomas Crouch, Jr.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Massage therapy. Revision to just physical therapists to be paid for massage therapy is a disservice to clients on medicare or any other insurance plan. The reason is physical therapists are not trained to be massage therapists. Therefore patients receive no benefit. Massage is a specialty which requires in depth schooling in order to benefit patients. No on the revision to pay just physical therapists to treat patients with massage.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am opposed to the changes in this section of the proposed changes. As a certified athletic trainer, I am highly qualified to provide services at this level, and the proposed changes significantly limit my ability to provide services that may be requested by a physician. Please see my attached letter.

Thank you

Submitter : Date & Time:

Organization :

Category :

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

THERAPY - INCIDENT TO

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

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

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

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

Patients who would now be referred outside of the physicians 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 patients 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, 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.

Certified/Licensed athletic trainers are trained at 4-year institutions, like physical therapists, to provide therapy services for orthopedic injuries. Athletic trainers are required to maintain 80 hours of continuing education every three years, a requirement that is not mandated on physical therapists by their association to maintain their license. Physical therapy assistants have only 2 years of education with no continuing education requirements. Approximately 70% of athletic trainers hold an advanced level degree. Further, a significant number of physical therapists hold an athletic training certification/ license as well. To limit athletic trainer credentials in favor of one type of health care professional, that has professional crossover, would severely limit athletic trainers ability to earn a viable living. I'm sure you would agree this would be contrary to a free enterprise system that so many have fought so hard to preserve.

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

I would request that Incident To Therapy not be changed.

Sincerely,

Ed Doherty, M.S., L.A.T.,C

Submitter : Mrs. Kathy Benn Date & Time: 09/22/2004 04:09:45

Organization : Florida Southern College

Category : Academic

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Athletic trainers work hard throughout their college education and clinical experiences to attain their certification. The educational and clinical background of an athletic trainer highly qualifies them in a wide variety of health care services to athletes and other physically active persons. Athletic trainers are competent in such areas as injury prevention, injury assessment, injury care, treatment and rehabilitation, psychological welfare, first aid/CPR response, and many others. They have an extensive education on the anatomy and physiology of the human body, how to evaluate and assess pathologies and illnesses, and ways to treat, care for, and rehabilitate several conditions. An athletic trainer's wide variety of capabilities in the medical field should enable them to practice those skills in numerous settings, including high school, college, professional athletics, physicians' offices, physical therapy centers, and rehabilitation facilities.

Submitter : Sheri McNew Date & Time: 09/22/2004 04:09:43

Organization : University of Kentucky Sports Medicine

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please read following letter:

September 22, 2004

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

Re: Therapy ? Incident To

Dear Sir/Madam:

I am currently the Director of Athletic Training outreach services at a very busy university based sports medicine facility. We have 5 sports medicine fellowship trained physicians and 9 certified athletic trainers. I am very concerned over the recent proposal that would limit providers of ?incident to? services in our type of facility. If adopted, this would eliminate the ability of our physicians to incorporate the use of an ATC staff whom they have the utmost respect for in regard to their education, research capabilities, experience with their patient population and their status as a medical professional. It would also reduce the quality of care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on our health care system that is already under constant scrutiny.

?Incident to? has always been utilized by physicians to allow others under their ?direct supervision? to provide care as an adjunct to their services. It is the physician?s right to delegate the care of his or her patients to trained individuals whom they consider knowledgeable and trained in the protocols to be administered. In our setting, this definitely includes certified athletic trainers. The physician accepts legal responsibility for the individual(s) under his/her supervision. It is imperative that they are allowed to continue to make decisions in the best interest of the patients.

All of our certified athletic trainers have a bachelor?s degree with the majority having a master?s degree from an accredited college or university. Each year they are required to do research in the area of sports medicine and submit and present it to the district and national level. They must attend weekly educational conferences with our physicians and also attend yearly accredited courses/conventions to keep them abreast of the constant changes in the sports medicine healthcare setting. CEU credits are mandatory each year to keep the National Athletic Trainer?s certification. Our staff goes above and beyond what is required. Physical therapists in the state of Kentucky are NOT required to attain any CE credits to maintain their licensure. 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.

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.

Because our clinic and our satellite clinics are located within easy access of rural areas, we see many patients with Medicare. There are numerous physicians within our area that are refusing to see these patients. It would be detrimental for CMS to institute the changes proposed as it may lead to eliminating or severely limiting the number of Medicare patients accepted in each clinic. Our number one concern in our clinics is the quality of patient care. By limiting ?incident to,? the quality of care and access to quality of care will be severely diminished.

Sincerely:

Sheri McNew, ATC
Director of Outreach
University of Kentucky Sports Medicine



Submitter :

Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Dr. Mark B. McClellan,
Administrator.

My name is Jayne Fleck Pool and I am a licensed Physical Therapist, Certified Sports Specialist and Certified Athletic Trainer. I have been in practice for 17 years. My comments are regarding the proposed 2005 Physician Fee Schedule Rule. I am writing to support the proposed personnel standards for physical therapy services that are provided 'incident to' physician services in the physician's office. I feel strongly that only qualified physical therapists and physical therapist assistants should be able to provide and bill for physical therapy services.

As both a physical therapist and athletic trainer, I feel qualified to objectively address the differences and similarities in the training and education of these professions. I believe that the education I received in an accredited physical therapy school, the licensure examination that I passed and the continuing education required to maintain my physical therapy license uniquely qualify me and other physical therapists to provide physical therapy services.

The physical therapy education that I received included comprehensive training in anatomy and physiology that provided me a great understanding of the functions of the human body and well as disease processes and management. In addition, extensive clinical training enabled me to develop physical therapy examination and treatment skills. These skills allow me to evaluate my patients and provide effective treatments to improve their function and lessen their disabilities. It is particularly important that my physical therapy training used a medical model as it prepared me to better understand not only the patient's current problem, but also the possible co-morbidities and other complexities that Medicare patients often have.

In contrast my Athletic Training Education and subsequent certification examination provided me with the skills to prevent, evaluate and manage athletic injuries. The focus of athletic training is the athlete. Many Medicare patients that I have treated are not athletes, and often times their physical disabilities do not even allow them to be active. In addition, the rehabilitation skills I learned and practice as an Athletic Trainer are focused on a healthy yet injured athlete. This does not describe the majority of the Medicare patients who I have treated as a physical therapist. These Medicare patients often have disabilities or injuries as a result of a disease process, not an athletic injury, and therefore more complex evaluation and treatment is required.

Thank you for consideration of my comments.

Jayne Fleck Pool, PT, SCS, ATC
3409 N. Central Expwy
Plano, TX 75023

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I, as a massage therapist, want to retain the right to work with or for medical doctors or chiropractors and to allow persons to receive professional health care in physician's offices from those other than physical therapists. Physical Therapy is only one method of treatment and that may not be the best suited to the health and well being of the patient. By reducing options simply to reduce costs is not the answer. There is a great deal of documented evidence to the viability to touch therapies in increasing the ones well being and speeding recovery. By cutting out Massage Therapy, and other Touch modalities, it is sending a message to others that it is second rate and our Western Medicine can do with out it.

Thank you

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly supports the proposed personnel standards for physical therapy services that are provided ?incident to? physician services in the physician?s office. I 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 strongly opposes the use of unqualified personnel to provide services described and billed as physical therapy services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

SECTION 629

Do not take Massage Therapy off of medicare. It is a beneficial and useful service.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Dr. Mark B. McClellan,
Administrator.

My name is Jayne Fleck Pool, PT, SCS, ATC and I am the Vice President of Compliance and Regulatory Affairs for Benchmark Medical, Inc. Thank you for the opportunity to comment on the proposed 2005 Physician Fee Schedule Rule. I am writing to support the proposed personnel standards for physical therapy services that are provided "incident to" physician services in the physician's office. Our organization believes strongly that only qualified physical therapists and physical therapist assistants should be able to provide and bill for physical therapy services.

Benchmark Medical is the largest private provider of outpatient physical therapy services in the United States. We have 380 outpatient physical therapy and orthotics and prosthetics offices in 19 states. Our physical therapists have obtained specialized education and training from accredited physical therapy schools. In addition, most of our physical therapists obtain additional clinical education by attending advanced clinical training and education courses. This unique education and training allows our physical therapists to provide care to persons with physical disabilities and functional impairments. These skills are particularly important for the Medicare patient. Our physical therapists are able to identify the individual Medicare patient's functional problems, related medical issues or co-morbidities and then implement an effective treatment program to lessen their disabilities. The overall outcome for the Medicare patient is competent skilled care and a positive clinical outcome.

Each physical therapist is also licensed by the state in which they practice. As licensed health care workers in each jurisdiction, our therapists are not only accountable to our Company policies and procedures, but also to their individual licensing authorities. Unlicensed personnel providing health care services in a physician's office do not have the same accountability.

Thank you for consideration of my comments.

Jayne Fleck Pool, PT, SCS, ATC
Vice President, Compliance & Regulatory Affairs
Benchmark Medical, Inc.
Valleybrooke Corporate Park
101 Lindenwood Drive, Suite 420
Malvern, PA 19355

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg you to NOT pass this policy whereby a physician can only refer 'incident to' services to physical therapists. There are at least 15,000 licensed and highly trained Massage Therapist in the state of Florida alone who make it their lives work to help people. In addition, there are things physical therapists simply are not trained to take care of. You will be severely limiting the availability of valuable, scientifically proven recuperative and preventative care to millions by this action.

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

Thank You

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am both an athletic trainer and a physical therapist so I believe I can speak intelligently about billing Medicare patients as an athletic trainer. I'm sure most of the feedback from athletic trainers have been in favor of allowing services to be billed to Medicare. In my opinion this should NOT be the case. Athletic trainer education focuses on the musculoskeletal system in otherwise healthy individuals. Clinical experiences in dealing with this population is essentially non-existent. Patients under Medicare are not just simply "older" athletes. This unique group can bring existing co-morbidities to the table that athletic trainers are not educated to deal with.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

PRACTICE EXPENSE

SENIOR NETWORK SERVICES
1777-A Capitola Road, Santa Cruz, California 95062
(831) 462-1433

September 2004

CMS Code 1429-P

I am writing to comment on the Proposed Rules governing the Physician Fee Schedule for Calendar Year 2005 as printed in the Federal Register of August 5, 2004.

Please reconsider your proposed rule. CMS committed in 1996 to updated the physician payment localities if there has been a significant change in practice costs. Santa Cruz County remains the most disadvantaged county in California. The payment differential for physician services in a county less than 20 miles from our business is over 25% greater than for services performed by local physicians. We understand that this is by far the greater such differential in the country.

This needs to stop. We are losing doctors and important specialties. Our organization cannot fathom how this is allowed to continue. We believe that Congress has delegated to CMS the responsibility to manage the payment to physicians. Further, we believe that no other county in the U.S. is in greater need of reform than our county. It is your responsibility to correct this problem. Continued postponement of this long-needed reform is ill advised and inappropriate.

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

Sincerely,

Brenda Moss
Executive Director
Senior Network Services

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We are Physical Therapy students at Lebanon Valley College.

We support the CMS Decision regarding physical therapy services incident to physician office visits.

We are required to attend college for 6 yrs to get a doctor of physical therapy (DPT) degree. It is only beneficial to the patient to allow medical personnel who are completely qualified to provide interventions to do so.

Unqualified providers of physical therapy intervention, those other than physical therapists or physical therapy assistants, under supervision of the physical therapist, can harm the well-being and decrease positive outcome of the physical therapy experience.

Also, physical therapists are fully accountable for their actions while performing physical therapy interventions, which is not the case with other unqualified medical personnel.

Physical therapists have an extensive background in anatomy, physiology, and pathophysiology in order to have an in-depth understanding of the patient and their conditions. This also doesn't occur with unqualified medical personnel.

With the issue of a cap being placed with physical therapy, the patient is allowed a certain amount of money to be billed for physical therapy. This could be taken up by a tech working under a physician when manual or one-on-one physical therapy interventions are indicated.

Delivery of so-called physical therapy services can be harmful to the patient. For example, a patient can receive ultrasound from a physician's office and because unqualified personnel are doing it, it can cause pain, which shouldn't occur with ultrasound. This causes the patient to expect pain when in all actuality, ultrasound shouldn't be painful at all.

We thank you for your time in reviewing our comments and hope you take them into serious consideration.

Andrea Brown and
Scott Marek

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file



Submitter : Miss. Celica Bicocchi Date & Time: 09/22/2004 05:09:23

Organization : Lebanon Valley College

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We are physical therapy students at Lebanon Valley College.

We strongly support the CMS proposal establishing requirements for individuals furnishing physical therapy services in physicians offices.

Physical therapists are educated at colleges or universities for a minimum of six years for a doctorate of physical therapy degree and, after passing an exam, are licensed to practice, making physical therapists fully accountable for their professional actions. Physical therapist assistants are educated at colleges or universities for a two year time period to earn an associate's degree. As current physical therapy students, we feel that we are being supplied with the appropriate knowledge of anatomy, physiology and pathophysiology to provide therapeutic modalities, as well as supervise physical therapist assistants in the proper application of these modalities.

We are also knowledgeable of the indications and contraindications of the various therapeutic modalities as well as their effects on the tissues of the body.

There is a potential for medical workers who are untrained in physical therapy interventions to cause harm to patients. For example, in applying ultrasound, the untrained medical worker may burn the patient or cause the treatment to be painful for the patient when it should not be. As a result, the patient may not want to come back for treatment or receive proper ultrasound treatments in the future and would therefore lose the benefit of physical therapy services, which would cause the patient to lose function. We thank you for taking the time to review our comments and hope that you take them into serious consideration.

Sincerely,

Jana Bowman, Celica Bicocchi, and Shannon Potocny

Submitter : Miss. Stacey Delano Date & Time: 09/22/2004 05:09:20

Organization : Lebanon Valley College

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We are Physical Therapy students attending the Doctoral program at Lebanon Valley College and we support the CMS's proposed standards for personnel providing physical therapy services in physician offices.

Physical Therapists and Physical Therapist Assistants supervised by Physical Therapists have the knowledge based background required to furnish physical therapy services. They have been educated in Anatomy, Physiology, Pathophysiology and therapeutic interventions that are necessary to provide quality physical therapy services.

Patients receiving care in the physician's office are being deceived when they are told that they are receiving quality physical therapy when the patient may actually be receiving treatment from an unqualified person. The person delivering these services may have very little or no educational background in these services. This can do more harm to the patient than good.

Physical Therapists are licensed professionals and are fully accountable for the services they provide in the states they practice as well as direct supervision for Physical Therapist Assistants.

As students, we have spent and will continue to spend a significant amount of time learning and gaining the knowledge base required to become a licensed PT compared with unlicensed 'on the job' training.

Financial limitation is also a problem regarding the services provided by unqualified individuals in regards that they bill their services as 'Physical Therapy' in which it truly is not. The monetary resources afforded by CMS may be exhausted before a patient even is treated by Physical Therapist.

In closing we would like to thank you for your consideration and time.

Stacey Delano
Mike O'Connell

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I attach the files.

CMS-1429-P-2693-Attach-1.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Sir/Madam:

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.

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).

Continue next box

THERAPY STANDARDS AND REQUIREMENTS

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.

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,

Ospaldo Lopez

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

To whom it may concern:

This is to support the rule change proposed which would allow psychologists to supervise psychological and neuropsychological tests performed by ancillary staff. In Kentucky we credential Master's level psychologists, most of whom receive supervision regularly. They are well-qualified to do psychological testing and their use allows me and my doctoral staff to see more patients more quickly. Given that we consult to more than 150 physicians in the state, this enables us to provide answers to diagnostic questions more effectively. In rural areas of my state, where there are far fewer psychologists, services provided by Master's level psychologists are even more critical. I am pleased that CMS recognizes our situation.

Richard Edelson, Ph.D.
Neuropsychologist

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 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. Athletic trainers are highly educated. ALL certified or licensed athletic trainers must have a bachelor's or master's degree from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Seventy (70) percent of all athletic trainers have a master's degree or higher. This great majority of practitioners who hold advanced degrees are comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).

Of the 28,000 Athletic Trainers nationwide, over half are currently employed in clinical settings and may be handling the care of Medicaid and Medicare patients. This precedent setting decision could deny patients such as those access to appropriate rehabilitative care.

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

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.

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

Please encourage opposing votes to the upcoming proposal for "Incident To" changes.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

The exclusion of Certified Athletic Trainers in the treatment of Medicare patient's is unjust. The education of Certified Athletic Trainers is comprable to Physical Therapists. The abilities and qualifications necessary to pass the National Athletic Trainer's Association Certification test are in direct comparison with those needed to pass the boards. Please take into consideration the skills that Athletic Trainers need to treat Medicare patients and evaluate these skills compared to Physical Therapists. There is no need to eliminate the ability of these qualified individuals to treat Medicare patients. Thank you for your time.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Changing the requirements for Physical Therapy billing and standards will eliminate the excellent care provided by other health practitioners such as athletic trainers. Athletic trainers have been an essential part of the care and assessment of our patients seen in our orthopaedic surgery clinic. Without their valuable input and care our patients would have significantly different outcomes. Athletic trainers are licensed professionals that are held to a high standard of professionalism and conduct. Please do not make a decision that will essentially eliminate them from the patient care heirachy.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

This would eliminate the physicians ability to provide extended services. Athletic trainers are vital to extending care to our schools and athletes. This is less expensive care than seeing the drs.
Please reconsider "incident to".
MP

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Mrs. Paula Brooks,NCMT Date & Time: 09/22/2004 05:09:09

Organization : AMTA

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am writing to request that you not pass the policy whereby a physician can only refer "incident to" services to physical therapist. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attachment.

CMS-1429-P-2703-Attach-1.txt

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I feel that this legislature undermines the importance of Certified Athletic Trainers in the outpatient physical therapy setting. As the co-director of my own clinic, I hire Certified Athletic Trainers because I feel that they, in general, are more proficient with orthopaedic injuries than the physical therapists. Athletic Trainers spend a minimum of 4 years concentrating on the prevention, evaluation, treatment and rehabilitation of orthopaedic injuries while Physical Therapists might spend a semester. The Athletic Trainers and Physical Therapists here at the Athletic and Therapeutic Institute work very close together to ensure that our patients get the best care available to them. There is no reason why a Certified Athletic Trainer should not be able to work in an orthopaedic therapy clinic and bill for the services he or she has rendered. I feel very strongly about this issue and will continue voicing my opinion.

Jaime A. Rojas, MS, ATC/L
The Athletic and Therapeutic Institute
635 Executive Dr.
Willowbrook, IL. 60527
(630) 455-6630

Submitter : Mrs. Leta WoloshukLMT Date & Time: 09/22/2004 05:09:09

Organization : FSMTA

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I oppose Medicares proposal to eliminate any provider except PT's providing "Incedent To" From medical proffesionals services to Patients

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please reconsider passing this policy on restricting physicians referrals to only PTs. A physician should be able to refer to many types of intergrative health-care professionals who are qualified to work patients as needed. The recovery of a patient can be greatly enhanced with many types of modalities like massage and chiropractic practitioners working as a team towards the goal of recovery and comfort.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

GPCI

Please consider changing the rural designation of Santa Cruz County in California. Santa Clara County, just a few miles away, has an urban designation. Santa Cruz County has mushroomed in the last 20 years and is now very urban. Some of the highest priced real estate in the nation is right here in Santa Cruz!!

We are losing doctors who take Medicare assignment. It is increasingly difficult to find Medicare doctors taking new patients. As a SHIP Program Manager (HICAP, I am daily made aware of how difficult it is for new Medicare enrollees to find a physician.

Thank yo for considering this change.

Sincerely,

Sally NeSmith

HICAP Program Manager

Santa Cruz & San Beniot Counties

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

9/20/04

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

Re: File Code CMS-1429-P
GPCI

I strongly object to the proposed rules governing the Physician Fee Schedule for 2005 as printed in the Federal Register of 8/5/04. Santa Cruz County has some of the highest housing prices in the country and one of the highest costs of living. It is unjust that it is trapped within locality 99, listed as a rural county. Our cost of living is comparable or even higher than adjoining counties of San Mateo and Santa Clara, which receive reimbursement 24% higher for the same services. We often care for the same patients! I have lived and worked in this county for the past 23 years and have watched the spiraling cost to live here severely undermine our medical community as we can no longer consistently recruit and retain physicians. This imbalance in reimbursement needs immediate correction.

Sincerely,

Andrew K. Nevitt M.D.
Santa Cruz Emergency Physicians
Vice Chief of Staff-Dominican Hospital
197 Pine Forest Drive
Aptos, CA 95003

Submitter : Mrs. Claudia Gazsi Date & Time: 09/22/2004 05:09:19

Organization : Lebanon Valley College

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly support CMS's proposed requirement that physical therapy services provided in a physician's office incident to a physician's office visit, only be provided by a physical therapist or a physical therapist assistant, under the supervision and direction of a licensed physical therapist. Licensed physical therapists must be graduates of an accredited PT or PTA program, which then ensures a standard level of knowledge, critical decision making skills, and demonstrated clinical competence to provide effective, efficient, and evidence-based care. Physical therapists and physical therapist assistants are the only practitioners with the education and training to provide physical therapy services.

When services are billed as physical therapy, using the 97000 series of CPT codes, the patient and the insurer should feel confident that the services were actually provided by the appropriate qualified individual - physical therapists or physical therapist assistants, under the direction of the physical therapist. The extensive education in anatomy, physiology and pathophysiology, as well as the indications and contraindications for therapeutic modalities and interventions and their impact on various body systems places the physical therapist and the physical therapist assistant in the position to be the most appropriate provider of physical therapy services. If services are provided by unlicensed providers in the physician's office and billed as physical therapy, the entire cap for therapy services may be exhausted before the patient is ever referred for physical therapy. A subsequent catastrophic event, where significant physical and speech therapy services are required, will place the patient in the position of either assuming the entire cost of services or forgoing therapy services all together and risking significant loss of function and independence.

Patients who have received therapeutic modalities incident to physician services but provided by unlicensed providers have frequently reported excessive heat and pain with the application of therapeutic ultrasound and subsequent reluctance to the application when provided by a licensed physical therapist or physical therapist assistant as part of the comprehensive treatment plan. Patients have presented with ill-fitting 'off the shelf' orthotic or supportive devices which they have purchased through the physicians office only to have to repurchase the correct appliance after being referred to physical therapy. Patients have also demonstrated incorrect performance of exercises after being 'provided with a home program' from an unlicensed provider, to the extent that the exercises have exacerbated the patients symptoms and have had a negative impact on their overall health and wellness.

Thank you for your time and consideration of these comments

Sincerely,
Claudia C. Gazsi, PT, MHA
DCE, Asst Professor,
Lebanon Valley College
Annville, PA 17003-1400



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

The Incident To guidelines as they immediately stand are more than sufficient. Physicians, as the true diagnosing authorities in this country are in the best position to determine who may adequately treat patients, Medicare or commercial insurance. The decision on who treats under their professional supervision MUST be left to them.

The Federal Register proposal would allow supervised therapist assistants to treat patients: however, they only have two-year Associate degrees. Certified and licensed athletic trainers have four year degrees AT A MINIMUM, and most practicing ATCs have advanced degrees, and the predominant didactic portion of their rehabilitation training is taught by physicians and THERAPISTS. To say that an Associate level para-professional is more skilled than a four or six year educated professional is outrageous. Physicians hire certified and licensed athletic trainers and kinesiotherapists because they are much more highly skilled than assistants.

In addition,keep in mind that this proposal, if passed, will impact the insurance industry on a very wide scale. National organizations whose members perform physical medicine, and most commercial insurers look to CMS for guidance on how to best approach reimbursement and compliance. A decision so thoroughly restricting Incident To would make effective cost containment far too difficult. To only be able to employ therapists Incident To would automatically take overhead costs up excessively. In addition it must not be forgotten that there are state therapy Boards who have standing orders that only therapists can supervise assistants, whereas the Incident To guidelines restrict supervision to the physician. With professionals like certified and licensed athletic trainers and kinesiotherapists this issue does not arise. There is no mistaking whose orders must be followed. If one looks at the training between the physical medicine practitioners there will be little difference found; and in many states where athletic trainers practice they must have approval from their state's physical and occupational therapy Boards as well.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attachment.

CMS-1429-P-2711-Attach-1.txt

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I ask you to reconsider and NOT pass this policy whereby a physician can ONLY refer "ncident to" services to Physical Therapists. This will creat a monopoly for PT's, and exclude all other qualified Health care providers from giving service to those in nedd with a physician's prescription or under their supervision. This will also set a horrible precedent for commercial heath ins. carriers to follow.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

The following is an addendum to a previously submitted response due to lack of remaining characters:

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 provided by physical therapists.

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

Kathy Tate Meyer, MS, ATC, NCMT

Submitter : Mrs. Jennifer Hess Date & Time: 09/22/2004 05:09:17

Organization : University of Illinois - SportWell Center

Category : Other Health Care Provider

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Sir/Madam:

I am writing to voice my concern of proposal CMS-1429-P. As a certified/licensed Athletic Trainer, I am worried that the acceptance of this proposal would significantly affect our profession. Athletic Training is a health care profession that specializes in the prevention, assessment, treatment and rehabilitation of injuries caused by exercise or sport. Athletic Trainers have an extensive educational background, are certified by the National Athletic Trainers' Association and are recognized as an allied health care profession by the American Medical Association.

Limiting services we provide to Medicare and Medicaid patients will create higher customer dissatisfaction, with less qualified health care providers available for appointments, and reduce the overall quality of health care. I believe proposal CMS-1429-P should be rejected in order to support the current level of quality health care and to utilize trained professionals in an area of their expertise.

Sincerely,

Jennifer Hess, MS, ATC/L
ACSM Exercise Specialist certified
Fitness/Injury Prevention Specialist
University of Illinois
SportWell Center
201 E. Peabody Dr.
100 IMPE Bldg.
Champaign, IL 61820

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

The abrupt change in reimbursement by Medicare for urology practices which we expect to decrease our revenues by 13-16%, will be very disruptive to provision of urologic care in our area. We have had difficulty in recruiting urologists at the current reimbursement rates due to the high cost of living here. That problem will become worse with the significant decrease in reimbursement. As I am anticipating retiring in the near future I am concerned about finding someone who will practice here.

I would encourage CMS to phase in the changes more gradually.

Thank you for your consideration of this view.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Tanya M. Hecox
4901 Seminary Rd, #1327
Alexandria, VA 22311

September 22, 2004

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

Re: Therapy - Incident To

Dear Sir/Madam:

I am writing in regards to the recent proposal concerning "incident to" billing of outpatient therapy services that was issued by the Centers for Medicare nad Medicaid Services (CMS). It is my understanding that this proposal, if adopted, would limit providers of "incident to" services in physician offices and clinics. This would ultimately reduce the quality of health care for Medicare patients by eliminating the ability of qualified health care professionals to care for these patients.

"Incident to" has been utilized by physicians to allow other trained individuals (including certified athletic trainers) to provide services under the supervision of the physician. A physician has the right to delegate the care of his or her patients to individuals whom the physician deems knowledgeable and trained in the protocols to be administered as an adjunct to the physician's professional services. Because the physician accepts legal responsibility for the individuals under his or her supervision, Medicare and other private payers have relied on the professional judgement of the physician to determine who is or is not qualified to provide a particular service. It is imperative that physicians continue to make the decisions in the best interest of their patients.

Athletic trainers are highly qualified and educated professionals. All certified or licensed athletic trainers must have a bachelor's degree from an accredited college or university. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational prgrams in Athletic Training (JRC-AT). Many certified athletic trainers hold advanced degrees comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, and speech therapists. For CMS to suggest the athletic trainers are unqualified to provide services to Medicare patients is unjustified. Based on independent research the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.

If physicians are no longer allowed to utilize a variety of qualified health care professionals working "incidence to" the physicians it will increase the workload of physicians who are already overworked and reduce the physician's ability to provide the best possible patient care. It is likely that the pateint will suffer delays in health care, greater cost, and a lack of local and immediate treatment. The physician would not be able to provide the patient with comprehensive, quick accessible health care. This will potentially force the patient to see the physician and separately seek therapy treatment elsewhere, causing significant convenience and an additional expense to the patient.

Athletic trainers have been a benefit to the current health care system. As a certified athletic trainer and a member of the National Athletic Trainers' Association (NATA), I believe it would be disadvantagous and unjustified for the CMS to institute this proposal.

Sincerely,

Tanya M. Hecox, A.T.C.



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Comments on Proposed Rules Federal Register/ Vol. 69 No. 150/ August 5, 2004

File Code: CMS-1429-P

We would like to offer the following comments on the proposed rule, which would change the way physicians are paid for chemotherapy drugs.

1. We are a rural non-profit hospital located in Tennessee approximately 70 and 110 miles respectively from the nearest urban cancer center. The hospital provides radiation therapy services for cancer patients to avoid patients traveling long distances for cancer treatment. We also have on our medical staff, two medical oncologists who are providing cancer care and chemotherapy infusion services in their offices, again with the mission to help patients receive care close to home. The two medical oncologist have expressed grave concerns about the impact of the proposed rule on their ability to continue providing chemotherapy in their offices and have suggested sending their patients to the hospital for chemotherapy infusion. The only other recourse is to have patients travel 70-100 miles to an urban center.
2. We reviewed the proposed change with the idea of providing care for patients at the hospital rather than see patients having to travel long distances. This would have involved a significant undertaking because it would require finding space, infrastructure and employing chemo nurses, which are in great demand. This would have been a costly undertaking to bring this significant new service on line if physicians ceased providing the service in their offices.
3. We reviewed the sample list of chemotherapy drugs in the proposed rule and were able to obtain our invoice price for 24 of the drugs listed. We use a major buying group to purchase our drugs. We then compared our rural APC reimbursement for those 24 drugs. For 21 of the 24 drugs, we are paying more money for the drugs than we would receive from Medicare and copay!
4. As a rural hospital we do not receive the Federal rate that is published. We receive a much lower rate. This is an inequity for rural hospitals to receive lower reimbursement for drugs. The amount Medicare reimburses for drugs, supplies, etc. should not be less for rural areas and wage indexing should not apply to these areas.
5. We do not see how we can provide chemotherapy services to patients at a loss. This would result in patients having to travel 70 to 100 miles to urban centers, which have more favorable urban rates (wage index).

Recommendations:

1. We request you modify the proposed rule to reduce the loss the physicians are facing. This would avoid a major shift in the way chemotherapy is delivered especially in rural areas.
2. Review of this proposed rule has brought to our attention again the need for equitable payments, to rural hospitals especially for drugs and supplies, which should not be adjusted by a wage index.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

CMS-1429-P-2718-Attach-1.pdf

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Subject: Re-designation of Santa Cruz County, California as "Urban"

CMS's proposed rules for 2005 not only fail to address a long-standing issue for Santa Cruz County, California. This county is among the most expensive areas to live in the nation, yet it retains its rural designation from the 1967 Medicare map of California. To exacerbate the problem, under the current CMS proposal, our immediate neighbor, Santa Clara County, would become the highest-paid county in the U.S. This differential in physician payments would become 25 percent under proposed CMS policy!

The welfare of Santa Cruz County residents depends upon attracting and retaining capable local physicians. Our coastal County is geographically isolated from the bordering counties by the Coastal Mountains and the Pajaro River. Over the past 25 years, there have been numerous natural disasters including earthquakes, fires, and storms resulting in massive landslides and flooding, which have completely cut off roads outside of the area and rendered the county an isolated island for days at a time. The magnitude of this problem is illustrated by the fact that in the decade of the 1980's, Santa Cruz County held the record for the most Federally declared disasters. Access to health care is always essential, and the need is greatly magnified during disasters.

Santa Cruz County is among the smallest land areas in the state and, when dedicated park land is removed from consideration, the quarter million people who live here form a moderately high density, clearly urban environment.

I urge CMS to redraw the California map to designate Santa Cruz County, California as urban and within the same payment structure as Santa Clara County.

Thank you for your consideration.

Laura D. Brown
815 Vista Del Mar Dr.
Aptos, CA 95003

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Sir/Madam:

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

During the decision-making process, consider the following:

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

In many cases, the change to 'incident to' services reimbursement would render the physician unable to provide patients with comprehensive health care. The patient would be forced to see the physician and separately seek therapy, causing significant inconvenience and additional expense. This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working 'incident to' the physician, it is likely the patient will suffer delays in care, greater cost and a lack of local, immediate treatment.

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

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 will take away from the physician's ability to provide the best possible patient care. To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide 'incident to' services would improperly provide those groups exclusive rights to Medicare reimbursement.

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

CMS does not have the statutory authority to restrict who can and cannot provide services 'incident to' a physician office visit. This action could be construed as an unprecedented attempt by CMS to seek exclusivity as a provider of physical therapy services.

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

It is not necessary or advantageous for CMS to institute the changes proposed.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Dear Sirs,

I am writing this comment to ensure that my medicare patients will continue to have access to their care. I am a practicing Rheumatologist in Bryn Mawr Pennsylvania. I have been in practice for 18 years. We perform in-office IV Remicade treatments for our patients with Rheumatoid arthritis, and for some patients with Crohn's disease. We have been performing these infusions since the initial medicare approval was given for these indications. Remicade has proved to be a remarkable drug and has truly changed the lives of hundreds of patients in our practice. The proposed change in reimbursement has some merit, but I believe needs to be changed in several ways. I do believe that we should be paid for our services. Remicade represents a complex biologic drug that often has severe side effects that have to be managed. These include hypotension, hives, chest pain, shortness of breath, and anaphylaxis. It is a Physician supervised infusion and we are always asked to comment on the dose given or whether the patient can receive the drug that day in terms of any infection or blood abnormality. Therefore there is a lot of physician work involved with administering this drug.

The current proposed ASP + 6% clearly does not use real numbers that we can obtain the drug for. The ASP cannot be a 'wholesale' number that physicians cannot in reality obtain the drug. The 6% also would need to be raised to at least 10% to be a 'fair' number. Unfortunately if these changes are not made it would be extremely unlikely we would continue to provide this service for our medicare patients. We would be forced to send these patients to the hospital, which would greatly increase the cost to medicare and would not provide a physician supervised environment.

Submitter : Mrs. Sandi Estes Date & Time: 09/22/2004 06:09:34

Organization : Tattnall Square Academy

Category : Nurse

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Centers for Medicare & Medicaid Services
Department of Health and Human Resources
Attn: CMS-1429-P
Post Office Box 8012
Baltimore, MD 2144-8012

Re: "Therapy--Incident To"

Dear Sir/Madam:

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

As a school nurse at Tattnall Square Academy, I work very closely with the school's Certified Athletic Trainer, Jody Burnett. I can personally attest to the quality of care Mr. Burnett provides to the school's athletes. Mr. Burnett's expertise in acute care of injury and illness is second to none. His knowledge of human anatomy and physiology, nutrition and exercise physiology makes him very proficient in strength training and reconditioning of the school's athletes. I have seen first hand Mr. Burnett rehabilitate injured athletes in a timely, yet absolutely safe manner. Mr. Burnett is an asset to this school and the athletic program. Mr. Burnett's educational background is a medical-based education model. This model focusses on education to serve as physician extenders, with emphasis on clinical reasoning skills. I have seen Mr. Burnett's clinical reasoning skills used on the field with acute injuries, as well as off the field in rehabilitation training.

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, at the unfortunate exclusion of a highly qualified group of certified athletic trainers.

From first hand experience, I can attest that the quality of service provided by Mr. Burnett is equal to or better than the quality of services provided by physical therapists.

It is not necessary for CMS to institute the changes proposed and I request that the change not be implemented, as this recommendation is a healthcare access deterrent.

Sincerely,

Sandi Estes, RN, FNPS

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not limit patient access to licensed healthcare providers. This policy would allow doctors to refer only to Physical Therapists and not Massage Therapists. We massage therapists are soft tissue experts and can give excellent treatment to people with soft tissue injuries.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Hello,
I am a doctor of physical therapy student and registered voter who will be graduating May 2005. I am very concerned about the issue of 'incident to.' Currently 'incident to' allows a physician to bill for physical therapy services in his/her office regardless of if the person providing the therapy is a secretary, athletic trainer, or licensed physical therapist. This is extremely dangerous and contributes to inefficiency of the healthcare system. I would like to express my strong support of CMS's proposal to establish standards for personnel providing physical therapy services in physicians' offices, and that those standards be licensed physical therapists or licensed physical therapy assistants only. There are many reasons why this is necessary but I would like to concentrate on what I feel are the two most pertinent.
The first and perhaps most important is the issue of safety for the patient and quality of patient care. Physicians are very skilled at their profession but they are not educated or skilled in physical therapy to the extent that physical therapists are. Physical therapists and physical therapy assistants are the most qualified professionals to administer physical therapy services to patients based on education, experience, and licensure standards. If others who are not licensed in physical therapy are allowed to perform physical therapy services the quality of care, cost effectiveness of care, and patient safety will be diminished.
The second issue is that of cost effectiveness. Physical therapy services are currently being billed to payers regardless of who is providing the therapy. This is grossly inefficient because the quality of therapy is not controlled while the cost to the payer is the same. Physical therapists are educated in the most current standards of care that are the most effective and most efficient. This ensures that the patient is not only getting the most effective treatments but the most cost efficient as well.
I trust that you will see the need for this proposal to ensure quality healthcare that is efficiently managed by the most qualified professionals which are physical therapists and physical therapist assistants.
Thank you for your time!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 22, 2004

To Whom It May Concern at the CMS:

My name is Dan Brown and I am a physical therapy graduate student at the University of Medicine and Dentistry of New Jersey (UMDNJ). I am currently in my second year of studies, working toward a Doctorate in Physical Therapy (DPT). I am writing concerning the proposed 2005 Medicare physician's office to be provided by an individual who is a graduate of an accredited professional physical therapist education program, or one who has met certain grandfathering clauses, or an individual who has met educational requirements for foreign trained physical therapists.

I strongly support this proposal and hope to see it implemented. My interest in this proposal is on a personal, professional, and societal level. It is grown out of the possible benefits such a policy may reap as well as the possible mishaps and injury it may prevent. Personally, I do not want to be bumped out of a job by a lesser competent practitioner, who may work for slightly less compensation. On a professional level, the role of physical therapy in the sector of health care has been developing over the years. Our education and practice have been more demanding and responsible to ensure the safety and successful rehabilitation of our patients. The providing of physical therapy services by another other than those listed above puts patients at risk. In my education, both in the classroom as well as in the clinic, I am taught precautions, contraindications, signs and symptoms, procedures, interventions, the latest evidence-based medicine studies, as well as the psycho-social aspects of illness. Lastly, for society if patients were mistreated by someone who was assumed to be a physical therapist, there would be lawsuits of epic proportions.

This proposal is an excellent one which will ensure the best and safest treatment of patients. It makes sense medically, socially, and economically. Please put it into effect.

Thank you,

Dan Brown SPT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Date : 9-22-04
To: Mark B. McClellan, MD, PhD
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

From:
Blake Hardy, PT, MS, OCS, CSCS
MMSC Rehabilitation Center
1902 S. Center St.
Marshalltown, IA 50158

As a physical therapist I would like to comment on the "therapy-incident to" issue contained in this proposal. Medicare is the largest consumer of health care in this country and its policies pervade all other health care payor entities. As a result its policies must demand the utmost of quality and safety for its beneficiaries.

This measure is a step in the right direction to achieve both of these goals. In no other circumstance does Medicare turn its back on the requirement of having highly qualified professionals perform services. This current exclusion allows unlicensed individuals to perform care that in other settings only a licensed physical therapist or physical therapist assistant would be able to perform. It is wrong to allow unqualified personnel to carry out the tasks that in other settings requires highly trained professionals to carry out. Consistency in the professionals carrying out care is a cornerstone of quality management and should not be given a pass just because the care is supposedly under the eye of a physician, when in fact we all know this is not occurring. Additionally, this would bring this practice into line with the rules contained in Section 1862(a)(20) in the Social Security Act that requires all professionals practicing within the physician office setting to have the same qualifications as is required in other settings, i. e. licensed physical therapist who is a graduate of an accredited program.

Thank you for your consideration of this matter.

Blake Hardy, PT, MS, OCS, CSCS
MMSC Rehabilitation Center
1902 S. Center St.
Marshalltown, IA 50158

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Pleae see attachment



Submitter : Daniel Holman Date & Time: 09/22/2004 06:09:52

Organization : National Athletic Trainers Association

Category : Health Care Professional or Association

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.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I strongly support the position of the NATA with regard to this issue. I am urging you to include Certified Athletic Trainers in your listing of approved providers.

James W. Richards
M.S., A.T.C.
Head Athletic Trainer
Northwest University, Kirkland, Washington

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Sir/Madam,

I am writing to inform you of myu concerns against a provision to limit incident-to billing to Physical Therapist and Physical Therapist Assistants. As a Certified Athletic Trainer, licensed by the state of Illinois, I have worked in the clinical setting for over ten years. Throughout those ten years I have treated thousands of patients in need of Athletic Training services. I feel that limiting the care that people can receive in the clinical setting would not be advantageous to their recovery. There are many, many times that a patient benefits from the care given to them by a Certified Athletic Trainer.

All Certified Athletic Trainers have received, at minumum, a Bachelor's degree from an accredited four-year college or university. Most have gone on to earn a Master of Arts or Master of Science degree. The curriculum is heavily science based and includes Human Physiology, Anatomy, Kinesiology, Biomechanics, Physics, Nutrition, and the Biology's, Chemistry's, etc.

Therefore, I am in favor of CMS recognizing Athletic Trainers as licensed health care providers in all states. In addition, I am against limiting incident-to billing to PT's and PTA's.

Thank you for your consideration,

Frank Markett, MA,ATC/L,CSCS
HOTC-Therapy Administrator
Illinois Committe on Revenue

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

See attached document for specific comments

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

All health care practitioners including occupational therapists and massage therapists should be covered where physical therapy is covered.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am certified athletic trainer (ATC) and I believe that limiting my profession to be nothing more then a "whipping-boy" for a physical therapist is preposterous. I have a Master's degree and several years of hands on experience that even the highest trained physical therapist may not have. The primary focus and intention of physical therapists is to crush my profession and let them create a monopoly in dealing with rehabilitation. DO NOT LET THIS HAPPEN!!! We have be accepted as a healthcare (Accredited) provider without any problems in the past so do not create any now. Do the right thing and do not give in to the power of physical therapists lobbyists.

Sincerely,
Eric Schneider, MS, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached document

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I oppose the restriction of allowing only PT's to provide medically related care in a physician's office. This would eliminate the beneficial care now being provided by Licensed Massage Therapists.

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, increase the costs associated with these services and place an undue burden on the entire health care system.

PLEASE READ LETTER ATTACHED TO THIS COMMENT!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

GPCI

Please see attachment for our comments.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached letter. Thank You kindly!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

SECTION 303

Please see attachment for comments.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am writing in response to the recent proposal that would limit providers of "incident to" services in physicians' offices and clinics. The adoption of this law would greatly reduce to quality of our health care system. A growing concern in our nation is the cost of health care. This proposal would eliminate the ability of qualified health care professionals to provide important "incident to" services. Medicare patients' quality of care would decrease while the costs of services would increase

Physicians have the right to delegate the care of patients to individuals who they deem qualified (including certified athletic trainers). This proposal would take this power out of the physician's hands and in turn decrease the quality of patient care. Already, insurance companies take too much power away from physicians. This proposal seeks to take even more of the decisions away from the physicians by dictating who is qualified to provide "incident to" services.

The nation is already experiencing a shortage of credentialed allied health care professionals. By not allowing physicians to utilize these professionals to provide "incident to" services, it is likely that patients will have greater delays in health care and greater costs. Not only would this increase delays, but costs due to increased travel. The rehabilitation duration would most likely be increased due to the above-mentioned delays in treatment time, increasing cost incurred by the patient.

Certified Athletic Trainers are highly educated and qualified. A Certified Athletic Trainer must obtain a bachelor's degree from an accredited university, and 70% have obtained a master's degree or higher. Courses for an Athletic Training degree include the following: human anatomy, human physiology, kinesiology, biomechanics, nutrition, acute care of injury and illness, statistics, therapeutic exercise, evaluation and rehabilitation of injuries, research and design, and exercise physiology. These classes are very comparable to other health care professionals, including Physical Therapists, Occupational Therapists, Registered Nurses, and many other mid-level health care practitioners. Athletic Trainers must also pass a national examination and maintain continuing education credits The continuing education system for Athletic Trainers is much more stringent and structured than that for Physical Therapists.

The CMS has offered no evidence that there is a problem in need of fixing. It appears this change to "incident to" is being done for the interests of a single professional group who seeks to establish themselves as the sole provider of therapy services. CMS does not have the authority to restrict who can and cannot provide these services, especially when it could be construed that the changes are being made to benefit one specific type of health care professionals.

The American Physical Therapy Association has taken a very hypocritical stand on this issue. On one hand, the APTA wants to eliminate all physician owned outpatient therapy clinics, as well as treat patients without a physician's prescription. On the other hand, the APTA wants to be the only profession allowed to provide "incident to" services.

As a Certified Athletic Trainer working in an outpatient clinic, I find that each day the Head Athletic Trainer and myself are performing tasks that we take care of exclusively: brace measurement and isokinetic testing. The Head Athletic Trainer is considered our shoulder specialist. I handle the ACL reconstructions because the style of rehabilitation is aggressive in such an injury. I find it comical that Athletic Trainers are considered "unqualified," when we can work along side Physical and Occupational Therapists in a clinical setting. Certified Athletic Trainers, should be utilized as part of the solution for the rising health care costs. This new proposal would be a step in the wrong direction for health care reform in our nation

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please See Attached File

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Mrs. Susan Pitcher Date & Time: 09/22/2004 07:09:41

Organization : Sports Medicine Dept.

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please See Attached File

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please read this letter regarding ATC services in Maryland

Submitter : Mrs. Jeanne Buzzi Date & Time: 09/22/2004 07:09:14

Organization : Mrs. Jeanne Buzzi

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Address: Mark B. McClellan, MD,PhD
Administrator
Centers for Medicare and Medicaid
Attention: CMS-1429-P

Medicare Program: Revision to Payment policies under the physician for the schedule for calendar year, 2005.

Submitted by: Jeanne Buzzi, student physical therapist assistant at Cuyahoga Community College, Cleveland, Ohio.

I'm writing in response to Aug 5 proposed rule on 'Revisions to payment policies under the physician fee schedule for the calendar year 2005.' I strongly agree with the proposed rule which states individuals providing physical therapy must be graduates of an accredited professional physical therapist program or meet certain grandfathering clause or educational requirements for foreign trained physical therapist.

As a student of a physical therapist assistant program, we are required to take core classes in which the main focus is human anatomy , physiology, and the body and it's functions. I believe the background I'm attaining will allow me to provide safe and effective care that meets the needs and goals for my patients, physical therapists, and the whole health care team. I believe if one does not have the proper education, one could possibly do harm to a patient. Every patient is different, and what therapy works for one individual, doesn't necessarily work on another. Physical therapists, and physical therapist assistants have an immense knowledge of different conditions and diseases which enables the physical therapists to choose a therapy program wisely for that particular individual while the assistant provides the proper intervention under the supervision of the therapist.

A financial limitation on the provision of therapy services (referred to as the therapy cap) is scheduled to become effective January 1, 2006. Under the current Medicare policy, a patient could exceed his/her cap on therapy without ever receiving services from a physical therapist. This will negatively impact patient outcomes because our goal is to make sure each patient reaches a functional level so they can become active members in the community, and this would greatly effect the ability for most patients reach this goal.

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 out patient therapy services in all settings. Thus, the services must be performed by individuals, who are graduates of accredited professional physical therapist education programs.

Thank you so much for reviewing my comments.

Sincerely,

Jeanne Buzzi

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

To Whom it May Concern:

I am a concerned citizen who would like to express my frustration regarding this proposal. I know several athletic trainers who are very intellegent, well refined individuals in the areas of orthopedic injuries and acute care. In addition, I have had the priviledge of working with an athletic trainer when I injured my shoulder. This individual was very professional and skilled in the areas of treatment and rehabilitation of my injury.

Athletic trainers have a place in our medical system. They serve a key role in acute care, treatment, and rehabilitation. I know I would not feel comfortable allowing my children to participate in sports at a school that does not employ an athletic trainer.

Sincerely,

Shelly Radtke

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not pass this policy where a physician can only refer services to physical therapist. we are also qualified health care providers as massage therapist we need to remain included.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir:

I appreciate the opportunity to comment on cms-1429-P, that deals with my specialty of Radiation Oncology.

For many years stereotactic radiosurgery and stereotactic radiotherapy have been accepted as very useful treatment for a variety of malignant and non-malignant conditions, but the G codes (eg G0173) have only been payable if place of service is hospital. These procedures are done on an outpatient basis and are routinely and safely delivered in free-standing radiation oncology centers as well, with place of service as Office. I request that cms rules be changed to eliminate this disparity, and allow G codes in the free-standing centers which currently make up 40% of all radiation therapy facilities.

I also request that cms rules be changed to allow Free-standing radiation oncology centers to bill medicare part B for the technical component of radiation therapy for medicare patients who are at a skilled nursing facility (SNF). Under current rules we can only seek payment from the SNF's, who are refusing to contract for radiation therapy, saying their cms reimbursement is not sufficient to cover the additional cost of radiation therapy.

I request that CMS clarify the rules for the proposed 90 day global period for code 77427 (weekly radiation therapy management) to apply only to 99XXX codes. As you know, radiation therapy can last 1 to 8 weeks and without clarification, there will be major problems with inappropriate denials of payment.

Thank you for your consideration.

Sincerely, Carl C. Van Wey, MD carlcvw@mindspring.com

Submitter : Mrs. Stacey Johnson Date & Time: 09/22/2004 07:09:45

Organization : Space Coast Health Institute

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not pass this policy were a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians perscription or under thier supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

In many instances Massage Therapy has provided greater relief for many patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

All Medicare beneficiaries should receive the same standard of care when CMS is paying for Physical Therapy services. Secretaries and clerical workers under the direction of a physician CAN NOT be allowed to continue rendering care to Medicare patients under the guise of a Physical Therapy treatment, simply because a physician is on the premises. Patients are being short changed and CMS is being ripped off by paying for care by unlicensed personnel. Only a licensed Physical Therapist should be paid for Physical Therapy treatment.

In my community in New York City there are hundreds of so called physical therapy centers where clerical staff apply modalities to patients, bill Medicare and are supposedly under the supervision of a physician. That is not Physical Therapy....it is the application of a modality without purpose or plan. That should not be paid for by Medicare. In fact the OIG should investigate these claims.

Physical Therapists are licensed and educated in the jurisdiction where they practice are the only practitioners who have the qualifications to provide P.T.

There should be only one standard for outpatient physical therapy services in all outpatient settings. The current laws allow medical practitioners to milk the system, by over treating and unnecessarily treating Medicare patientsall for the means of generating another revenue source. You have the ability to stop this and you must act now!

Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

The proposal put forth by the federal government stating that ONLY physical therapists are qualified to provide physical medicine services to Medicare patients is ludicrous. Perhaps, the individuals who developed this proposal should thoroughly research the situation before acting in such an impulsive, uneducated way. Upon researching, they will find an undergraduate education saturated with intense academic requirements coupled with a rigorous clinical schedule. Upon researching, they will find professionals with bone deep dedication to their patients. Upon researching, they will find a reservoir of knowledge and the talent to apply this knowledge in a humble, caring manner. Physical therapy and the public's view of the profession has been an established comfort zone for quite awhile. Athletic Training is the "new kid" on the block, and because of this lack of established comfort, there will be sour situations until the roles are clarified. When we peel away all of our opinions, our styles, our experiences, our pride, we, in the medical profession, are all on the same page and are equal--providing health care to those who are ill or disabled and helping them become functional human beings.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I would like to express my support for the "Incident to" requirement in the final rule on CMS 1429-P. I hold dual credentials of physical therapist and athletic trainer. I progressed my education to a Masters of Physical Therapy because I found that as an athletic trainer I just did not know enough to effectively treat a wide range of patients. I was trained to treat "athletes" and young athletes at that. None of the athletes I treated in my training would have qualified to Medicare benefits-despite the NATA argument of the "Senior Athlete". Differential diagnosis is very important as we age and an athletic trainer is not trained in much beyond muscular injury. I do not feel that other avenues of education (kinesiotherapists, massage therapist, exercise physiologist, and athletic trainers), provide the depth of education and experience that a PT program provides. Allowing people not educated in physical therapy to provide physical therapy services and get PAID for them does not make any sense to me. Why have any regulations at all, because it opens up a "Pandora's Box" of people who think Medicare should pay for their services. If they want to get paid like a physical therapist, go back to school and get the education of a physical therapist, like the a "REAL" physical therapist has. I feel very strongly that physical therapy should be provided by or under the supervision of a physical therapist. I have found in my PT practice that when a physician or one of his staff instructs a patient the follow-up and progression is done poorly and not to the best benefit of the patient. I support the "incident to" provision and ask it be maintained by the CMS. Sincerely, Jamy A. Jones PT, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

SECTION 302

See attached comments regarding Section 302.

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:

" 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,
Jason Hall, ATC
Certified and Licensed Athletic Trainer

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

"Please see attached file"

CMS-1429-P-2760-Attach-2.doc

CMS-1429-P-2760-Attach-1.wpd

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

It is great to see progress in this area. Our public deserves to be TREATED by professionals trained to heal them- not just BILLED that way! Physicians billing for PT services provided by unlicensed personal should be called what it is- fraud. In fact, why would a physician EVER be compelled to bill for PT services? Hopefully that will be laid to rest next. Physical Therapy has been proven to help improve function for musculoskeletal dysfunctions of varying causes. There is no place for physicians to bill for services they did not personally provide. Thank you-

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I would like to express my concern regarding restriction of medicare and medicaid support for athletic trainers. I worked as an equipment manager at a Division III college. During this time I got the priviledge of working with certified athletic trainers. I would first of all like to express my appreciation for their skill and knowledge of treatment and rehabilitation for athletic injuries. They were extremely capable of handling any medical situation. Secondly, I would like to express my discontent for the individuals who are trying to oppress this profession. Without athletic trainers at the institution I worked at, the athletics department could not run. How could a football team practice and participate in games without proper medical care. What would happen to the compound fractures, concussions, and spinal cord injuries if no one qualified to take care of these injuries is there. It would be catastrophic. Athletic trainers have a real nitch is the medical system. This should be recognized and celebrated, not shunned because some profession has too many schools and too many graduates without enough jobs!!!!

Please do not hesitate to contact me if you have any additional information.

Becky Price
715-752-3464

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I oppose changes to Medicare which enable only Physical Therapists to perform physician referred touch therapies to patients. I love my older clientele, and am able to help them. Dr.s like to send patients to well educated, caring, health professionals who they feel will help the patient the most. Physical Therapists are not the only professionals who train to work with soft tissue injuries and joint injuries and ROM training. Others that I can think of right off the top of my head are massage therapists, physical trainers, athletic trainers, chiropractic assistants. Thank you

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I'm writing to provide comments and express my support for the proposed ?revisions to payment policies under the physician fee schedule for calendar year 2005? and all related issues regarding ?therapy-incident to?. I am currently in my 3rd year of physical therapy school and will graduate with a doctor of physical therapy (DPT) in 2005. I'm a member of the American Physical Therapy Association (APTA) and our local Physical Therapy Student Association (PTSA). I feel very strongly that all providers of physical therapy services be accredited by a professional physical therapy program, regardless of their practice setting. Currently, all accredited education programs offer at least a master?s degree while the majority are transitioning to doctorate programs. This thorough education and knowledge of anatomy physiology enables therapists to provide comprehensive patient care by understanding the body?s functions and their interactions.

This extensive background facilitates positive rehabilitation outcomes in individuals experiencing neuromuscular impairments and functional limitations. Unqualified personnel attempting to administer physical therapy services are exposing individuals to unnecessary harm and compromising their safety. In order to practice and provide patient care, physical therapists must be licensed by their state and are thus held fully accountable for their professional actions. It is extremely important for individuals seeking health services that the providers of that care are recognized as an accredited profession and are responsible for their own actions. Thank you for considering my comments, I appreciate your time and attention.

Sincerely,

Robin Johanson, SPT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a nationally certified massage therapist working in a multi-disciplinary clinic at a hospital, i urge you not to pass this policy whereby a physician can only refer "incidnet to" services to physical therapists. All qualified health care providers should be allowed to provide services to a patient with a physician's prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attached document.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

SECTION 303

I am a medical oncologist in private practice since 1985 in Ark. When I began practice, most oncology patients were treated in the hospital in an expensive and inefficient manner. Over the last 20 years, most practices endeavored to improve the lives of people with cancer and their families by creating an outpatient environment grounded in family atmosphere, efficient administration of chemotherapy by professional nurses and less expensive care. These efforts were successful in improving oncology to its highest level ever. This includes large scale buying and delivery of chemotherapy drugs for outpatient treatment. The investment is great, meaning that securing, storing and administering these drugs involves a great deal of capital. In many practices, profits created by a small margin on some drugs were used to build cancer centers, improve nursing care and delivery of drugs and provide free care to thousands of uninsured. The last 3-4 years, the government, through Medicare changes, mostly by people who have never experienced cancer treatment either as a physician or as a patient, began to chip away at the world's greatest cancer care system. The first changes reduced drug reimbursement and made it illegal to deliver free care. In my practice, that eliminated \$1.5 -\$2 million a year in care for indigent patients who would have had inconvenient and poor access to treatment. These people are given services which are not reimbursed such as dietitian, social worker and prayer counselor. With MMA, drug reimbursement was slashed to historically low levels. Even with the modest increase in administration reimbursement (only for 2004), some patients with no co-insurance or no insurance are sent to the hospital. It is, of course, illegal to care for anyone without insisting they pay the co-pay, another government breakthrough. The 2004 changes impacted only 10%-15% of our patients who now must go to the hospital for chemotherapy. This is not because oncologists want to continue to make lots of money, but the failure to collect \$2000-\$3000 the patient is responsible for per month, on the 10,000 patients seen in our office each year would bankrupt anyone. The changes forecast for 2005 are a death sentence for oncology as we know it. Of the drugs we commonly give, 90% will be paid for at a price so low we will be unable to deliver these drugs in our office. In an effort to save this money, the government will bankrupt the Medicare system in a very short time. A typical bill from our office for Erbitux with Camptosar, for colon cancer would be \$5000 a month. The patient's responsibility without co-insurance is \$1000, which most people cannot afford. At a typical hospital center, the Camptosar-Erbitux combination for one month of treatment is \$17,000. It is not difficult to do the math and see that this will not be a savings, but the mass destruction of the cancer care system and Medicare. Delivery of chemotherapy at the hospital is unfriendly, inefficient and more expensive. The hospitals will be unable to treat them either if hospital reimbursement decreases; they will simply refuse to treat these patients as well and you will have a huge number of predominately senior citizens who in effect will be handed a ticket to death because they will not be able to receive their cancer treatment. We understand that money is short and there are no areas left to squeeze by the government to pay for the defense of our country and other large budgetary items. Unfortunately, unless your wish is to destroy cancer treatment access for most Americans, you cannot squeeze the oncology community beyond 2004 levels. It is our hope that you will make 2005 a transition year where the shaky ASP-based chemotherapy sales will be studied and data gained that will enable us to create a fair system for everyone. We, like you, know the ASP system is not ready to go January 1, and it is unfair to put it into place unstudied and inefficient.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please See Attached Word Document

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Leeann Pearce-Woolley
38 Fisk Street
Manasquan,NJ,08736
September 22,2004

Dear Sirs/Madam:

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

1. "Incident to" has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician's professional services. A physician has 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.
 2. 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.**
 3. 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.
 4. Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to PREVENT, ASSESS, TREAT AND REHABILITATE injuries sustained during athletic competition. In addition, dozens of athletic trainers accompanied the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of walking in a local 5k race and goes to their local physician for treatment of that injury is outrageous and unjustified.
 5. 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.
 6. 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.
 7. 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.
- In summary, it is not necessary or advantageous for CMS to institute the changes proposed. **THIS IS A HEALTH CARE ACCESS DETERRENT.**
Leeann Woolley

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

All patients should be able, with the referral of their physician, to see the health care professional of their choice and not be limited to a single type of provider.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

IMPACT

I do not want PTs to be the only health care professionals allowed to provide medically related care to physician's patients. Massage therapy is often the most efficient thgerapy....

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I'm opposed to this amendment to allow only PTs to work with doctors.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please do not approve the use of physical therapist only in doctors offices. Massage Therapist are needed and a great adjunct when it comes to modalities.

Thank You Billy Diederich C.N.M.T.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

"Please see attached file"

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

It is my understanding that Medicare is planning to prevent doctors and chiropractors from prescribing massage therapy/bodywork for patients. As a senior who is now on Medicare -- I have long ago realized that massage therapy has kept me healthy and I have every reason to expect that it will continue to keep me healthy for the rest of my life. That ANYBODY would even CONSIDER that massage therapy and bodywork should be curtailed in any way -- would only lead me to believe: 1) Whoever is drafting this ridiculous amendment is getting paid by the drug companies ... and 2) Somebody is obviously worried because they have seen that bodywork/massage therapy is working and they see a threat to their lucrative business. I suspect the Physical Therapists are behind this as they are making every effort to disenfranchise bodyworkers whenever they think they dream up a poor excuse to attack. WHEN WILL MEDICARE START REALLY CARING ABOUT SENIORS AND THEIR HEALTH AND STOP ENCOURAGING SICKNESS. Think about it -- if you keep the "old farts" healthy they'll live longer and you'll have even MORE seniors giving Medicare money but they will not be going to the doctors as much and they won't be in nursing homes as much. And last but not least -- CONSIDER BEING TRULY HONEST, LOVING PEOPLE. What a concept!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Mrs. Elizabeth Johnson Date & Time: 09/22/2004 08:09:34

Organization : Belpre Sports

Category : Health Care Provider/Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I believe it should be up to the physicians, health care providers, and patients as to what type of therapy is beneficial to them. Massage therapy has been proven to be a great asset and very beneficial for those in rehabilitation and pain management programs, as well as for the well being of all. I beg you NOT to pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a Certified CranioSacral Therapist and a C.M.T. of 18/years, I am opposed to this policy. Please do not take effective benefits away from those who need it most. They deserve modalities that are affective to their individual needs.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please see attachment - thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Mastectomy Products should be excluded from the face to face prescription requirements. The effects of a mastectomy are permanent. Based on the fact, mastectomy products are necessary for the remainder of one's life. Medicare already has parameters in place for the dispensation of these items. These should already be sufficient. The face to face prescription requirement would place an undue burden on all affected Medicare beneficiaries, physicians, suppliers and Medicare as well. This requirement will require the patient an inconvenience trip to the physician, the physician's time for the visit and Medicare's payment for the visit. Once a lady has had a mastectomy she will always need post mastectomy products.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We urgently request that you NOT pass this policy. Excluding any capable healthcare professional is WRONG. By limiting "incident to" services only to physical therapists is monopolistic. All qualified healthcare providers should be able to provide services with physician prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 1-9

SECTION 413

Proposed Section 413 implements a provision of the MMA providing for a 5% bonus payment for physician services provided in a newly defined 'physician scarcity area' (PSA). According to the preamble, Congress created this to 'make it easier to recruit and retain both primary care and specialist care physicians for furnishing services to Medicare beneficiaries in PSAs.' In addition, the Conference Report accompanying S.1 states that the 5 percent incentive payment program was 'designed to reward both primary care and specialist care physicians for furnishing services in areas that have fewest physicians available to serve beneficiaries.'

Unfortunately, despite the statutory language and Congress stated aims, CMS' proposed regulation limits these supplemental payments only to those physicians that provide services in a PSA and bill Medicare using the physician fee schedule. Nowhere do we find in the statute that such incentive payments are only limited to certain physicians' services (those that are billed on the physician fee schedule) and exclude other physicians' services (that are billed on an all-inclusive basis), such as those provided in federally qualified health centers or rural health clinics. In fact, the statute itself clearly states:

'In the case of physicians' services furnished on or after January 1, 2005, and before January 1, 2008 -- in addition to the amount of payment that would otherwise be made for such services under this part, there also shall be paid an amount equal to 5 percent of the payment amount for the service under this part.'

Like other physicians' services, physicians' services provided in an FQHC setting are also provided under Medicare Part B. Had Congress intended to limit such payments only to physicians' services billed under the physician fee schedule, Congress could have specifically amended Sections 1833(a)(M) [with respect to payment for physician services under the physician fee schedule] or 1848 of the Social Security Act, rather than adding a new paragraph 1833(u) that covered all Medicare Part B payments.

Like the statute, the Conference Report accompanying S.1 does not limit the incentive payment only to physicians' services provided on the physician fee schedule.

Historically, Congress has turned to certain providers to assure access to Medicare benefits -- these providers include Federally qualified health centers, rural health clinics, critical access hospitals and others. These providers have the same difficulty in attracting and retaining physicians because of their location and we do not believe that the interpretation of statute as outlined in the preamble and the proposed rules is consistent with Congress' intent to reward physicians serving in these areas or to ensure that FQHCs and other safety net/access providers can attract and retain physicians to their clinical settings. Likewise, we believe that the PSA bonus is qualitatively different than the current HPSA supplemental payment, with a different Congressional intent. We do not believe that CMS' interpretation of the applicability of the PSA payment to FQHCs should be affected by their interpretation of supplemental HPSA payments.

COMMENT: To accordance with the statute, NACHC urges CMS to take one of two options in providing FQHCs/RHCs with the 5% PSA bonus: (1) As provided for under the statute, provide a 5% bonus payment for physician services provided in an FQHC or RHC setting when the FQHC or RHC is located in a physician scarcity area. This could be accomplished by referring to HCPCS codes on FQHC/RHC claims when physicians services are provided; or (2) Modify the Medicare cost report to allow FQHCs and RHCs a 5% add-on for the costs associated with physicians services, including 5% for any allocable overhead costs associated with physicians' services.

SECTION 611

Federally qualified health centers (FQHCs) welcome the recent addition of new preventive services to the list of Medicare services. As an important provider of primary and preventive services for medically underserved Medicare beneficiaries, the 'Welcome to Medicare' initial physical should help health centers provide initial diagnosis of chronic disease and will help seniors - many of whom may not have had a regular source of care or coverage before enrolling in Medicare - with any health problems they may have. In fact, NACHC wishes to work more with CMS to better

integrate FQHCs into CMS' efforts to expand primary and preventive services to more beneficiaries.

However, although the FQHC service package includes the services of physicians and the services of physician assistants and nurse practitioners, we are asking CMS to clarify that FQHCs will be allowed to bill for this initial preventive physical examination under the all inclusive FQHC rate. NACHC does not believe that Medicare beneficiaries that receive physician, PA or nurse practitioner services in an FQHC setting (or FQHCs that provide those services) should be discriminated against in reimbursement or in a manner that is inconsistent with Congressional intent in preserving and maintaining the FQHC infrastructure through adequate Medicare payments. Indeed, proposed 42 CFR 410.16(b) indicates that Medicare Part B payments will be provided for these services - which would include FQHC payments.

COMMENT: CMS should clarify that physicians and qualified non-physician practitioners that work in a FQHC setting can provide and bill for the initial preventive physical examination benefit under the FQHC all-inclusive payment rate provided for under Medicare Part B.

CMS-1429-P-2785-Attach-1.doc

CMS-1429-P-2785-Attach-1.doc

Submitter : Mrs. Ingrid Grutzmacher Date & Time: 09/22/2004 08:09:29

Organization : National Athletic Trainers Association

Category : Other Health Care Provider

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a Licensed and Certified Athletic Trainer in the state of Illinois. I have been employed in Physical Therapy clinics for the last 13 years. The clinic I am employed at has such confidence in my knowledge and skills as a health care professional that I am able to treat patients on my own and I am often consulted by the Physical Therapists on how to create programs to benefit the well being of the patients. Athletic Trainers are highly trained and well educated health care professionals and are a great asset to the industry. We have always been required to take continuing education classes in order to maintain our certification which expands our skill levels and overall knowledge of a variety of health care issues. It would be a great disservice to the healthcare industry to deny us the opportunity to treat all patients. We do have the knowledge and skills needed to help patients return to there activities of daily living despite their age or degree of function. We are not trying to take over for the Physical Therapists. We are trying to be recognized for the skilled healthcare professionals that we are. Please don't disregard our profession that we are proud of.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do NOT pass this policy whereby a physician can only refer "Incident to" services to physical therapists. Beyond the simple fact that many P.T.'s do NOT have but the most rudimentary of massage training, patients should have access to ANY qualified health care providers, with a physician's prescription or under their supervision.

Thank you for your kind and thoughtful consideration,
Mark DeLaBarre, LMT, AMTA

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Mastectomy products should be excluded from the face to face RX requirements. Once a lady has had a mastectomy she will continually need post mastectomy products. Medicare already has parameters in place for the dispensation of these items. These parameters should be sufficient. This new requirement would cause a burden on all affected Medicare beneficiaries, physicians, suppliers and Medicare as well. This requirement would cause an inconvenience for the beneficiary, physician, the physician's time for the visit and Medicare's payment for the visit.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Hi. My name is Jeannine Mecca L.M.T. I have been practicing massage therapy for 14 years. The clients that come to see me have usually been everywhere else I.E. physician, chiropractor, specialty doctor ect.. ect.. The type of work I provide to my clients enables them to become much more mobile,active, balanced and overall health improves dramatically. Please do not take payment away from massage therapists as it is an integral part of everyones well-being and good health. Thank you. Jeannine Mecca L.M.T.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I sincerely request that you NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers (Massage Therapists, Chiropractors, etc.) should be allowed to provide services to patients with a physician's prescription or under their supervision as has been the policy up to the present. Individuals operating within the legal scope of their practice should not be prevented from doing so. Hence, again I urge you to NOT pass this change of policy. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I oppose restricting this to Physical Therapists only. Massage therapists should be allowed as incident to physicians and chiropractors - private practice and in hospitals/clinics.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached letter concerning this issue.

Submitter : Miss. Nina Evangelista Date & Time: 09/22/2004 08:09:01

Organization : Miss. Nina Evangelista

Category : Academic

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Nina Evangelista
51 The Circle
Passaic Park, NJ 07055

September 22, 2004

I am a second year student physical therapist in the Doctoral Program of the University of Medicine and Dentistry of New Jersey. I am also a current member of the American Physical Therapy Association (APTA). The organization as well as the faculty at UMDNJ keep students like me updated on the various issues that concern our profession and the quality of care of our patients.

I would like to take this opportunity to voice my support for the proposed personnel standards for physical therapy services that are provided ?incident to? physician services in the physician?s office. If this proposal is not passed, physicians will continue to allow any of their employees to provide such specialized services regardless of their educational background. This could pose harm to the patients as well as allow physicians to refer patients to their own offices which reveal some ethical concerns.

Physical therapists are those who have specialized training in the area of physical rehabilitation. The required courses and clinical rotations in our graduate programs provide us with the extensive knowledge that is necessary to evaluate, diagnose and understand physical impairments and pathologies, and treat patients appropriately. While physicians are highly qualified, they do not spend as much time with the patients as we do in a given time period. This has on many occasions made it necessary for the therapist to use their expertise to identify health issues that were overlooked or may have developed during treatment that an unqualified employee would have missed.

I strongly support the proposal for personnel standards for physical therapy services that are provided by employees of physician?s offices.

Sincerely,

Nina Evangelista, SPT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

To whom it may concern,

I graduated from Indiana University with a bachelors degree and an emphasis in Athletic Training in 1985. My educational background included classes such as anatomy, physiology, exercise physiology, biology, kinesiology, recognition of athletic injuries, theraputic modalities, chemistry, adapted physical education and nutrition. While at Indiana I worked as a student athletic trainer with student athletes in the recognition, treatment and rehabilitation of athletic injuries. I left the university and passed a thorough examination given my the National Athletic Training Association giving me the credential of certified athletic trainer. I was hired by a hospital based sports medicine clinic that was directed by a duel credentialed individual (physical therapist/athletic trainer) in Phoenix Arizona to help rehabilitate orthopedic injuries. I was able to practice under an exemption of the physical therapy laws during that time. Our patients demographics ranged from 8 years of age to 85 years of age. Some were in therapy with work or home related injuries, some automobile injuries and some sports related. Non the less the physician, physical therapist, athletic trainer and exercise physiologist worked as a team to rehabilitate these individuals. Each person from the team brought an important component to this team. I was also fortunate through contracts gathered by the hospital to be the team athletic trainer for a professional hockey team, semi-professional soccer team and a local high school. Diversity of working with other allied health care professionals and patiens allowed me to open an exercise clinic in Scottsdale 7 years ago that continues today to be successful. I get referrals from family and orthopedic physicians, physician assistants, physical therapist, athletic trainers and coaches to work with a wide range of individuals. These individuals for the most part pay cash for the services that myself and staff deliver each day. Many of these patients have medicare as secondary insurance coverage. Even though the state of Arizona granted a medical license to athletic trainers in 2001 third pary payers do not recognize our credentials for reimbursement of theraputic services. I am not sure how or why but they do. My guess is that they are following the standard set my the gold standard or medicare. My educational background, years of work in the field of rehabilitation and continued persistance through continuing education courses should be enough for any person to recognize and trust my ability to deliver services of orthopedic rehabilitation to anyone in need. Having a govermental agency decide that individuals that are covered by their insurance, who have been receiving excellent care by athletic trainers for over twenty years are now not elegible to do so makes no sense and seems to be politically motivated. Dictating to a physician who they can use for services, not allowing patients choice of a qualified heathcare provider, cutting jobs of individuals who services are needed a wide variety of patients is unjust and wrong. If their is documentation of fraudulent or negligent activity to justify this injustice to athltetic trainers I would like to see the evidence. Just remember, for the most part athletic trainers have been unable to bill for their services. The professions that have should be scrutinized thoroghly. I hope you will not consider taking my and many other athletic trainers jobs away. The economy and state of our country have enough problems to deal with without adding to the unemployment rate of qualified hard working allied health care professionals.

Sincerely,

John Neel ATC/L
Scottsdale, Arizona

Submitter : Mrs. Ashley Hodge Date & Time: 09/22/2004 08:09:50

Organization : Mrs. Ashley Hodge

Category : Occupational Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

I, Amanda Cochran, am a first year student at Northern Arizona University in the Doctorate of Physical Therapy program. I have gained knowledge in the field of Physical Therapy by working as a Physical Therapy Tech./Volunteer in the U.S. and Australia during the last six years. After being presented with the August 5th proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005.", I feel an urgent need to comment. I am strongly against the CMS's proposal for the "grandfathering clauses", which would allow persons who have not had the proper education and/or accredited training to deliver "physical therapy services" to patients. The background and in-depth training in clinical anatomy/physiology, neurology, integumentary therapeutics, and the other multiple courses regarding an overall understanding of the function of the human body compose an essential base of knowledge ALL practicing Physical Therapists obtain in an accredited college/university level P.T. program. I strongly feel this "base of knowledge" is EXTREMELY vital in the treatment process. Without sound knowledge in these topics and areas, I do not feel optimal treatment can be delivered. Patients' outcomes may be negatively affected due to the lack of understanding in what the most optimal treatment method would be. If the person providing physical therapy doesn't understand WHY they are administering the treatment, it sets considerable limitations on the entire practice process. I believe approving this proposed rule would be a step-back for the entire province of Western Medicine as a whole. I will summarize my feelings this way; just because my Mother knew to administer me tylenol to decrease fevers during my 18 years of childhood, doesn't entitle her to practice medicine with the status of a Medical Doctor. Thank you for your time and consideration.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision. Consumers have a right to choose from a variety of qualified professionals.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

RE: File Code CMS-1429-P, Re: GPCI. We would like to protest the categorization of Santa Cruz County as a rural county for re-imbusement of medical expenses by private and public insurers. In 1997 we moved to this county for retirement. Our first internal medicine physician left his practice, and we got a good recommendation for replacement. After 1 year of going to this new physician, whom we liked very much, his office told us that our insurance, Blue Cross, would no longer be accepted by the medical clinic as their reimbursements were not high enough and the insurer would not negotiate adequate compensation for the physicians at Western Medical Association. We finally located another physician to our liking at Santa Cruz Medical Clinic. Also, Our rheumatologist tells us that she has been unable to hire a second rheumatologist over several years period of time to help in her practice; she has therefore closed her practice to new patients.

I am retired and a recipient of Medicare A & B. I believe these low reimbursement apply to Medicare as well, which make it difficult to retain physicians in this community. Most of Santa Cruz County is occupied highly by retired people. My cousin, one of those retired persons, just told me that there is no longer one gerontologist in Santa Cruz. What a tragedy for the many older people here!

The average home in Santa Cruz County sells for around \$600,000. This is not a cheap place to live for residents, including physicians. Even though the population may not be very high, this area is an extension of Santa Clara County for purposes of employment, activities, and residences. The living costs in Santa Cruz County are about the same as Santa Clara County, where I lived for 25 years. I understand that there is a 25% differential in (Medicare) reimbursements between these two adjoining counties. How can this be?--it doesn't make any sense.

CMS-1429-P-2800

Submitter : **Date & Time:**

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please reject CMS-1429-P to protect the right to choose your own health care.

CMS-1429-P-2800-Attach-2.doc

CMS-1429-P-2800-Attach-1.txt

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

IMPACT

I am opposed to the 2--5 proposal that does not allow me to treat through a doctors or PCP referral and bill for my services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

To Whom It May Concern:

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

Trusting our physicians to make the choice of qualified providers, such as Certified Athletic Trainers who are fully trained in protocols to be administrated, is not only prudent, but is respectful to their judgment on how to best serve the Medicare patients in the most effective and judicious manner possible. There have never been restrictions placed upon physicians regarding whom he/she can utilize to provide any 'incident to' services. The physicians are fully aware that they would be legally responsible for all care ordered, and in every situation are making these decisions to help expedite care to shorten recovery times and lower expenses for the Medicare patients. Making a patient wait for further treatment until they can get into a physical therapist's office might easily lengthen the recovery time as well as cause additional expense.

Sincerely,

R. Earl Bartley M.D.

Submitter : Miss. Emira Cardano Date & Time: 09/22/2004 09:09:42

Organization : Miss. Emira Cardano

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 22, 2004

I am a second year student physical therapist at the University of Medicine and Dentistry of New Jersey (UMDNJ). I am writing this letter in an effort to express my support for the 2005 Medicare physician fee schedule rule proposal, which was published on August 5, 2004. I strongly agree that interventions and services should be represented and reimbursed as physical therapy only when performed by a licensed physical therapist or by a physical therapist assistant under the proper supervision of a physical therapist. The American Physical Therapy Association (APTA), along with numerous committed physical therapists, have fought diligently against the use of unqualified personnel to deliver services that are considered to be and billed as physical therapy services. It is unjust and unethical to have unqualified individuals to perform such services when they are not properly educated and trained with the principles and techniques of physical therapy. It is an offense to physical therapists and student physical therapists alike, who have trained persistently for years, if any health care professional will be legally allowed to perform physical therapy interventions. Additionally, students?myself included?may be discouraged in entering the wonderful field of physical therapy if unqualified personnel will be given the right to provide such services and interventions. There will be no purpose for them to educate themselves in this field. If and when this occurs, the profession of physical therapy will lose its demand and eventually decline, which may lead to its extinction. Please do not allow this to happen. I urge you to carry out with this proposal in your final regulations.

Thank you very much for your time and considerations.

Sincerely,
Emira Cardano, SPT
University of Medicine and Dentistry of New Jersey

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attached letter.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision. Therapies such as massage are especially helpful in PREVENTIVE care which in turn LOWERS MEDICAL COSTS. We beg you to NOT pass this policy whereby a physician can only refer 'incident to' services to physical therapists.

Please do not deprive the elderly of valuable healthcare services!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

MANAGING PATIENTS ON DIALYSIS

As a provider of vascular access services to dialysis patients in a free-standing practice, I believe the proposed decrease in non-facility RVUs for thrombectomy (CPT 36870) by 27.7% may result in the need to redirect these patients with a failed vascular access to the highest cost centers for care, namely hospitals. A free-standing center must maintain an angiographic suite along with a trained personnel and supplies. Thus, there are no reduced costs to justify a reduction in RVUs. I would ask for a review of the rationale for reducing these RVUs prior to the final rule.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I have heard that this change would eliminate Massage therapists from working in or in association with Doctors and chiropractors and limit that one can only be a PT to work in these places. I am very opposed to this change and ask you to not support this. Massage therapists provide essential services in these offices and should be allowed to continue to do so.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY STANDARDS AND REQUIREMENTS

The consideration of allowing ATC (athletic trainers) to treat Medicare patients is obscene. No athletic training program covers areas of disease & rehabilitation of problems that most senior citizens are faced with. ATC's have little to no knowledge of the effects of strokes, alzheimers disease, Parkinson's, or appropriate care for arthritic conditions. Physical Therapists are trained to provide 'therapy', not ATC. Their role should specifically be in the athletic realm. Allowing ATC's to bill for services provided to Medicare beneficiaries will decrease the quality of care they recieve & possibly jeopardize an individuals health due to ignorance in various areas of disease & injury.

Submitter : Mrs. Christina Erickson Date & Time: 09/22/2004 09:09:38

Organization : National Athletic Trainers Association

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 22, 2004

Fox Valley Orthopaedic Institute
2525 Kaneville Rd.
Geneva, IL 60134

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

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

Sincerely,

Christina Erickson ATC/L

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physician's prescription or under his/her supervision. Limiting this service to PT's only does not meet the varied needs of patients and is not in their best interests.

Submitter : Mrs. Mary Lou Mason Date & Time: 09/22/2004 09:09:46

Organization : Namaste Massage & Lymphatic Drainage

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

I'm distraught that you may pass a "incident to" requirement limiting only physical therapists to treat patients with medical needs. I am a massage therapist certified in Lymphedema and bandaging and I beg you not to pass this requirement. People other than physical therapists have studied and made a life long commitment to help patients in need with medical issues.

Thank you for your time.

Mary Lou Mason LLCC CMT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Concerning the face-to-face provision. I think this is an absurd provision for many types of patients and many types of products. Patients that have a permanent condition for products such as ostomy supplies, mastectomy products, urological products, diabetic supplies and many others would create a tremendous burden on everyone if they had to see a physician every time they needed supplies. I am not sure of the exact implications of the face-to-face provision with the physician but it seems totally impractical for a great deal of products that fall in the DME field. Is a simple cane going to require a Face-to-face for the patient, a \$20.00 item, where-as a phone call could take care of the referral. The patient would be inconvenienced for the appointment, put at risk for travel to the Doctor, the expense of the trip to the Doctor and possibly other family members or care givers to get them there, the time out of the busy Doctor's schedule to do all of this, the expense to Medicare for the office visit, and just the overall grief, hardship and bad will this would create for everyone. If this is what it comes down to this is ridiculous. I think there needs to be a great deal of serious thought put into this. The system is already very burdensome on all parties involved. I think in the long run it could cost much more than the cost of the DME item if it gets to complicated for beneficiaris to get what they need. A patient may decide not to go to all the trouble of an appointment to get that needed cane or walker, fall and break a hip, and then think of the expense Medicare will incur and it will happen. We need to try to make seniors lives simpler, not more complicated. Thanks for the opportunity to share my thoughts.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

All qualified health care professionals should be allowed to provide services to patients with a physician's prescription or under their supervision. As both a certified massage therapist and licensed athletic trainer, I feel strongly that this is very important. PT's are not the only professionals that can provide high quality, important incident to services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am requesting that you do not pass this policy where a physician can only refer "incident to" services to physical therapists. All qualified health care providers need to be allowed to provide services to patients with a physicians prescription or under their supervision.

I have been involved in many situations where patients have been referred originally to a physical therapist with little or no success in treatment and then insisted that their physicians refer them for massage therapy with great results....it is disheartening to believe that a perception exists that "only physical therapists" can benefit a patient...this is simply "not true." Do the right thing and do not pass this bill.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 22, 2004

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

Dear Sir/Madam:

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

Physicians should have the right to select the health care professional (including the Certified Athletic Trainer) who they deem is most qualified to treat the patient?s condition. Physicians should be allowed to select the provider of care based on the best interests of the patient. By allowing the Physician to select from a variety of health care providers, the patient receives the benefits of quicker, more accessible health care. Additionally, no single group of individuals should receive exclusive rights to provide Medicare services for 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. Research has demonstrated that the quality of care provided by Certified Athletic Trainers in the provision of rehabilitation services is equal to that of Physical Therapists. Physical and Occupational Therapists do not ?own? the right to provide rehabilitation services. Limiting the ability of Certified Athletic Trainers to provide care to Medicare patients, will mean that physically active individuals who qualify for Medicare will no longer be able to select the most qualified professional for care of athletic related injuries.

In summary, I feel it is neither necessary nor advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Jason Weddle ATC M.Ed
Head Athletic Trainer
Hagerstown Community College
1140 Robinwood Dr.
Hagerstown, MD 21740

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Mrs. Jaime Milanick Date & Time: 09/22/2004 09:09:11

Organization : Florida State Massage Therapy Association

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As stated on the National Athletic Trainers Association website, "Athletic trainers specialize in injury and illness prevention, assessment, treatment and rehabilitation for all physically active people, including the general public." Their places of employment range from physical therapy clinics, rural and urban hospitals, commercial employers, as well as physicians' offices as physician extenders. Athletic trainers have been providing therapy under the supervision of physicians in the sports setting for years as well as in physicians offices since 1991, when the American Medical Association officially recognized the athletic training certified as a member of the allied health profession.

Athletic trainers have completed courses during their education which are easily comparable to that which a physical therapist has completed, as most classes are shared between the two majors at universities across the country. At the end of these classes, an athletic training student must complete a certification test on a written and practical level, before he/she is allowed to practice.

If that isn't enough, the website O*NET Online, funded by the United States Department of Labor, which measures preparation required, level of education, and duties of many different jobs in the world of employment and rates them against each other. Occupational therapists have a Specific Vocational Preparation rating of 7 - <8, and occupational therapy assistants, as well as physical therapy assistants carrying a rating of only 4, while athletic trainers, which would be replaced by these individuals under this proposal, scored an 8+.

To single out the athletic trainer from being able to act as a physician's extender would be disqualifying a recognized member of the allied health profession who has surpassed some, if not all, of the credentials of those who are to replace them. A proposal of this caliber could only be labeled as preposterous.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

As a fellowship trained radiologist in a hospital setting I am involved in doppler hemodialysis access mapping - our radiology department is the only accredited ultrasound site on this medical campus. The nephrologists and surgeons are very pleased with our mapping services and have told us repeatedly how helpful our pre-operative imaging has been. Limiting mapping reimbursement to surgeons would severely limit access to this exam which has proven to be critical to the success of this life saving surgery. Mapping should be coded and reimbursed to include arterial and venous imaging by whatever physician is most qualified to interpret the exam!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Junta Iguchi
7720 Howard st
Omaha, NE, 68114
September, 22nd, 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:

Athletic training students are required to take demanding classes such as evaluation, anatomy, biomechanics, physiology and modalities and exercise physiology, rehabilitation class. In addition, we are required to obtain clinical experience in Athletic training setting. These classes and clinical experience give us substantial knowledge and techniques to perform evaluation and provide rehabilitation programs to patients.

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

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

Sincerely,
Junta Iguchi
Graduate student
University of Nebraska at Omaha
6001 Dodge st,
Omaha, NE 68182

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I would like to see massage therapists continue to be covered, even though i do not employ one at present. In fact, I would like to see Medicare expand coverage of Massage Therapy, as i find it a valuable tool, along with PT.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

It appears that the physical therapy - health care professionals are living in a fear based reality, they are trying to secure their own future by monopolizing the market place.

I assure this is not the first time this issue will come before the board. The fact is that the Chiropractic and Physical Therapist of Texas have each taking a turn to create laws to push their competitors out of business. This is Un-American and Un-Lawful. The single reason why their supported bills never make it past the Governors desk, is because massage therapy is not the sole domain of the Physical Therapist, (PT). Legally, the PTs nor their Medicare partners do not own the massage modalities. Doctors, (MDs DOs, and DCs) as well as Nurse Practitioners and Licensed and Registered massage practitioners are also legally have a say in this matter.

Your proposal is a veiled attempt to effectively close the history books on massage therapy?s meaningful and effective alterative healthcare choices to the American people. Think about this, why is it so important to the Physical Therapist that the Doctors Medical referral for massage stop going to their massage therapist? The answer is very simple, Physical Therapist feel vulnerable, threatened by the quality of service and the attention to details that has become the hallmark of a clinically trained massage therapist; We provide a real healthcare alternative that is both cost effective and a complimentary approach to the publics healthcare needs. Lets all work together, instead of participating in another tuff battle. And besides we need them as much as they need us.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attached letter.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am AGAINST the Proposed Changes and SUPPORT the Services of ATHLETIC TRAINERS (ATC) ability to continue as an option in Rehabilitation Services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

As I understand the bill under construction you are again attempting to limit the livelihood of massage & other therapeutic professionals from assisting their clients in recovering their health. With limiting them and the insurance coverages you are cutting their throats. This is unacceptable that in the United States we would have czarist russian ideologies.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am submitting this comment in support of the "Incident To" provision. I strongly support CMS's proposal that individuals who provide physical therapy services in physician's offices must be graduates of accredited physical therapy programs. These individuals would have the required training to provide skilled therapy services. In addition to our level of education, we all take licensure exams to ensure a certain level of understanding/knowledge of our skills.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attached letter.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

All massage therapists BEG you NOT to pass this policy whereby a physician can only refer "incident to" services to physical therapists...ALL qualified health care providers should be allowed to provide services to patients with a physicians prescription and/or under their supervision. The evidence speaks for itself re: the benefit individuals receive when treated by massage therapists! The patients report their pain is significantly reduced and they notice faster progress in the healing process with our services! Doesn't that mean less monies spent in the long run with the proper therapy applied initially?

In 12 years of practice I have personally heard this over and over- the patients wished they had been referred to us sooner!!! Please DO NOT PASS THIS POLICY IT IS NOT IN ANYBODY'S INTEREST, CERTAINLY NOT THE PATIENT'S...CERTAINLY NOT THE THERAPISTS... Thank you

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Miss. Sarah Tackett Date & Time: 09/22/2004 10:09:49

Organization : Miss. Sarah Tackett

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 19, 2004

Sarah Tackett
1208 N. Knoblock # 6
Stillwater, OK 74075
Sarah.Tackett@okstate.edu

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

Dear Sir/Madam:

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

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

As an athletic training student at a nationally accredited university, I have prepared for my future. I have taken four years of undergraduate level course work as well as next fall I plan to go to graduate school. I will be prepared exceptionally well in the fields of therapeutic rehabilitation as well as therapeutic modalities. Because of CMS-1429-P, I am concerned that my future is in jeopardy, as well as my hard work and effort in the past four years may be considered insignificant by this proposal. This is terribly disheartening.

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

Thank you for your time,
Sarah Tackett, A.A. OK License Number 344,
National Athletic Trainer's Association Member 992587
Athletic Training Student at Oklahoma State University

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a Certified Athletic Trainer, I am a member of a group of highly qualified health care professionals. It is insulting and degrading to think that we are sought after to care for elite athletes, but that we could lose the right to care for our active senior population.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attachment

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attachment

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attachment

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

...do not want Physical Therapists to be the only health care professionals allowed to provide medically related care to physician's patients. I would like you to consider saving the rights of professional massage therapists to work with or for medical doctors or chiropractors.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

In cases such as cricopharyngeal syndrome, vocal tremors, difficulty swallowing, severe headaches, tinnitus, TMJ syndrome and many others, CranioSacral Therapy has been shown to be the treatment of choice. Physical Therapy should not be the ONLY modality to which a physician can refer patients. Please do NOT pass this policy which excludes valuable, proven health care modalities such as Massage Therapy, CranioSacral Therapy, Yoga Therapy, Trauma Resolution Work and Accupressure. Patients are NOT one size fits all, and should be given choices which are most appropriate to their health needs. This will ultimately save you money as the most efficient method of treatment is applied.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Massage therapists graduating with therapeutic tools gravitate to health fields. Additional credits to maintain a license can increase their bag of tools. Mine included certification in orthopedic massage, and acupressure etc. I don't know why you want to limit medicare reimbursment to only Physical Therapists. There are increasing numbers of great massage therapists who can provide good service to clientele. I urge you to reconsider the decision to only allow Physical Therapists to be reimbursed by Medicare.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

It is so important that massage theapists are permitted to work with phsicians in their offices and that their services are covered by insurance. We often are able to correct the condition when other therapists are not. These services are not affordable to all and should be covered by health insurance.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

To Whom It May Concern:

It has been called to my attention that the CMS has proposed to change the reimbursement plan in regards to the licensure requirements of personnel providing therapy services. As a current Student Athletic Trainer this is a cause for concern. Certified Athletic Trainers (ATCs) are highly qualified individuals that are capable of providing care for many individuals that have been referred by a physician. It needs to be understood that ATCs work under various conditions providing care, such as modalities, rehabilitation exercises, and most importantly educate athletes/patients on the necessity of prevention of injury.

Currently ATCs work in a range of establishments including, but not limited to: physicians offices, physical therapy clinics, athletic training clinics at high school, collegiate, and professional levels, rehabilitation hospitals, and industrial companies. In these various settings ATCs are able to complete the same beneficial treatment as Physical Therapists (PT?s) or Occupational Therapists (OT?s).

With regards to the education of Athletic Trainers, an individual must graduate from an accredited program, then take a certification exam to display their practical skills and written skills. Once certification has been attained, ATC are required to participate in continuing educations credits to enable them to continually expand their knowledge and remain informed of new treatments and studies. The government has rated the preparation requirements of PT?s and ATCs equivalent and more prepared then OT, OTA, or PTA individuals.

ATCs are qualified to provide the valuable treatment they currently provide, which is how it should remain. If the CMS were to discontinue reimbursement of ATCs in clinical settings it could be detrimental to the care of individuals in specific venues. If a company has a physician that they work with, who has developed a working relationship with an ATC it would not be monetary value to reduce the care that is being provided. ATCs work with athletes and physically active people on a level of qualification equivalent to a physical therapist. If CMS were to stop reimbursement of ATCs it would only increase the demand for reimbursement of physical therapists.

Thank you for your time.

Sincerely,
Colleen Giansiracusa

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

I am OPPOSED to the proposed change which would restrict "incident-to" therapy to physical therapists. Patients and physicians should be given a choice among qualified health care professionals to provide appropriate services. Please DO NOT pass this policy.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-14290-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 certain qualified health care professionals to provide these services, and potentially increase the cost associated with providing rehabilitative services.

"Incident to" has, since the inception of Medicare, 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. Physicians may delegate care of their patients to qualified therapy providers, including athletic trainers, whom the physician deems knowledgeable and trained to provide treatment. All certified athletic trainers are highly educated with a minimum bachelor's or master's degree from an accredited university. Seventy percent have a master's degree or higher. The athletic training curriculum is rigorous and the standards of accreditation are maintained by an independent process through the Commission on Accreditation of Allied Health Education Programs.

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 appears to be a way of channeling patients and treatment dollars to physical therapists at the expense of patients who may be able to receive services at a lesser cost from athletic trainers, and at the expense of athletic trainers who may have difficulty finding employment that is commensurate with their education and training.

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.

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 prevent, assess, treat, and rehabilitate orthopedic injuries. For CMS to suggest that athletic trainers are not qualified to provide these same services to a Medicare beneficiary who becomes injured and goes to their local physician for treatment is unjustified.

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

Sincerely,

Marilyn Mangus, MS, ATC, R

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Therapy-Incident To, We do not want you to pass this policy where a physican can only refer 'incidents to' services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicans' prescription or under their supervision. So many patients referred by cardiologists for mitral valve syndrome problems and from general physicans for other problems to complementary care practitioners, benefit from the complementary health care services according to those physicians. Thank you for listening and in advance for your help, very much appreciated!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a private practicing physical therapist located in a physician's office. I have been a therapist for nearly 30 years. I strongly support CMS's proposal to have established requirements of individuals providing therapy in a physician's office. I support the requirement that these individuals providing therapy be graduates of accredited professional physical therapist programs, or certified physical therapist assistant programs. Physical therapists are professionally educated at the college or university level in programs accredited by the Commission on Accreditation of Physical Therapy. All physical therapy programs offer at least a master's degree, and the majority will offer the doctor of physical therapy (DPT) degree by 2005. Licensure is a valuable and appropriate standard to govern the practice of physical therapy in any office. As licensed health care providers in every jurisdiction in which they practice, physical therapists are fully accountable for their professional actions. The delivery of so-called "physical therapy services" by unqualified personnel is harmful to the patient in terms of ineffective treatment, financial ineffectiveness, potential bodily harm (tissue damage, causing unnecessary pain, etc.).

In addition, if the therapy cap scheduled to become effective in January 2006 becomes a reality, then patients could exceed his/her cap on therapy without ever receiving services from a physical therapist. This cap has been unfortunately set at approximately \$1500 per year. I have had many patients who would have exceeded the cap for one condition. And many elderly have complications with more than one injury--fall, fracture a hip, fall again, fracture an arm or wrist, sprain an ankle, sustain a head injury with subsequent dizziness, then another fall, etc. etc. All this would be limited within that one \$1500 cap--under the heading of "physical therapy" provided by ANYONE giving the treatment unless CMS opposes the use of unqualified personnel providing physical therapy services and billed as physical therapy services.

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

Thank you for consideration of these comments.

Sincerely,
Cindy Bartell, P.T.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I'm against the proposed regulation changes. I encourage your recognition of Certified Athletic Trainers as a provider of rehabilitative services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am very concerned that patients will have access to massage therapy care, as is appropriate to their conditions. When physicians refer for massage care, this law appears to prevent medicare recipients from obtaining that care. My father is now exclusively on Medicare, and if he weren't able to receive massage care, he would suffer greatly from pain in his neck and back due to arthritis. Repeated visits to physical therapists have offered him no relief. Thank you for your consideration of my remarks, and again I urge you to NOT LIMIT "Therapy-Incident To" to physical therapists only.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I have visited a message therapist regularly over the past 2 years for a knee injury from 20 years ago. She has helped to the point where I currently have no pain. This is more than the 2 knee surgeries and 3 sets of injections accomplished, all administered by a doctor and covered under my insurance plan. Please DO NOT DELETE COVERAGE UNDER MEDICARE FOR MESSAGE THERAPY. It serves a definite need not addressed by either doctors or physical therapists. Thank you for the consideration of this matter.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 16, 2004

Tom Butler
Sacred Heart University
5151 Park Avenue
Fairfield, CT 06825-1000

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8021

Re: Therapy ? Incident To

To Whom It May Concern:

As a future certified athletic trainer (ATC) and current athletic training student, I feel obliged to write this letter in opposition of proposal CMS-1429-P. I am certain that this proposal will hurt my future profession and colleagues in athletic training by decreasing the amount of jobs for athletic trainers. If there is a decrease in jobs for ATC's in physician based settings than the supply of athletic trainers will surpass the demand. Athletic trainers work with athletes, the active population, including the medicare population, in schools, clinical, corporate settings, as well as in the offices of physicians. The scope of practice of an athletic trainer is to rehabilitate those who are injured, and to treat any person who is suffering from an injury. Preventing athletic trainers from billing for these services under a physician will decrease the athletic trainer's scope of practice. This proposal will disrupt many of the relationships that athletic trainers have with physicians preventing the athletic trainer from rehabilitating a physician's patients in their office, schools, and clinics.

An athletic trainer is an extremely qualified rehabilitative therapist. Denying an athletic trainer from rehabilitating those under a physicians care not only hurts the athletic trainer, but it hurts the people they may treat and the entire health care system by not letting the patient receive the best possible treatment. The patient will be forced to receive care from a lesser-educated health care professional, such as a physical therapist assistant, occupational therapist, or occupational therapists assistant. The U.S. Department of Labor states that an athletic trainer has an equivalent educational preparation than that of a physical therapist, and surpasses that of occupational therapist, occupational therapists assistant, and physical therapists assistant. I am not only very concerned for athletic trainers, but for the well being of anyone seeking therapy. If this Medicare proposal is passed than physicians will be sending their patients to a PTA, OT, or OTA instead of a more highly qualified athletic trainer.

In conclusion, I am sure that the CMS-1429-P proposal will harm our health care system, especially athletic trainers, as well as anyone who seeks health care. Since many companies follow what Medicare and Medicaid does a passing of this proposal will force more physicians to send their patients to lesser-qualified health care providers, and these patients may not get the therapy they need and deserve.

Sincerely,

Thomas Butler, SAT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly urge you not to pass this legislation requiring that physicians refer patients only to physical therapists for massage therapy. All qualified health care providers including licensed and/or certified massage therapists should be able to provide these services to patients who require them with a doctor's prescription or under a doctor's supervision. Don't limit access to such a necessary service, please!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

please see attachment.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a licensed massage therapist and a Physical therapist assistant. Each patient should have the right to choose which professional they feel would benefit them the most. Being in two professions that benefit patients, I know a qualified licensed massage therapist can do more good then a physical therapist in certain aspects such as muscle strain, postural problems and stress related problems. I have also been on the receiving end of both physical and massage therapy and know the benefits of both. A person should be able to make a choice and not have to accept the decisions of an insurance company to deny them access to any qualified health care provider.

Thank you for allowing me to voice my opinions. I hope you will make the right decision to allow the patient equal access to quality care.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

John DiCicco MEd, ATC, CSCS
7653 N Bel Air Rd
Casa Grande, AZ 85222

<DATE>

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.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

My name is Joan Schmidt, PT. I have owned my small physical therapy practice in Brentwood, California for the last 23 years. In those 23 years as you can imagine; I have seen a lot of change in healthcare.

Therapy-incident to: I would like to express my passionate concerns re: Payment policies under the physician fee schedule for 2005. I strongly support CMS's proposed requirement that physical therapists working in physicians offices be GRADUATES of accredited professional physical therapist programs. Physical therapists and physical therapist assistants under the supervision of physical therapists are the ONLY practitioners who have the education and LICENSE to provide p.t. services. UNQUALIFIED and UNLICENSED personnel should NOT be providing physical therapy. It is FRAUD in my professional opinion in a physician's office that services are often provided by non-physical therapists and billed under the physician's providers number as physical therapy services. The delivery of so-called 'physical therapy' services by unqualified personnel is harmful to the patient and wasteful to the Medicare Program.

Physical therapists must be licensed in the states where they practice. As licensed health care providers in every jurisdiction in which they practice, physical therapists are fully accountable for their professional actions. Another huge concern is the THERAPY CAP is scheduled to become effective January 1, 2006. Under the current Medicare policy, a patient could exceed his/her cap on therapy without ever receiving services from a LICENSED physical therapist.

Thank you for your sincere support in a very serious matter. Joan Schmidt, PT 310-996-0085

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Massage therapy plays an important part in helping people to regain and keep their health.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision. please do not drop these, since this will affect our livelihood!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Mrs. Carol Bilich Date & Time: 09/22/2004 11:09:29

Organization : Assoc. of Massage

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Eighty percent of my business is based on pre and post-surgical care.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Thanks for your help!

Sincerely and best wishes in all of your endeavors to help others
Timothy Belanger, D.C.

If you wish to REPLY, reply to: timchiro@aol.com

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

PTs are not the appropriate therapists for all patients, nor is physical therapy most appropriate or cost-effective treatment for all problems. There are plenty of other competent therapists and effective treatments; it makes no sense at all to give physical therapists a monopoly over all 'incident to' services under Medicare.

Adopting this proposal will lead to a deterioration of care and rising costs. Don't do it!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not limit patients' available services!

Please change this policy whereby a physician can only refer "incident to" services to physical therapists to include all qualified health care providers!

Patients should rightfully have access to various health care providers with a physicians prescription or under their supervision, not only PT's!

Thank you -

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do NOT pass this policy. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision. Thank you for your consideration in this matter.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not limit physician referral for patient supplemental care to physical therapists. Properly trained massage therapists provide a valuable service to patients that most physical therapists do not or cannot. Properly implemented massage therapy has been shown in numerous legitimate studies to aid in the healing and recovery processes. Physical therapy only applies to the body's function and mobility NOT wellness, as massage therapy does. Physician's who refer patients to qualified massage therapists for supplemental care and/or recovery have demonstrated their belief in the importance of massage therapy and have undoubtedly witnessed its benefits. Physicians should have the right to continue to exercise their judgement without limiting that which already exists and works.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision. Likewise, patients should be allowed to decide for themselves "who" they would prefer to have services provided by.

Sincerely,

Kim Cheshire, LMT, FSMTA

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

As a resident of the city of Capitola, Santa Cruz County, California, I find it incredible that this county is listed as "rural" for purposes of physician reimbursement. Understandable in 1967 -- it was indeed rural then. But now?? For the past several years, it has been one of the top 10 areas nationally in "unaffordability" -- once #2 and another time #3. Median price of a house here is currently \$630,000 -- more than neighboring Santa Clara County -- and the median income is less than our neighbor. Yet it is proposed that Santa Clara, listed as "urban" (which it is) will get 25% more in M.D. reimbursement, which obviously means even fewer medical personnel will consider locating here. I urge you to make the category fit the facts. In the 30+ years since the rural designation was made, the Univ of Calif at Santa Cruz began here, the proximity to Silicon Valley gave it the name "Silicon Beach" for obvious reasons, and the population exploded. This is now an extraordinarily high-priced urban community, and saddling it with a "rural" designation means physicians are leaving for "urban" communities, and others are reluctant to settle here.

I urge you to reconsider not changing your designation -- it is unjustified, and the consequences are grossly unfair.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

Many of us as athletic trainers treat high-profile athletes/patients. We have had just as much education as Physical Therapists in the very same fields. One can earn their degree in Physical Therapy in less time than an athletic trainer can earn their degree. It is insulting to our profession that the federal government does not consider us qualified to care for our senior population.

Submitter : Mrs. Kim Bauerle Date & Time: 09/22/2004 11:09:29

Organization : Mrs. Kim Bauerle

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THErapy - INCIDENT TO

Medicare should not limit the therapy or therapy providers available to patients. Each patient is an individual and has individual needs. Where one patient may respond well to Physical Therapy from a Physical Therapist, another patient may respond poorly or worsen as a result of receiving Physical Therapy prior to Massage Therapy or another modality. For example, Physical Therapist are not trained in the various techniques of massage, trigger point therapy, craniosacral therapy, myofascial release, Rolfing, Core balancing, NeuroMuscular Therapy, etc., to the extent a Licensed Massage Therapist is. Therefore, a Physical Therapist cannot be the sole answer to many soft tissue maladies, especially in the beginning stages of many acute onset treatment protocols. Physical Therapy is very useful AFTER proper circulation has been restored, oxygenation of the contracted tissues has occurred, Myofascial restrictions and Trigger Points have been addressed- ALL BY A LICENSED MASSAGE THERAPIST. After these facets of care have been accomplished, then the Physical Therapist can, under the scope of their license, work with the patient in strengthening the muscles, restoring proper tonus to the muscles, and increasing the Range of Motion of the joints. We must ALL work together to provide the best, fastest, and most cost-effective treatments available to all patients at all times. Limiting therapy to that offered only by a Physical Therapist does not work to that end. Many times I have seen in my office patients who dutifully went to their doctor's appointments and were only prescribed Physical Therapy. They got worse and abandoned treatment as the "cure" was too painful for their compromised body systems at that stage of recovery. After receiving massage therapy and sometimes other modalities, most were able to then complete their Physical Therapy successfully and go on to be pain-free. Why? It's simple. Because performing Physical Therapy on a tight, spasmed muscle that has had the blood and nutrition squeezed out of it by the spasm only gets the patient one thing: A BIGGER, TIGHTER, MORE TONED SPASM! And more pain. Massage therapy and other modalities are very useful at various stages of treatment. No one treatment is the be all-end all of the medical community, and patients should not be penalized or denied pain-sparing treatment, no matter who the licensed professional is administering it. The doctors in their offices are well qualified to determine- by patient outcomes if by no other method- who is qualified to treat which patient by which modality and at what phase of treatment. Thank you for your time and consideration. Sincerely, Barbara Nelen, LMT, CNMT, HealthTouch Bodywork Systems, Inc. WInter Park, Fl. 407-599-0200

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do NOT allow this policy to pass -- whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physician's prescription or under their supervision. Therapeutic massage can be of immense benefit in the healing process.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Mrs. Barbara Uggen-Davis Date & Time: 09/22/2004 11:09:08

Organization : Mrs. Barbara Uggen-Davis

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a massage therapist with a large clientele. They count on me and the therapy that I provide to help them not only manage pain, but increase mobility in the muscular systems. Most of my clientele use insurance to pay for treatment. This is not a productive change to the system. I am opposed to this change. I have the education to provide my clientele with a therapy that they both need and appreciate.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please do NOT consider passing this policy whereby a physician can only refer "incident to" services to a physical therapist. All qualified healthcare providers should be allowed to provide services to patients with a physician's prescription or under their supervision.
Sincerely,

Katharine Koeppen, RMT/MTI

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I believe that it would be counter productive to the public's health at large to restrict 'incident to' referels to physical therapist only. I'm sure a review of costs (physical therapist vs massage therapist) would reveal a substantial savings by going with the massage therapist. I have treated many clients who were tired of going to their physical therapist only because their insurance paid for it but were not getting any results. They were quite surprized with the results I was able to achieve after only one session. Don't ubnder estimate the healing power of massage. I have clients that have not gone back to their chiropractor or physical therapist after recieving my treatments. Massage is more cost effective and much more benificial systemicy than most other types of body work. Please take this response under carefull consideration. Thank you, Kevin Montagnino - Massage Therapist, CranioSacral Therapist, Reflexologist, Vita-Flex Therapist, Reiki Master, Quantim Touch Practitioner

Submitter : Mrs. Nancy Littlefield Date & Time: 09/22/2004 11:09:32

Organization : Professional Therapeutics

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I urge you to change the classification of Santa Cruz County from RURAL to URBAN. The median cost of housing here is over \$600,000. As a result it is hard to attract professionals here knowing Medicare's low rate of reimbursement.

I recently moved here and found it very hard to find a Doctor willing to take me as a patient. That does not make me very happy about being over 65.

Please give this matter serious consideration.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I disagree with the proposal to restrict the ability of Doctors to use the highly qualified Service Providers of their choice. Certified Athletic Trainers have more education and experience than Physical Therapy Assistants and Occupational Therapy Assistants. The minimum educational requirements for Certified Athletic Trainers is a Bachelor's Degree in their field of study, although most have at least a Masters degree. Their education and training affords them an independent medical knowledge for treating patients, therefore providing safe, medically sound, expedient therapies. I ask that Medicare continue to not regulate who Physicians choose to provide services for their patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I support payment for massage therapists under Medicare reimbursement. Service provided by such therapists will save Medicare money in the long run by reducing the need for payment for other services such as extended use of pain medications.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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



Submitter : Mrs. Valerie Bonnell Date & Time: 09/22/2004 11:09:32

Organization : ABMP

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg that you NOT pass this policy. All qualified health care professionals should be offered the opportunity , under a physicians prescription or supervision to perform services to patients.

Thanking you for your help in this matter.
Valerie Bonnell, CMT, ABMP

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a state LICESNED CERTIFIED Athletic Trainer. I have been performing therapy on patients for the last 10 years. I have been fortunate enough to treat youth, olympic and professional athletes. I have also been fortunate enough to treat the industrial and recreational athlete and non-athletes. I take much pride in the results I have helped these individuals attain. The MD's and my co-worker PT's have also acknowledged my outcomes. I have had MD's specifically send patients to me, 1 because I get good outcomes and 2 because they generally like the outcomes of ATC's over PT's. I also have fellow co-worker PT's use me as a source of reference, and rely on me occasionally to answer questions and demonstrate new ways of doing exercises to them. To say that an ATC does not have the required skills or education to provide skilled therapy is wrong. To pass this legislation would be a mistake and thus eliminate many highly qualified individuals from providing cost effective therapy.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am writing to express my opinion over the proposal that would limit providers of "incident to" 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 more of an undue burden on the healthcare system.

Please consider these points during your decision making process:

- Since 1965 physicians have been able to designate trained individuals (including certified athletic trainers) to care for patients and to carry out protocols in settings based on the type of practice, medical specialty and individual patients.

- The professional chosen by the physician has never been limited or restricted to provide ANY incident to service because the physician in accepting the legal responsibility for the individual under their supervision. In the past Medicare and private payers have always relied on the professional judgement of the physician to determine who they deem qualified to provide services in the best interest of the patients, it is important that this ability continues to be allowed in the best interest of the patient.

- In many cases the incident to allows patients to receive fast, convenient quality care that they would not be otherwise able to obtain without significant inconvenience or additional expense.

- There is a shortage of qualified medical professionals in many areas which without the "incident to" services will only continue to cause problems for patients seeking healthcare services.

- Without "incident to" services patients will often experience huge delays in care which would increase overall costs to the healthcare system because their healthcare problems will just snowball.

- Curtailing whom the physician can choose to provide "incident to" services, will require more physicians to perform the service themselves taking up more time in an already overbooked physician's schedule creating more distractions and delays in patient care.

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

- CMS does not show that there is a problem with the current system. In all appearances this is being done to establish a professional group as the sole provider of therapy services.

- CMS does not have the authority to restrict what healthcare provider a patient may see in a physician's office. This could be construed as an attempt to make an exclusive provider.

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

- Athletic trainers are employed by almost every post secondary institution athletic program and every professional sports team in America to work with athletes to prevent, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers accompanied the U.S. Olympic Team to Athens to provide 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 while running in a local 5K race and goes to their local physician is unjustified.

- These issues may lead to more physician practices eliminating or severely limiting the numbers of Medicare patients that they accept. Please deny this proposal.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I work with elderly and disabled patients, providing relief of pain, improving general behavioral traits, and rehabilitative massage (Rx). My clients cannot afford this option without medicare. I do not charge any more to them that I do my regular clients. I even waive the "copay". If this cannot be claimed on Medicare, My clients cannot afford these most necessary serivces.

Herb Anderson, CMT

Submitter : Margery Wells, Dipl. TOM Date & Time: 09/23/2004 12:09:00

Organization : Health Source Integrative Medicine

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers need to be allowed to provide services to patients and especially with a physician's prescription.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I think Doctors should be able to use the service providers of their choice. Certified Athletic Trainers have more education than Physical and/or Occupational Therapy Assistants. Minimum educaion requirements for C.A.T.'s is a Bachelor's degree. Most have at least a Masters. They are able to provide safe, medically sound therapies. Medicare should not regulate who Physicans choose to provide services for their patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I oppose this issues because it is taking away from US as Massage therapist an from our Clinits that we have been working with. I became a Massage therapist to help people feel better thou Touch. I beleive that if you pass this issues you will hert the Massage Industry and Massage Community.

Best Regards,

Charlene Portman, LMT
#32312

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I ask you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision. As a board member for EDS Today, a newsletter for people with Ehlers Danlos Syndrome (EDS), as a manager of an email list for people with EDS, and as a patient, I can tell you that for people with EDS, physical therapy is not always advisable. Often what is needed is a passive therapy that can relax muscles and nerves and thereby allow our joints to return to the proper position. Please let us and our doctors make the decision as to the best therapy for us. Do not take away our right to choose.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly urge CMS to endorse the 'Incident To' provision and include it in the final rule. Physical Therapists and physical therapy assistants, under the supervision of physical therapists, should be the only caregivers allowed to provide physical therapy services. In all areas of healthcare, there should be a continuity of care provided across a particular specialty. This continuity would be seriously compromised by allowing those not professionally trained in physical therapy to provide PT services. With patients not receiving consistent care, the physical therapy industry, as a whole, would be adversely affected.

THERAPY STANDARDS AND REQUIREMENTS

In addition, the level of expertise acquired through a therapist's extensive education and training would be diminished if other healthcare professionals are allowed to provide those same services without the same educational background.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I oppose the proposed changes. Complementary practices such as therapeutic massage, accupressure, cranial sacral therapy, manual lymphatic drainage and other therapies have the capacity to reinforce and accelerate patient recovery and vitality - including both pre and post operative - if performed by trained professionals in collaboration with the primary care physican. Removal of elegibility for such coverage under medicare reduces the range of potentially effective care options, including options that can reduce total patient care costs.

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

Submitter : Mrs. Suzanne Sjogren Date & Time: 09/23/2004 12:09:36

Organization : ABMP and NCBTMB

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

OTHER HEALTH CARE PROFESSIONAL - INCIDENT TO

The relationship that Licensed Massage Therapists (and the various other therapies that this profession is inclusive of) has worked to establish with medical professionals, hospitals, clinics and clients of all ages has been a road paved with education, hard work, ethical training and heartfelt commitment to those we serve. To have a great wall built across a road that has proven to be an excellent option for many patients and their treating professionals as recommended therapy treatment in conjunction with the standard protocols is taking a huge step backwards. Patient freedom of choice is being limited by this and treatment options for all health professionals are being restricted. Not all patients respond the same to all therapies and/or providers. Why limit an option that may prove to be an excellent treatment protocol for an individual in need? There are many therapists that have chosen massage and other forms of bodywork as their professional careers because they have a deep felt calling to work with people from all backgrounds, ages and health needs. This kind of legislation disregards the countless men and women that have dedicated themselves to this purpose and it certainly infringes on patient rights to chose a course of treatment that they may benefit from. Many of these patients may have already been working towards sustaining health concerns with massage/bodywork professionals and have established good working relationships over years and now they will not have access to the care that these professionals provide if this legislation goes through. At a time in life when ones personal freedoms may be diminishing why add less to chose from?

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Mrs. Marcia DesRosiers Date & Time: 09/23/2004 12:09:26

Organization : Sarasota School of Massage Therapy

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Thank you,
Marcia DesRosiers RN, RDMS, LMT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a physical therapist student, I encourage you to require all billed physical therapy services to be carried out by an individual who has graduated from an accredited program. By allowing other health professionals to bill for PT services, it creates problems for both the patients and the therapists. Physical therapists are the only professionals that are specifically trained to carry out therapeutic exercise programs. Our college curriculums are accredited by the APTA, our governing body, to ensure that each one meets specific guidelines and professional standards. While other professionals, such as exercise physiologists, athletic trainers, nurses, and even physicians may carry out physical therapy services with patients, they have not graduated from a program in which there are standards set for rehabilitative care. This can be detrimental to the patient as they are not receiving quality care and can increase costs on Medicare's end through increased recovery lengths. Lastly, as the profession of PT moves forward from a Master's degree to the DPT, we are trying to gain respect and recognition in the health care field. It is unfair to allow other professionals to perform the duties for which we go to school for six or more years. Physical therapists would not be able to act as nurses or physicians, the reverse should not be allowed either.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am in strong support of the proposed requirements that physical therapy services in a physician's office should only be provided by a graduate of an accredited physical therapist program. Physical therapists and physical therapist assistants should be the only health care professionals to provide physical therapy services. Athletic trainers do not have the training, skill, or knowledge base to provide physical therapy services to patients, including Medicare recipients. Athletic trainers are skilled in treating the injured athlete, which does not encompass the physical disabilities and disease processes Medicare recipients experience. When a Medicare recipient is referred for physical therapy services, he/she should only be treated by a physical therapist or physical therapist assistant under the supervision of a physical therapist.

Submitter : Miss. Kaitlin C. McLoone Date & Time: 09/23/2004 12:09:14

Organization : Miss. Kaitlin C. McLoone

Category : Academic

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 22, 2004

Kaitlin C. McLoone
MC 1685
Sacred Heart University
5151 Park Ave.
Fairfield, CT 06825

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

Re: CMS-1429-P Medicare Program; Revisions to Payment Policies under the Physician fee schedule for Calendar year 2005

Dear Sir/ Madam:

As a pre- physical therapy student at Sacred Heart University, I feel obliged to write in regards to the decision to eliminate reimbursement for therapy services in a physician's office. Personally, I feel it is an excellent idea to crack down on the use of qualified health care workers in unqualified situations; but solely those who serve beyond their capabilities awarded by degree. Athletic trainers should not be classified in this category. ATCs and PTs endure similar education and ultimately enhance the well being of the patient.

Athletic trainers, similarly to physical therapists, specialize in the prevention, treatment and rehabilitation of sports related injuries. The use of an ATC is very important in working alongside a physical therapist to recognize the severity of the complication and then the development of the best rehabilitation program for the person in need. Not only will the lose of ATCs hurt the rehabilitation aspects of the patient but it will also reduce the amount of time the physical therapist may spend with the patient as well as the quality. This may be due to lack of knowledgeable impact contributed by the ATC.

By all means a physical therapist is more then qualified to work without an athletic trainer. But, at the same time, athletic trainers are educated health care professionals highly recognized by the American Medical Association. The use of physical therapists and athletic trainers together will greatly induce treatment and allow the patient to return to their active lives as soon as possible. By taking away the use of ATCs the already high prices for health services will rise even more and leave potential patients suffering financially as well as physically.

Lastly, a primary concern if the CMS-1429-P proposal passed would be the amount of qualified ATCs out of work. The loss of employment would leave more of a supply with less of a demand and therefore resulting in less money paid to workers who hold these positions. The decrease in income would force ATCs to leave clinics and hospitals and therefore in essence the patients would be those most greatly effected.

In conclusion, I believe the CMS-1429-P proposal is in good intentions. However, it should be revised to include the use of qualified athletic trainers to provide therapy to Medicare patients in a physician's office.

Sincerely,
Kaitlin C. McLoone
Exercise Science/ Pre- PT major
Sacred Heart University
Fairfield, Connecticut

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Dr. McClellan,

I am in firm support of the proposed qualifications for individuals providing Physical Therapy services "incident to: a physician. Physical Therapy services should be provided ONLY by licensed physical therapists and physical therapist assistants. These professionals are the ONLY practitioners who have the education and training to furnish these services.

As a Doctor of Physical Therapy I am concerned about the individuals who are not licensed, trained and regulated as physical therapists, yet practice in physician offices and bill Medicare and other insurances for services provided to patients. As a physical therapist, I not only underwent a rigorous program of schooling at the post-graduate level, but I've also participated in numerous hours of continuing education and am constantly seeking knowledge, training and experience in my field. Further, I am held to licensure requirements, state regulations and ethical standards, all of which ensure that I will treat my patients appropriately with a mind to the best techniques, the proper timing of interventions, and fair billing practices, among many other things. All of these things are in the best interest of the patient and his or her health, as well as the insurance company providing payment for those services.

Patients who are being treated for the multiple diagnoses that PTs treat, deserve to be treated by professionals who are experts in the field. Without the training and licensure requirements, not to mention ethical and professional standards, that PTs are held to, patients may be at risk of being treated inappropriately and harmed, be treated for too long or short of a time period, be treated with no benefit or at least, overcharged for what they do receive.

If a patient and his or her insurance company are paying for Physical Therapy services, then they should receive Physical Therapy services. If a Physical Therapist or Physical Therapist Assistant is not providing the treatment, then the service is NOT Physical Therapy and should not be billed or paid as such.

Thank you for your time and attention to this matter and my comments.

Sincerely,

Dr. Erin Hytrek
Physical Therapist
Sioux Valley Memorial Hospital
300 Sioux Valley Drive
Cherokee, Iowa 51012

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I urge you not to limit payment under physicians to physical therapy only. There are many other categories necessary to health that deserve to be included and that individuals need to receive.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please DO NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision. Please do not impose limitations on us.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am very concerned as an athletic trainer to the proposed change that will not only affect my profession, but it will affect thousands of athletes in our society. Personally, it will affect the 327 athletes that I currently serve at Presbyterian College in Clinton, SC. I have been providing our athletes quality rehabilitation over the past 8 years in our athletic training room. Under our team physicians' supervision, I am able to do all the rehabilitation that the athlete would receive by an OT or a PT in a rehab clinic. I am also able to provide the athlete more than the PT or OT would because I am able to see/rehab them on a daily basis and I am at their practices/games when they to begin to play again which allows me to be able to modify and monitor their activity as needed. I am able to be very sport-specific with their rehabilitation because I know exactly what they will be doing once they are able to practice/play again - I know the drills and type of expectations the coach has for them to return to play.

I have been very successful with the athletes who have done their rehabilitation with me; this has included numerous knee and shoulder reconstructions, herinated disc, ankle fractures, etc. They have gone on to play their sport again with great success along with living very healthy lives.

Please realize how this decision could poorly affect thousands of lives in many different ways. Athletic Trainers are professional health care providers who are very knowledgable in their field which does include rehabilitation (therapy).

Thank you for your time and attention. I hope that this proposal will be reconsidered.

PLEASE SEE ATTACHED FILE

Sincerely,
Dawn Youngblood, ATC;SCAT
Presbyterian College
105 Ashland Avenue
Clinton, SC 29325

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I have 6 years of education in Athletic Training (Sports Medicine) and now you're wanting to take my rights away to make a living. My education is as good if not better than most Physical Therapists and many times in the past I have provided training to physical therapists for injury related cases post-op and traumatic injuries. Athletic Trainers should be given provider numbers so we can have the opp to make a living. The physical therapists oppose athletic trainers because we provide such GREAT patient care in which many of them lack. If this law passes the will be one of the greatest injustices in the history of medicine and insurance reimbursement not to mention patient care.

Submitter : Mrs. Teri Page Date & Time: 09/23/2004 12:09:29

Organization : Mrs. Teri Page

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Thanks for your for your consideration with regards to this issue.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Mark B. McClellan, MD, PhD
Adminstrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services

September 22, 2004

Hello Mr. McClellan,

My name is Jackie Masephol and I am a physical therapy student at Marquette University. In May 2005 my class will be the first class of Doctor of Physical Therapy students to graduate from Marquette's Physical Therapy program, traditionally a six-year program. The reason I am writing you is because of the proposed 2005 Medicare physician fee schedule rule on Aug. 5, 2004.

My studies and clinical time required to complete my physical therapy education in our accredited program has challenged me. The education I have received has prepared me to better understand and treat the whole individual. As a physical therapist I will have been prepared to understand the biologic and physiologic make-up of the human body in many conditions and how we as therapists can influence the way the body functions through manual treatment, modalities and therapeutic exercise. These and other forms of physical therapy services should only be administered by physical therapists and physical therapist assistants.

Those who do not have the education and have not completed training from an accredited program are putting patients at risk for injury because they are not prepared wholly with the science of the treatment, including the indications, complications, risks and contraindications of our treatment practices. My training and education will allow me to produce the best and safest outcomes with patients who have disabilities and other medical conditions, which require rehabilitation.

Thank you for your time and consideration of my thoughts.

Sincerely,

Jackie Masephol, DPT Student

Submitter : Mrs. tj mallet Date & Time: 09/23/2004 12:09:27

Organization : Mrs. tj mallet

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I ask you NOT to pass this policy whereby a physican can only refer "incident to" services to physical therapists. ALL qualified healthcare providers should be allowed to provide services to patients with a physician's prescription, or under a physician's supervision. There is a huge amount of research showing the effectiveness of massage therapy and a growing body of research on the effectiveness of CranioSacral Therapy. Dr. John Upledger was invited to speak before the US Congress on the efficacy of CranioSacral Therapy in treatment of autism, for example. Please don't deny these valid therapies which often increase the speed of healing! Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a Student Physical Therapist Assistant and I feel we should pass this incident. I strongly oppose the use of unqualified personnel to perform physical therapy acts and to bill them under the title physical therapy. i believe that qualified and certified physical therapists and physical therapist assistants should provide these services and treat these patients. I do not have any personal experiences with the negative effects of unqualified personnel performing acts that they were not properly trained in but any number of things could go terribly wrong and there would be no turning back. Therefore some requirements should be set and followed.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

see attachment



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I feel physical therapy must be provided by licensed physical therapists or by a PTA under the supervision of a fully licensed physical therapist. A prime example is when an individual applied heat to a patient and didn't understand why it was done or that different patients react differently to heat and never checked on the patient who was burnt by the heat. Another example is exercises. The physical therapist prescribes exercises that have a purpose for the functional limitation whereas an untrained individual would't understand the medical problem in the musculoskeletal area and wouldn't be able to recognize if the patient is compensating and not performing the exercise correctly.

THERAPY STANDARDS AND REQUIREMENTS

As a profession we require our licensed physical therapists to not only complete a minimum of 7 years of education, but also to pass a licensing exam. Under these circumstances and with the knowledge we have as fully licensed physical therapist, we should be the ones to provide physical therapy and be reimbursed for these services.

CMS-1429-P-2928-Attach-1.txt

CMS-1429-P-2928-Attach-1.txt

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

hello, i am a practicing massage therapist, i find it disturbing that this new bill trying to pass will stop us from working in medical offices and chiropractors offices, only physical therapist can work in private offices? for years we have been trying to let people know that massage therapist are medical workers too and do belong in medical offices also and should have the right , there is a stigma left on massage therapy that we are trying to change in todays society, and if u take that away from us by just letting physical therapist work in medical offices, it would be a trajedy!

lisa love

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please read attached letter.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Mrs. Jennifer Flaherty Date & Time: 09/23/2004 12:09:21

Organization : Rosalind Franklin University

Category : Other Technician

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am writing to oppose the issue of "incident to" because I believe this decision will negatively impact healthcare in our society. I am a certified athletic trainer and Physician Assistant Student. My previous work and future work involves working side-by-side with a physician to provide healthcare to those in needs and to assist my physician in evaluating and treating our patients in a productive manner. Why would physicians hire Certified Athletic Trainers and Certified Physician Assistants, or any other adjunct healthcare PROFESSIONAL, if they didn't feel confident these people could take care of their patients, while increasing productivity and patient satisfaction? They wouldn't. It is their practice and their license on the line, but yet, physicians continue to utilize these professionals because they know that Certified Athletic Trainers and Certified Physician Assistants are an asset. Medicare patients are already so limited in their healthcare access, don't take away a less expensive alternative that can benefit them. Do not adopt this policy. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not pass this policy whereby a physician can only refer incident to services to physical therapists. All qualified health care providers, including massage therapists, should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

PLEASE, I beg you, DON'T pass this policy whereby a physician can only refer "incident to" services to physical therapists. ALL qualified and licensed healthcare providers should be allowed to provide services to patients with a physician's prescription or under their supervision.

I thank you.

Submitter : Catherine Schneider Date & Time: 09/23/2004 01:09:40

Organization : AMBP

Category : Other

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am opposed to this rule as I understand it. It is not appropriate to limit therapy only to licensed P.T. since they do not provide massage and cranio-sacral therapy to the standard necessary for proper practice. Only trained massage therapists and cranio-sacral therapist have the knowledge and practice necessary to provide such services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

It has come to my attention that actions are being taken to terminate reimbursement for athletic training services in any clinical setting. It is stated that reimbursement would only be given for therapy delivered in a physician's office by a physical therapist, physical therapy aide, occupational therapist or occupational therapy aide. As a point of clarification Athletic Trainer's have close to identical qualifications as any of the above professions. Courses such as: rehabilitation, Kinesiology, exercise physiology, anatomy, clinical experiences, therapeutic modalities, nutrition, biomechanical kinesiology, and many more. Both professions undergo very similar training, national exams, and graduation from a professional accredited program. These facts alone put Athletic Trainers at the same level of professionalism as any of the mentioned professions. Thus, taking away coverage and reimbursement would mean a decrease in the type and availability of health care administered to the general public. These actions will take health care back a step, because it will put limitations on the medical services being offered by all organizations who staff Certified Athletic Trainers, holding them back from providing qualified care to the general public.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly support CMS' proposal that individuals who furnish outpatient physical therapy services in physician's offices must be graduates of an accredited professional physical therapist program. Through education, I'm both a Certified Athletic Trainer and a Physical Therapist. I am part owner of a rehab company that employs both PT's and ATC's (approximately 90 employees). It is my personal experience that physical therapists and physical therapy assistants under the supervision of physical therapists are the only caregivers who have the specific training to provide physical therapy services. Current educational requirements of accredited physical therapy programs provide graduates with either a Masters or Doctorate degree. The scope of educational curriculum in athletic training programs do not adequately prepare graduates to care for the medical complexities of many geriatric individuals. I am significantly concerned for the well being of Medicare patients because I believe unqualified individuals could easily cause harm while providing 'physical therapy services'.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

As a student currently enrolled in a physical therapy assistant program, I feel it is important an individual practicing physical therapy is in fact a physical therapist or physical therapist assistant. While other medical professionals also understand the anatomy and physiology of the body, it does not mean they understand the working of muscles. I have spent the last year studying the muscles and how each one works and feel physical therapy should not be performed by aides, nursing or even doctors. The untrained personnel may further complicate or cause further injury if he/she is not familiar with how a muscle works with an extremity. I would not expect a physical therapist or physical therapist assistant to diagnosis or prescribe medication to a patient, therefore untrained personnel should not dispense physical therapy advice or treatment. Lastly, the state of Ohio requires a degree from an accredited school and licensure to qualified personnel to maintain standards to protect therapists and clients. Thank you.
Craig Zwegat

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Thanks for your help!



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

PTs should not be the only health care professionals allowed to provide medically related care to physician's patients. Physical therapy, although a very necessary step in a person's rehabilitation, is not necessarily the only therapy that is needed, nor is the most efficient therapy for every patient across the board. Medicare needs to acknowledge massage therapy as a necessary therapy in a person's rehabilitation regime. There are countless studies showing recovery rates improving with massage therapy, and is less costly than most alternatives.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Nurse massage therapists, and massage therapists should also be recognized providers of care when massage therapy is prescribed by a physician, or chiropractor.

I taught massage therapy for 2 years and had many physical therapists attend classes for massage therapy because their training was limited to maybe 2-3 days in PT school! How could Medicare justify only recognizing PT's as providers of massage!!!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Michael Sommers
12 Lady Slipper Trail
Rochester, MA 02770

09-22-04

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

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

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



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please include massage therapy under the guidelines

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I OPPOSE MEDICARE's proposed policy to eliminate any provider except PT's from providing "incident to" medical professional's services to patients.

Why eliminate other opportunities to help the patient in other ways & means that could be less expensive and easier for the patient to handle. PT are wonderful healers but are not the only group of health professionals that can help ease pain. This sounds like a lobby group funded by the PT's organization to elimiate any competition and is only seeing their way as the only way. A diverse plan sounds more cost effective and viable way to help patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Mrs. Elisabeth Stevenson Date & Time: 09/23/2004 01:09:24

Organization : Mrs. Elisabeth Stevenson

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

PLEASE do not pass this policy and limit doctors' choices when referring "incident-to" services. MANY therapists other than PT's help so many people - please don't tie the doctors hands.

Submitter : Mrs. Barbara DeTemple Date & Time: 09/23/2004 01:09:54

Organization : Mrs. Barbara DeTemple

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Thanks you
Barbara DeTemple, NCBTMB, AMTA

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We implore you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers, including trained and licensed nurses and massage therapists should be allowed to provide services to patients with a physician's prescription or under a physician's supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I want 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. Athletic trainers are highly educated. All certified or licensed athletic trainers must have a bachelor's or master's degree from an accredited program. Accreditation can only be granted through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT). Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers accompanied the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified. This country is already 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. I feel it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I 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.

Curtailling to whom the physician can delegate 'incident to' procedures will result in physicians performing more of these routine treatments themselves.

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

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I believe these issues to be taking away a persons choice of which form of therapy they feel best helps them. I agree that pt maybe the best resource for some but I have worked with the recommendation of alot of doctors and chiropractors that have seen the benefits of theraputic massage by a licensed professional and they have been very rewarding in many of the cases. I'm just asking that you don't take away the right for each person or patient to have that choice.Please feel free to contact me for a list of examples from some of my clients Sincerely Adam J. Percy NYSLMT, AMTA e-mail adamjulie11@frontiernet.net

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

If massage is given by a qualified therapist it can be a very valuable therapy -- don't resict medicare coverage by eliminating this very valuable therapy.

Require strict qualifications for proper massage, but don't deny such a posture valuable treatment.

THERAPY STANDARDS AND REQUIREMENTS

Massage as therapy is valuable -- require the National Certification, with a certain number of hours/years of experience.

Maybe require a medical massage certification or education background.

If you make the qualifications stricter, then you can be sure that the therapy is the valuable treatmnt it should be.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

CMS-1429-P-2960-Attach-2.wpd

CMS-1429-P-2960-Attach-1.wpd

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Letter

Submitter : Mrs. Joanne Mengel Date & Time: 09/23/2004 01:09:00

Organization : American Massage Therapy Association

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I beg you NOT to pass this the policy whereby a physical can only refer 'incident'ti' services to physical therapist. All qualified health care providers SHOULD be allowed to provide services to the patients with a physician's prescription or under their supervision.

WE all provide much needed and proven modalities which enable a patient to regain their healthy status. Physical therapist are NOT and elite group relegated to do this alone. They provide one service and one service alone. I have worked closely in the past years with a physical therapist and with her modality and mine of massage therapy, we were able to help the patient, TOGETHER. It takes a whole village to raise a child!

Submitter : Terri Rossi Date & Time: 09/23/2004 01:09:05

Organization : Terri Rossi

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I implore you to NOT pass this policy whereby a physician can only refer "incident to" services to Physical Therapists (PT). *ALL* qualified health care providers, not just PT's, should be allowed to provide services to patients with a physicians prescription or under their supervision. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not pass this policy due to physicians being the only one able to refer services to physical therapist. All qualified health care providers should be allowed to provide services to patients. As massage therapist we should be allowed to work with patients and be reimbursed also. It would save Medicare money on occasions when this therapy is warranted but patient can not afford to pay out of pocket.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 22, 2004

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

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 cost 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" been utilized by physicians to allow others to provide services to their patients, under their direct supervision. 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. I am currently working in an orthopedic clinic assisting one of the sports medicine physicians with surgery. We are trained in anatomy and the types of injuries they are performing surgery on, so it is a natural fit to have me assist him with surgery. Under the proposal, I will not be allowed to do just that. 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 restriction 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 interest of the patients. That is their job!

Patients who would now be referred outside of the physician's office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but cost of the patient in time and travel expense. Delays would hinder the patient's recovery and/or increase the 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. For example, when I assist the orthopedic doctor in the clinic setting I will spend on average of 5 minutes of the patient's visit with them. My position entails taking a brief history, prepping a patient for an injection, helping the physician with the injection, fitting a patient for a brace or splint, assisting with cast application, cast removal, and many other activities all under the direct supervision of the physician.

Of the patient's 10 minute visit (excluding the waiting time) about half of it is spent with me. Now if I am not allowed to help the doctor in clinic, his patient load for the day just got cut in half. The clinic I work at is independent clinic so the number of patients each doctor evaluates determines if the clinic will stay in business.

These issues may lead to more and more physicians eliminating or severely limiting the number of Medicare patients they accept. This may be true for the clinic I work at.

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,

Anita Coenen, LAT



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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



Submitter : Susan Allen Date & Time: 09/23/2004 01:09:22

Organization : Susan Allen

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Ms. Nichole Kieltyka

Date & Time: 09/23/2004 01:09:00

Organization : Ms. Nichole Kieltyka

Category : Academic

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 23, 2004

Department of Athletic Training
5151 Park Avenue
Fairfield, CT 06825

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

Re: Therapy-incident to

Dear Sir/ Madam:

I am a first year Athletic Training student and future Certified Athletic Trainer (ATC). I have recently been made aware of the CMS proposal and the questions that it raises. I feel that if this proposal goes into action, many different groups of people, from AT students like me to the patients who receive care from the groups of people that provide physical rehabilitation, will be greatly affected in a negative fashion.

For AT students like myself, this proposal will severely impact the future of AT graduates. In this country's competing job market, it is hard enough to find a decent job, especially right out of college. If this plan goes into action, the availability of jobs will decrease tremendously causing a dramatic increase of competition in the job market. The jobs that are available to those who qualify, the salaries for those jobs will decrease because costs for the insurance will become too high. This proposal will not only affect current AT students, it will also affect those who are currently CAT's in the same respect as the students of Athletic Training.

Within the medical field, professionals are becoming increasingly specialized in one particular area of a broad field. One doctor can no longer properly and efficiently provide the best of care to a particular patient's every need. A team of certified professionals in different fields of patient care can and will provide the best and most efficient solution to each patient's individual needs. If this plan is approved, it will only produce an opposite reaction to what every medical provider's main objective is, the proper care of the patient.

Each patient deserves the best quality care they can receive. Having a team of full time specialists will keep patient care at a high level and patient cost at a low.

Overall, I feel the CMS proposal will have a severely negative impact on the medical field, future medical providers and the patients that seek medical treatment. I feel the CMS-1429-P should be rejected for these reasons.

Sincerely,
Nichole Kieltyka
Athletic Training Student at Sacred Heart University, Connecticut

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg you to NOT pass this policy whereby a physician can only refer 'incident to' services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision. It would be a grave injustice to eliminate massage therapists. Massage therapists can provide care equal to PT and in some cases can achieve results with deep tissue techniques not regularly offered by PT's. I myself have worked with a client that had been involved in physical therapy and was set for exploratory surgery. After two treatments she was able to raise her arm over her head and was improving dramatically. Her doctor immediately cancelled surgery and wrote a prescription for deep tissue massage. She had a difficult time finding a physical therapy clinic that offered deep tissue. By eliminating MT, you rule out a segment of therapists that offer services that do achieve results in a timely manner. You all so create a monopoly for PT to charge whatever they want. I would think having a variety providers available would keep costs more competitive and save money for the Medicare program. Shouldn't government programs be run like a profitable business? It only makes sense to have choices to keep cost low. Thanks for your help.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See Letter

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Our right as massage professionals to work with or for medical doctors or chiropractors as massage therapist and allow our family and friends to receive professional health care in physicians offices from those other than physical therapists.

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

Submitter : Mrs. Kathy Bates Date & Time: 09/23/2004 02:09:55

Organization : self-employed

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please don't pass the policy whereby doctors may refer ONLY to Physical Therapists. I suffered a broken back in July of 1994 and was sent to a physical therapist. He was VERY good at what he did but did not have ALL the knowledge I needed to assist me in my recovery. MASSAGE THERAPISTS with varied training and focus were essential to my full recovery...along with the medical doctors. Please don't close the door on patients options. If they don't get well then they'll be in the line for a lifetime of disability payments. Please keep legislation wide open for them to explore their healing. Thank you, Kathy Bates

Submitter : Mrs. candy Uihlein Date & Time: 09/23/2004 02:09:43

Organization : Mrs. candy Uihlein

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a Massage Therapist for over 10 years now, I see a valued need for those people in my profession. It's not just a Physical Therapist who can help a person, by giving and following up with an exercise program. They are needed too, but so are the Massage Therapists, who work on a one to one with the individual muscle groups that may be causing the client discomfort and lack of mobility. Thru my therapeutic practice I have given people back their mobility. Massage Therapists should NOT be overlooked in the Medical profession. Well trained Massage Therapists have their place within the profession and should be also considered as important as a Physical Therapist when it comes time for a Doctor to recommend specific Modality of Treatment for their clients that are in need of the Massage Therapists' Skills. Please Do NOT Overlook Us!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am apposed to physical therapist being the only ones allowed to provide therapy. Massage therapist are highly trained and competent to provide therapeutic rehabilitation also. Please reword this to include all therapist trained to provide these services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Eli Zucksworth
 1116 East Ash
 El Reno, Ok 73036
 9-15-2004
 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 and place an undue burden on the health care system.

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

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

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

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

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

? CMS does not have the statutory authority to restrict who can and cannot provide services ?incident to? a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.

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

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

Sincerely,

Eli Zucksworth 1116 East Ash, El Reno, OK 73036

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am very disappointed that two identical health care professionals are disputing what's best for their association and protecting practice. However, we are forgetting the important issue. It is the benefit that pt will receive when we learn to share our expertise and place into a perspectives rather than arguing who is qualified to do a job. As an athletic trainer and had many years of experience in treating patients in physical therapy setting, I know that athletic trainer is well qualified and have the requirement education and training to provide good care to all age of population. I wish that we would end this territorial war and re-think about why we are in a helath care.

THERAPY STANDARDS AND REQUIREMENTS

Ultimately, the decision of delegating about who should be qualified to treat patients should be the solely decision of treating physician.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

CMS-1429-P-2978-Attach-1.doc

CMS-1429-P-2978-Attach-2.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

CMS-1429-P-2979-Attach-2.doc

CMS-1429-P-2979-Attach-1.doc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I oppose the use of unlicensed and unqualified individuals providing psychological services. This rule would put the public in danger and raise the potential for fraud. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I would like to let you know that, It is very important to allow massage theropeist to work with patients at the doctor offices.

As a massage therapist i know how much we service the patiemts and how much results we produce. You to leave this issue as is and try to do away with continous testig in the offices where the doctors make millions of dollars.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

It is ludicrous to suggest athletic trainers are not qualified healthcare professionals for Medicare patients. CMS should research educational and professional requirements regarding athletic trainers before passing judgement.

Submitter : Mrs. Margaret Thornton Date & Time: 09/23/2004 02:09:31

Organization : Self

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attached Document



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Ongoing peer-reviewed research is showing the benefit that massage therapy has for a great variety of medical conditions. Please do NOT pass this policy whereby a physician can only refer 'incident to' services to physical therapists. All qualified health care providers -- which includes licensed massage therapists -- should be allowed to provide services to patients with a physicians prescription or under their supervision. Massage therapists are cost-effective for many conditions compared to physical therapists. It would be a great disservice to both the providers and the people covered by Medicare to restrict the 'therapy - incident to' as proposed in this docket. Thank you very much.

Submitter : Mrs. Stacey Mitchell Date & Time: 09/23/2004 02:09:34

Organization : AMTA

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Our rights as Licensed Massage Therapists need to be saved. As LMT's we have special skills that work in conjunction with Chiropractor's as well as Physical Therapists. Folks at times need the range of motion and stretching, just to name a few of the procedures LMT's can perform on clients. These movements allow for muscle release and can help folks make a quicker recovery. In some instances the touch alone may assist in healing. Please reconsider. You need only look in medical archives to see the research that has been done on Massage and it's benefits. Do not deny your clients the opportunity for the wonderful benefits that massage can offer them.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am apposed to physical therapist being the only ones allowed to provide therapy. Massage therapist are highly trained and competent to provide therapeutic rehabilitation also. Please reword this to include all therapist trained to provide these services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Attachments
No Attachments

Thanks for your help!

Sincerely and best wishes in all of your endeavors to help others
Barbara Schneider, LMT, NCBTMB

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Being a coach, I realize the importance of athletic trainers in all areas. They are some of the most dedicated professionals I have had the opportunity to work with. Athletic trainers should not be restricted simply because of their title, which includes "athletic". Their profession requires high educational standards that are not found in other health professions. I would definitely feel extremely comfortable, if not more so, receiving treatment from an athletic trainer, regardless of my age or insurance status. They are some of the most caring professionals in health care, who actually "CARE" about their patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I is my understanding that this policy stipulates that a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision. If I understand this correctly I urge you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I would like to comment on the issue of physical therapy services by non-physical therapists.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

See attached document.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a massage therapist in Florida and I OPPOSE MEDICARE's proposed policy to eliminate any provider except PT's from providing 'incident to' medical professional's services to patients.

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

Submitter : Mrs. Lisa Irwin Date & Time: 09/23/2004 02:09:26

Organization : Internation childbirth Education Association

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Regarding the "incident to" proposal by the APTA organization:

I am a Certified Athletic Trainer with a Master's Degree and I currently work in a Physical Therapy outpatient clinic. The proposal by the APTA would be extremely detrimental to the health care industry right now. We are experiencing a critical shortage in personnel and due to this, patients (not just Medicare patients) are not receiving the standard of care they need and deserve. Certified Athletic Trainers, just as physical therapists, have the knowledge, training and experience to provide high quality rehabilitation services within the outpatient therapy setting. The combination of Physical Therapists and Certified Athletic Trainers together help provide much needed access to patients in this sector of the health field. As a whole, without Certified Athletic Trainers working in the outpatient therapy clinic, patient access and quality of care will be adversely affected.

Submitter : Mrs. Sarah Bowman Date & Time: 09/23/2004 02:09:54

Organization : Upledger Institute & NCBTMB

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. ALL qualified health care providers, including MASSAGE THERAPISTS should be allowed to provide services to patients with a physicians prescription or under their supervision and receive Medicare reimbursement for services. EXAMPLE, Massage therapy is proven to relieve pain, thereby, reducing the cost of millions of dollars worth of pain medication and rehospitalizations associated with pain. Please continue to RECOGNIZE MASSAGE THERAPISTS, PLEASE!!! THANK YOU!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

please see attached

Submitter : Mrs. Vanessa Jackson Date & Time: 09/23/2004 02:09:08

Organization : Mrs. Vanessa Jackson

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision. The benefits of several types of services (i.e. Massage, Chiropractic, etc)to a patient has been well documented in their recovery. This would be a great diservice to all people

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

As a practicing Urologist in Massachusetts (one of the lowest reimbursement states for Medicare in the country, I am concerned about the possible negative effects that the upcoming changes in the way we are paid for the administration of drugs in our offices. Having a small group practice in a largely retirement community of Medicare recipients, we see and treat large numbers of men with prostate cancer. Thus far we have been able to provide these men with their hormone therapy in our offices and have avoided sending them to cancer centers and other hospital clinics where expenses are much higher. With the proposed changes looming ahead, however, and our overhead only increasing however, I am unsure as to how we will continue to provide such services. You estimate that Urology will suffer a 13% decline in revenue next year. It could be higher, and our overhead is expected to be up about 10% next year. I do not see how you expect us to keep our practices open and viable with such drastic changes. We may have to cut back our office staff, and we may not be able to care for these patients that we have been providing medications to for the last several years.

By implementing such far reaching changes so quickly and with little or no lead in time or investigation, you threaten our survival and our ability to expand. We are looking for an associate for next year but may have to hold off because of the uncertainty of being able to pay a salary. This leaves our community underserved, and our own schedules overtaxed.

I respectfully ask that you delay the implementation of this legislation for another 2 or 3 years while you investigate its true impact, and then make an informed decision about what should be done. Our patients will be grateful to you for your help in this matter.

Sincerely,

Evangelos G. Geraniotis
110 Main Street
Hyannis MA 02601
508-771-9550

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I beg you NOT to pass this policy whereby a physician can only refer 'incident to' services to physical therapists. Massage therapy professionals are highly qualified to provide services to patients and should be allowed to provide services to patients with a physicians prescription or under their supervision. Thereby, allowing reimbursable services. Example, what about a registered nurse with a massage therapy license, they are just as qualified, if not more qualified than a Physical Therapist to perform services for the patient. Please, I ask you again, do not pass this policy, it is wrong. Please continue to help the massage profession strive forward in the world of healthcare today to reduce medical costs and get people well through alternative medicine. Thank you for your reconsideration!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please reconsider and do NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision. Although physical therapy is often important, it certainly is not the only useful therapy and often not the best alternative.

Submitter : Mrs. Sarah-Elizabeth Whitcomb Date & Time: 09/23/2004 02:09:36

Organization : Mother's Touch Massage Therapy

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision. The list of qualified health care providers should include licensed Massage Therapists, Occupational Therapists and other therapists who can assist Medicare patients in their return to full health.

Massage Therapists are effective in reducing pain, increasing range of motion and bringing their clients back to active lives. A narrow definition of those to whom physicians may refer, denys Medicare patients their right to choose how they are to recover.

Thank you for your consideration.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do NOT pass this policy whereby a physician can only refer "incident to" services to physical theapists. Massage therapists do great work in this area and should be paid by medicare to work on patients that are referred to them by physicians.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 22, 2004

University of South Carolina Athletic Training Education Program
Columbia, SC 29201

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

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

Sincerely,

Athletic Training Student at University of South Carolina, Columbia

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As both a massage therapist and an occupational therapist, I have found it to be necessary for clients/patients to have services from professionals other than physical therapists. Please do not allow it to pass that PTs are the only covered providers. They do not have our skills. It is imperative in today's world to treat the client as a whole. Massage therapists are needed to increase health and manage pain. The public is also aware of this, for increasing studies show the rise in alternative care. Please help support the client's needs by not allowing PT to be the only covered service. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Passing this policy would be limiting the benefits of many services physical therapists do not have time to offer. Fees for service by physical therapists are set higher than fees for other health care providers who work with the public making some services not cost effective. Thanks for your attention and concern.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : Mrs. Kathleen Chmielewski Date & Time: 09/23/2004 03:09:41

Organization : American Massage Therapy Association

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a professional massage therapist of ten years with close to 2000 hours of training, I am asking that you NOT pass the policy whereby a physician can only refer "incident to" services to physical therapists. Trained qualified health care providers should be able to provide services to patients with a physician's prescription and under their supervision. I have physical therapists who refer their patients to me for further treatment because they realize that not only is my time less expensive than theirs, but I have more training in various massage techniques that provide continued healing to their patients. The passage of this policy will lower the standard of care and increase the cost. Physicians are becoming increasingly aware of the benefits of lymph drainage massage for lymphedema as well as arthritis, injury rehab and pre and post surgery. Trained massage therapists are able to provide this beneficial work at a lower cost to the patient/insurance company than can a physical therapist. Please do not take qualified providers out of the loop. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a parent of a Massage Therapist I feel it would be a mistake to exclude all the well trained therapist from the payment policies. These therapist help provide comfort to many that other forms of therapy are not able to provide. Most Massage Therapist are licensed through their State and local governments which usually requires passing the national certification test and completing continuing education classes. It would be terrible to discredit these individuals by writing them out of the payment policies. Please do not impede the care of patients by excluding massage therapy

Submitter : Mrs. Judith Johnston Date & Time: 09/23/2004 03:09:40

Organization : Mrs. Judith Johnston

Category : Other Health Care Provider

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Mrs. Elaine Yundt Date & Time: 09/23/2004 03:09:25

Organization : FSMTA, ABMP

Category : Health Care Provider/Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I urge you to not pass this policy, whereby only a physical therapist can provide incident to therapy services under the direction of a physician. This eliminates a whole population of providers of very helpful and COST EFFECTIVE therapies!!! Speaking of my own profession, Massage therapy is one third the cost of what physical therapy charges for Massage therapy for only a few minutes of Massage, as compared to comprehensive treatment that is not based on time, but need of the patient by a practioner who is exclusively trained in Massage Therapy modalities. Thankyou, Sincerely , Elaine Yundt LMT, FSMTA, ABMP

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not pass policy that allows physicians to only refer "incident to" solely to Physical Therapists. All qualified health practitioners should be allowed to offer their health services with a physician prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As an athletic training student I feel that this proposal is untenable. Government workers should not decide what care is best for the patients. Also, if an athletic trainer is just as qualified as a physician, there is no reason that they shouldn't be able to provide care. I feel that this proposal should not be taken into consideration.

Submitter : Mrs. Christine Fedruk Long Date & Time: 09/23/2004 03:09:36

Organization : Mrs. Christine Fedruk Long

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly urge you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care professionals should be allowed to provide services to patients with a physicians prescription or under their supervision. As a Nationally Certified Massage and Bodywork Therapist who has worked with physicians for more than five years, I would urge you to allow me and other highly qualified practitioners to continue working with Medicare patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health care providers should be allowed to provide services to patients with a physicians prescription or under their supervision. Other health care providers may also be more cost effective that physical therapy thus keeping expenditures down.

Submitter : Mrs. Tracey Goff Date & Time: 09/23/2004 03:09:01

Organization : Mrs. Tracey Goff

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

To whom it may concern:

I would like to comment on the proposed rule on "Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2005." I am a licensed physical therapist practicing for seven years in an out patient rehabilitation center as part of a hospital.

I believe the delivery of "physical therapy services" by unqualified personnel can be harmful to the patient. Many of these health care professionals do not possess the expertise to safely and properly perform modalities they are classifying as physical therapy, as well as, understand the physiological ideas that support the therapy. It is unfair to the public to be charged for a physical therapy service that is not performed by someone with a physical therapy degree, trained to carry out the task. Currently, degrees in physical therapy are at the post "baccalaureate level with all accredited schools offering a master's or doctor of physical therapy degree.

I also believe many patients are unclear of their benefits and how the medical services they receive are billed. It is unfortunate a patient may arrive at a clinic to receive physical therapy services by a licensed physical therapist, only to discover they have already used a portion of their allotted visits or funds toward payment of physical therapy. Patients become frustrated with the system because they do not understand why "physical therapy services" are exhausted when they haven't even stepped foot into a physical therapy clinic.

I believe the current method of billing of "incident to" services is a poor reflection of our credibility as professionals and eventually limits the patient from receiving appropriate and justified physical therapy when needed. With the patient's best interest in mind, I would like to show support to CMS's proposal.

Thank you for your consideration of these comments.

Sincerely,

Tracey Goff

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file for my comments.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not accept this policy whereby a physician can only refer 'incident to' services to physical therapists. Services should be allowed by all qualified health care providers to patients with a physicians prescription or under their supervision. Much releif of pain is obtained by other sources than physicians in health care. It would add another burden to medicare Patience that need these services.

Your attention to this matter is greatly appreciated.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attached letter

Submitter : Mrs. Marni Beals

Date & Time: 09/23/2004 03:09:00

Organization : AthletiCo

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Re: Therapy ? Incident To

To whom it may concern,

I would like to address a recent proposal by the Centers for Medicare and Medicaid Services (CMS) that is aimed to limit providers of 'incident to' services that occur in physician offices/clinics. I have been a license Athletic Trainer since 2001 that practices in an outpatient rehabilitation clinic as well as in a fieldwork setting at a high school. The team physician provides direction in the high school and in the clinical setting. I work closely with the physician to provide care to their patients. The recent proposal is of concern on many levels, which I have outlined below.

? Physicians make decisions that are in the best interest of their patients. Medicare and private payers should rely on the professional judgment to know who is most qualified to provide services for their patients.

? If this change were to take place, CMS allows a singular health care profession to seek exclusivity in providing therapy services.

? This proposal limits qualified health care professionals, such as certified Athletic Trainers, from providing the services that they have been trained, certified and licensed for. At a time when our US Healthcare System is in need, eliminating qualified professionals seems counter productive.

? By billing for 'Incident To' services, the physician takes on the responsibility for the care that is provided by secondary healthcare providers.

This suggests that physicians are seeking out the most qualified healthcare providers for their patients, including Certified Athletic Trainers.

? It is in the best interest of the patients to have access to a multidisciplinary approach for healthcare.

I would like to take this opportunity to clarify what the Athletic Training profession entails. All Certified Athletic Trainers must have a bachelor's or masters degree (70% have a Masters Degree or higher). All Certified Athletic Trainers have participated in a curriculum that is comprised of: human anatomy, human physiology, kinesiology/biomechanics, nutrition, pathology of injury and illness, exercise physiology, psychological intervention, statistic, and research design. All academic programs are approved and certified by the Commission on Accreditation of Allied Health Education Programs (CAAHP) and the Joint Review Commission of Athletic Training. In order for Athletic Trainers to become certified all must pass a comprehensive, nationally recognized, exam given by the National Athletic Trainers Association Board of Certification (NATABOC). Certified Athletic Trainers are qualified health care professionals to provide injury assessment, treatment, and physical medicine to Medicare beneficiaries.

This is a pressing issue that affects the 30,000 members of the Athletic Training profession, that will lead to decreased access to qualified healthcare for Medicare recipients.

I hope that you will consider the ramifications of the proposal to limit providers of 'incident to' services. The CMS recommendation is a health care access deterrent.

Sincerely,

Marni Beals, ATC/LMT
AthletiCo Sports Medicine and Physical Therapy
20 N. Michigan Ave, Suite 103
Chicago, IL 60602

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

file code CMS-1429?P

Dear CMS,

As a practicing emergency physician, I feel it is imperative that you REQUIRE contract groups to provide claims data on a monthly basis to all providers. Simply requiring 'access' to the data will not give individual physicians the ability to review the submitted claims and ensure their accuracy. Contract groups can terminate physicians who seek access to such records. For the good of the public, you need to change the language. Please feel free to contact me if you have any questions. My pager is 973-817-0290.

Sincerely,

Patrick Hinfey
New Jersey

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do NOT pass this policy where a physician can only refer 'incident to' services to Physical Therapists. All qualified health care provides should be allowed to provide services to patients with a physician's prescription or under their supervision. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

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.

Submitter : Margaret Nisly, LMP Date & Time: 09/23/2004 03:09:59

Organization : Sunstone Massage

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

"Regarding Incident To"

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Bambi N. Horton
Sports Physical Therapy of New York, P.C.
2540 Sheridan Dr.
Tonawanda, NY 14150

September 22, 2004

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

Re: Therapy ? Incident to

To Whom It May Concern:

I feel it is vital to speak on behalf of the Certified Athletic Trainers that could potentially be affected by the proposal from CMS (Centers for Medicare & Medicaid Services). This is not an issue to be taken lightly as it could have a long-term affect on the practices not only of my profession but those of my colleagues, the Licensed Physical Therapists, and the physicians we work so closely with. Even though I am a newly hired ATC at Sports Physical Therapy of New York, P.C., I have already seen the impact of our services in the clinical setting, including Medicare and Medicaid patients.

"It has been a long-standing concern of APTA that personnel who are unlicensed and have not graduated from an accredited PT professional program furnish services in physicians' offices and those services are billed as therapy services under the Medicare program. Under current policy it is possible for a high school student or another individual with no training in anatomy, physiology, neuromuscular reeducation or other techniques to furnish services in a physician's office without the physician actually observing the provision of these services.? as stated by the APTA in trying to convince the CMS to adopt the policy to only have licensed physical therapists treat Medicare and Medicaid patients. With all due respect this statement is absurd! The problem lies in the wording of the current policy. I feel personally attacked to be compared to an untrained, high school individual, when a rigorous course of study is required for a bachelor?s degree that I worked very hard to achieve in 4 years. The areas of concern expressed in the above statement by the APTA if researched are all requirements that must be met by the NATA (National Athletic Trainers Association) to receive national certification.

With the help of the ATC?s in the clinical setting we can help relive some of the patient load due to the demand of physical therapy needs. Physical therapists find themselves double booked for appointments, and if the privilege is revoked to have the help of ATC?s, especially with Medicare and Medicaid patients, the quality of care is what will suffer, and in turn our patients. We are still under the supervision of the physical therapist when it comes to administering care to the patient, and even restricted to a point, but to revoke our services all together would be detrimental to the care of the patients that need our help, and attention the most.

I sincerely hope that you will deeply consider the decision you are about to make and keep in mind all of the points that have been addressed not only by myself, but all of those that could potentially be affected by passing this proposal.

Sincerely,

Bambi N. Horton ATC

CMS-1429-P-3037-Attach-1.doc



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Administrator,

I am currently a physical therapist student at Marquette University and preparing to graduate this May with a Doctorate of Physical Therapy. I am writing to comment on the August 5th proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005." I strongly support this proposed rule that requires physical therapy services to only be provided by a graduate of an accredited professional physical therapist education program.

I believe that it is crucial to our patient's safety and wellbeing that physical therapy services are provided by a licensed physical therapist. In order to become a licensed physical therapist, one needs extensive training and so it would be inappropriate for another person to deliver these services. For example, I would worry that someone other than a physical therapist would not be aware of all the contraindications and precautions to certain physical therapy treatments and modalities. This is something that is studied and is necessary to know in order to graduate from an accredited physical therapy program. If someone unaware of these contraindications and precautions performs physical therapy services, it is possible that a patient's health and safety would be endangered.

As a physical therapist student, I am well aware of the education that is needed in order to effectively treat a patient with physical therapy services. Our education includes many courses in anatomy, physiology, orthopedics, neuroanatomy, kinesiology, cardiopulmonary and much more. In order to determine what type of rehabilitation is best for specific patient diagnosis, I believe it is very important to have had these educational courses.

In conclusion, I believe that it is in best interest of our patients that in order to deliver physical therapy services, one would need to meet certain standards. Thank you for considering my comments.

Sincerely,

Katy Gibson, Student Physical Therapist

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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

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

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

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

It is my professional judgment that, in Tennessee there are licensed or certified health care professionals besides physical and occupational therapists who are competent to provide quality therapy services when supervised directly by a physician.

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

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

Sincerely,
Daymond McDuffey

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We beg you to NOT pass this policy whereby a physician can only refer "incident to" services to physical therapists. All qualified health

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

I work for the wellness center of a hospital which employs PTs, PTAs, Massage Therapists, and Chiropractors. I have witnessed first hand how important all of these roles are to the health and well-being of many, many patients. Every body responds differently to treatment and should be given the best chance for optimum health. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Thank you for taking our concerns into consideration.

Sincerely,

Mary Beth Holtz, CMT, ABMP

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

It is important that this policy NOT pass. ALL QUALIFIED health care providers (not just physical therapists) should be allowed to provide services to patients with a physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I OPPOSE MEDICARE's proposed policy to eliminate any provider except PT's from providing "incident to" medical professional's services to patients.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

To The Centers for Medicare and Medicaid Services,
Physicians should be reimbursed for therapy services provided by a certified athletic trainer to a Medicare patient. Certified athletic trainers are as equally qualified as a PT, OT OTA or PTA. A certified athletic trainer duties are to prevent athletic injuries, recognize evaluate and assess injuries, care for injuries, and provide treatment, rehabilitation and reconditioning of an injury, health care administration and professional development. Certified athletic trainers are primarily trained in working with athletes; however they are qualified to work in any setting under the directions of a physician. Athletic trainers are already working in clinical settings under a physician office, in a physical therapy clinic, industrial settings, and in the military. A certified athletic trainer has to take classes such as injury evaluation and recognition, anatomy and physiology, therapeutic modalities and in rehabilitation. These skills are necessary to sit for the NATABOC exam that is taken to get certification as an athletic trainer. Students must get clinical hours working under a certified athletic trainer. This experience may be sitting in a clinic like a physical therapy students, working with a college sports team, a high school setting or clinical setting in an athletic training room. The federal government has rated the preparation of an athletic trainer equal to a PT's, OR, ORA or a PTA. According to the Specific Vocational Preparation rating athletic trainers scored an 8+, which is higher than an OT or OTA. Certified athletic trainers are qualified to provide therapy services for CMS care in a physician's office.

Sincerely,
Teia Christiansen

Teia Christiansen
Student Athletic Trainer
University of Vermont
Burlington Vermont 05405

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please note my objection to the docket bill #1429-P. As a member of the American Medical Massage Therapist Association, Associated Bodywork & Massage Professionals and the International Association of Healthcare Practitioners, I strongly object to any bill that will limit a patients' right to receive physician perscribed treatment from a qualified therapist. And our right to bill and be paid by Medicare. As you know most, if not all, medical insurance companies follow Medicare's lead in who and what they will pay for covered services. As you and most physicians know, many physical therapists have 30 hours or less training in on hands manual therapy. I am a licensed Medical Massage Therapist with over 1000 hours of training in manual hands-on therapy, I have been highly trained to work with physician guidance to provide doctor prescribed manual therapy. The passage of this policy would prevent professionals like myself from billing and being paid for the treatment prescribed by a patients' physician.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

It is vital that physicians be able to refer "incident to" services to all qualified health care providers, not just physical therapists. Medicare recipient needs vary and they should be given the choice of providers to meet those varied needs -- with a physician prescription or under their supervision. Keeping Medicare recipients healthy and functional is vital to keeping Medicare and long term care costs down. PT's are in the position of providing one aspect of needed care, not all aspects!

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a licensed certified massage therapist in Sacramento, California; I have had my massage practice here, and in San Francisco before that, for over ten years. On occasion, I work under a Chiropractor's prescription. I urge you to reconsider the proposal restricting the physician's ability to refer "incident to" services only to physical therapists. The physician in charge should be able to determine the scope and complexity of the service(s) required and so choose the most economical option to be used under his/her prescription and/or supervision. This practice is in the same sense that we do not require a board certified plastic surgeon to remove a simple wart.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please do not pass this policy whereby a physician can only refer 'incident to' services to physical therapists. ALL QUALIFIED HEALTH CARE PROVIDERS should be allowed to provide services to patients with a physician's prescription or under their supervision.

As a massage therapist, I know that I and other massage therapists are fully qualified to provide healthcare to improve the quality of life of others.

As a US citizen, I know that at some point I may need therapy under the umbrella of Medicare and would like to be able to choose the services of a massage therapist or other healthcare provider if the doctor and I think it will benefit me. I do not want to be limited to only one choice for my healthcare. Although physical therapists have great training and provide a great service, often they only receive only 20 or so hours of training in massage therapy whereas massage therapists have 100's of hours of training in massage therapy.

Please open doors to improve the health of America rather than close doors that may prevent some from receiving the therapy and care they need.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

September 20, 2004

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

RE: Therapy - Incident To

Dear Sir/Madam:

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

Please consider that since the inception of the Medicare program in 1965, 'incident to' has been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician's professional services. A 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. 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. This may constitute an attempt to illegally monopolize.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. I think this CMS recommendation is a health care deterrent and should be rejected.

Sincerely,

Dennis Sealey, MPE, PT, ATC
521 N 170th PL
Shoreline, WA 98133

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

You are making a mistake to eliminate coverage for alternative therapies, especially massage therapy. In my experience, massage therapy from a qualified practitioner is often better and always cheaper than care from M.D.'s and Chiropractors who are covered by Medicare. Don't discourage patients who need massage therapy from seeking quality help.

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

Dear Sir/Madam:

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

I am a private individual who has had the unfortunate experience of numerous surgeries, which required extensive rehabilitation. My greatest results were at the hands of an Athletic Trainer. Of course in the beginning I could not imagine why I would need an ATC since I was in my mid-40's and certainly no athlete! After 10 weeks of 3 times weekly appointments lasting 1 - 1 1/2 hours. I was very mobile, my endurance was amazing and I felt the ATC had taken ten years off my knees. I was truly in amazing shape and doing things I had not been capable of for almost 15 years.

This experience with an ATC came after having had "traditional" Physical Therapy in my previous 3 knee surgeries. All 3 PT experiences were with ho-hum results. I was amazed at the level of knowledge the ATC had, that I am sure the PT also had, but was far too busy to spend the time needed to properly rehab my knees.

ATC's should be an integral part in any rehabilitation setting. I can not begin to understand why this issue continues to come up with regard to ATC's and their extremely important role.

All too soon for me, I will eventually be using Medicare and it scares the @#\$% out of me to think that I may not be able to benefit from the knowledge and hands-on care of an ATC for what I am sure to be facing - knee replacement, in both of my knees.

Thank you for your time

Sandy Petersen

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am opposed to removing massage therapy from the benefits of medicare. Massage therapy is not a frivolous thing. A massage is a less expensive and more effective tool than many other routes to health. It has a place in the health care community. Please keep it as a benefit of medicare. Thank you, Carl Harline, LMT NCBTMB

I have been a massage therapist for 15 years. I feel strongly, as do all my colleagues, that massage therapy is highly beneficial to health care recovery. The facts speak for themselves. People cannot get this important care through physical therapy. It stands on its own as a modality that contributes sufficiently to the health care system. I ask that you keep it as an option of choice for healing.

Thankyou,
Gillian Lesnevich, LMT, NCBTMB

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a Licensed Massage Therapist in New York State and am highly opposed to this policy. Massage therapy has proven to be greatly effective for many dysfunctions of the body that Physical Therapists currently treat in clinics throughout the US. It does not make any sense that PTs be the only group of professionals that are able to be reimbursed for such services. All qualified healthcare professionals should be granted the opportunity to provide care to all patients with a physicians prescription or under their supervision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Not at all happy about limiting choice of therapists to physical therapists. Under a health care providers oversight provider and patient should be allowed to designate appropriate therapy. While physical therapy has its place so do other therapy modalities.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

"Therapy--Incident To"

As a licensed physical therapist in MY own private practice in NY for over 23 years, I feel qualified to speak to this issue.

I agree that CMS should require standards for individuals who provide therapy services incident to a physician. Medicare beneficiaries deserve services delivered by "qualified" providers. In physical therapy, qualified providers are physical therapists and physical therapist assistants rendering interventions under appropriate supervision of a physical therapists.

Over the past 26 years of my practice in New York and New Jersey, I have had numerous reports from Medicare beneficiaries, of inferior care delivered by non-physical therapist personnel in physician offices. These patients reported that care was delivered by office staff that ranged from secretaries to aides who were often high school students. Oftentimes these services were performed when the physician was not in the office.

Not only do the patients deserve higher quality care but why should Medicare pay for sub-standard care, which results in; longer episodes of care, overutilization, with higher cost per episode, failure to achieve therapy goals, or possible injury to the beneficiary.

I would prefer licensure of the physical therapist and certification of the physical therapist assistant to be the standard required for any therapy provider. New York has just tighten it's regulation regarding by shortening the length of time a physical therapist can practice before passing the licensure examination. This also protects the patient from interventions provided by non-qualified providers.

THERAPY STANDARDS AND REQUIREMENTS

"Therapy Standards and Requirements"

I agree with the proposed change from personal meaning "in the room" supervision of the physical therapist assistant (PTA) by the PTPP in the private practice setting; to direct supervision meaning "in the office suite". This supervision requirement protects the beneficiary from unsupervised interventions, while increasing access of beneficiaries to qualified PTA providers.

The personal supervision requirement prevented appropriate delegation of interventions to PTA's and raised the cost of providing therapy services in PTPP offices. In my practice, I have not hired any PTA's due to this requirement. This increases the shortage of qualified providers in my area and has lead to decreased employment opportunities for PTA's.