

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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 and reduce the quality of care for our Medicare patients. As a result, the costs associated with this service will increase and place an undue burden on our 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 skilled healthcare professionals, 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.

? 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.

? An interpretation from the AMA Coding Committee stated "therapist" is not to denote a particular type of therapist, and that the 97000 codes are not "owned" by physical therapists. 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. 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.

Athletic trainers are highly educated. ALL certified and / 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.

? One third of all certified athletic trainers work in non-traditional settings, such as, clinical, industrial, and corporate settings to work with patients / workers to prevent, assess, treat and rehabilitate orthopedic injuries sustained during the normal course of a day. Though the name implies only athletics, we are truly orthopedic specialists. For CMS to even suggest that athletic trainers are unqualified to provide the 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,

Scott Andrews, MSS, LAT, ATC, CSCS
Supervisor, Athletic Training Services
HealthSouth Braintree Rehab Hospital

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

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

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

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

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

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

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

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

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 (or meet certain grandfathering clauses or special rules for foreign-trained therapists) Physical therapists and physical therapist assistants under the supervision of physical therapists are the only caregivers who have the requisite training to provide physical therapy services.

In order to have the right to evaluate movement dysfunctions and the musculoskeletal system properly, Physical Therapists receive specific training at the Master's and Doctorate level, comprising 6-7 years of total training. (four undergraduate, and two to three post graduate) Even though Physicians are highly trained in medicine, Physical Therapists remain the experts in movement / dysfunction. Therefore, the delivery of "physical therapy services" by unqualified persons poses a significant risk to harming patients. Even within our profession, we are limited to providing services by a Physical Therapist or Physical Therapist Assistant. Treatment by technicians or other personnel is not acceptable (technicians include athletic trainers, "Kinesiologists", etc). For Medicare to allow these personnel perform treatment within a physicians clinic is essentially a "double standard" at this point in time, since it currently is not allowed in Physical Therapy clinics, as stated above.

I welcome any questions you have regarding this matter.

Sincerely,
Doug Scarborough MPT, MTC
Director of Physical Therapy
SpineCarolina
Asheville, NC 28805
828-277-7558

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a physical therapist who has been in practice for 21 years in the outpatient physical therapy setting. I am also an athletic trainer who has been certified since 1992. I have worked in physician offices and observed the treatment given by personnel who were not licensed physical therapy professionals. I have witnessed that such practioners do not have the necessary education, experience, or qualifications to successfully and safely provide outpatient physical therapy services to patients. I believe, as a licensed physical therapist and a health care consumer, that physical therapy services should be rendered by those who are explicitly trained to furnish these services. Physical therapists spend at least 7 years training for their profession. No other profession is uniquely qualified to provide physical therapy services. Failure to stop the practice of unqualified personnel from delivering physical therapy services is, at the very least, a waste of precious health care dollars. In the worst case scenario, it is a serious neglect for the lives of patients who need physical therapy who are covered by our federal health program. It is my sincere hope that CMS will support the proposed standards to ban anyone other than licensed physical therapy personnel from delivering physical therapy services incident to a physician's professional services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

To whom it may concern;

This letter is writtten to exhibit my strong support for CMS' proposal that individuals who furnish outpatient physical therapy services in physicians offices must be graduates of an accredited professional physical therapist program. I believe that PT's or PT assistants are the only medical professionals who have the requisite training to provide physical therapy services. Physical therapists have either a Bachelors, Masters or Doctorate degree. PTA's have an associate degree. We have all studied research based evidence. I don't feel that a athletic trainer has the background to made sound decisions in all cases. Physical therapists need to practice within their scope of experptise and I beleive that this should apply to atheltic trainers as well. Allowing physical therapy servies to be delivered by unqualified persons will harm patients. Thank you very much for your time.

Leonard Adorador, MPT

Owner, Pass Physical Therapy

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am writing in support of the "Incident To" provision. I am a Physical Therapist with a Masters of Science in Physical Therapy degree, currently working toward my Doctorate in Physical Therapy. I strongly support CMS' proposal that individuals who furnish outpatient PT services in Physician's offices must be graduates of an accredited professional PT program. Delivery of PT services by unqualified persons will harm patients, as unqualified persons do not have the training to determine when PT services are needed and how to administer them safely. Physical Therapists receive extensive training. PTs are licensed, and in Iowa, are required to attend atleast 40 hours of continuing education to maintain a PT license every two years. PTs are not trained on the job. We are licensed professionals, and only licensed professional PTs/PTAs should be administering PT services. Thank you for your support.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please consider an ammendment to this proposal to include the certified athletic rainer as a licensed heathlcare provider, or rule not to change the current incident to statues. In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent. If anything, CMS should be looking at the inclusion of the certified athletic trainer as a provider of services to the physically active population, which fall under its jurisdiction. This would not only improve the overall health and welfare of the population at hand but also allow access to our services by so many other physically active injured persons. Thank you

Joe Scott
Southcoast Hospitals Group
49 State Rd
N. Dartmouth, MA 02747

August 15, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

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

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

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

treatments elsewhere, causing significant inconvenience and additional expense to the patient.

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

seek exclusivity as a provider of therapy services.

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

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent. **If anything, CMS should be looking at the inclusion of the certified athletic trainer as a provider of services to the physically active population, which fall under its jurisdiction. This would not only improve the overall health and welfare of the population at hand but also allow access to our services by so many other physically active injured persons.**

Sincerely,

Joseph A, Scott MS LATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See Attachment

John Smith
Shifting Sands Medical Association
123 Main Street
Springfield, MO 56789

08-23-2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

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

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

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

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

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

Sincerely,

Kerri A. Hodgen, ATC
 Fairfield Univeristy
 1073 N Benson Rd
 Fairfield, CT 06824

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I SUPPORT THE PROPOSED RULE REGARDING PHYSICAL THERAPY SERVICES PROVIDED IN A PHYSICIAN OFFICE INCIDENT TO PHYSICIANS PROFESSIONAL SERVICE BE PROVIDED BY A PERSONNEL WHO MEET CERTAIN STANDARDS. THE PATIENT SHOULD BE SEEN BY A LICENSED THERAPIST . EVERY STATE HAS STICT LICENSURE STANDARDS FOR THERAPIST THEREBY WARRANTING QUALITY CARE

THERAPY STANDARDS AND REQUIREMENTS

LICENSED THERAPIST HAS HAD EXTENSIVE EDUCATION AND SIGNIFICANT TRAINING ENABLING THEM TO OBTAIN POSITIVE OUTCOME . IF PATIENTS ARE SEEN BY UNLICENSED PERSONNEL THEY ARE AT RISK OF INJURY AND UNLICENSED PERSONNEL DONT HAVE THE EXPERTISE TO ASSESS AND PROGRESS PLAN OF CARE ACCORDINGLY.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See Attachment



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

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

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

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

Submitter : Mrs. Michelle Schulte-Wieber Date & Time: 08/23/2004 08:08:51

Organization : Wieber Physical Therapy Inc

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

Endorsement of the "Incident to" provision and request that it be included in the final rule:

Dear Dr. Mark B. McClellan;

As a licensed physical therapist and nationally certified athletic trainer, I strongly support CMS'proposal that individuals who furnish outpatient physical therapy services to Medicare patients be graduates of an accredited professional physical therapist program. Physical therapists and physical therapist assistants who work under the supervision of a physical therapist are the only individuals who have the proper training to provide physical therapy services. As I have also been trained as an athletic trainer, I know that the training I received was very sport specific and would not have allowed me to safely treat patients with the complexity of issues I see in the Medicare population. Physical therapists are currently trained at a Masters or Doctoral level and must pass a national licensing exam in order to practice. Unqualified individuals provide care for patients with multiple medical complexities, patients can suffer serious harm.

Thank you for your attention to this matter.

Michelle Schulte-Wieber PT, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly support CMS'S proposal that people who provide outpatient physical therapy in any physician office be a graduate of an accredited physical therapist program and be licensed in the state where those services are provided. Physical therapists and physical therapist assistants, who should work under the direct onsite supervision of a physical therapist in an outpatient setting, go to school for specific training and education that includes up to 800 clock hours of clinical education. Therapist programs have essentially all moved to a Masters Degree and are in the process of moving to a doctorate level. If individuals can hire and train anyone to provide these services there is a great chance that there could be resulting harm to the patients. This change raises the bar for outpatient physical therapy and guarantees that the beneficiary will truly receive the level of professional services that they are entitled to.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I strongly support the proposal that will limit the furnishing of Physical Therapy services to those whom have graduated from an accredited program. I feel that it could endanger patients if they are treated by someone who doesn't have the educational experience of a physical therapist. Not only do we have to understand the entire anatomy of the human body, we must have expertise in how the different bodily systems interact. If untrained in the art of Physical Therapy, a provider could injure a patient quite severely, or even worsen their condition. Thank you, Paul Skramstad

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

To Whom it May Concern:

I am a newly certified athletic trainer in the state of New Hampshire. I have worked extremely over the past 16 years of my life to be where I am today. Throughout the past four years I have dedicated my studies to Sports Medicine and more specifically the field of athletic training. I strongly disagree with the CMS' new proposal to limit the care I can provide for the elderly. I feel that this will only take away from the quality care being offered to our countries elderly individuals. We shouldn't be looking for ways to restrict their care, instead we should be looking for ways to improve the quality of their care. I assure you that as a certified athletic trainer, we have the necessary skills to help care for our nations elderly population. The relationships between physicians and athletic trainers are exceptional. Physicians recognize the value of our profession, why shouldn't others. I hope the right thing is done for the people who matter most--the individuals receiving the treatment. Thank you for your attention concerning this important subject.

Sincerely,
Justin R. Thibeault, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I strongly support the recommendation that practitioners who provide physical therapy services should be rendered only by qualified physical therapists. Physical therapy training provides highly specific training for the care of people with musculoskeletal disorders. In addition to graduating from an accredited program, physical therapists enroll in professional development in the form of inservices and continuing education classes in order to be aware of the most recent research and treatment techniques.

Unqualified individuals, such as Athletic Trainers, have not been trained in the treatment of a wide range of musculoskeletal diagnoses and could potentially cause negative effects.

I agree with CMS' proposal 1429-P

Submitter : Mrs. Cindy Miles Date & Time: 08/23/2004 09:08:05

Organization : Cindy Miles & Associates

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

I strongly support CMS' proposal that individuals who furnish physical therapy services in physician's offices must be graduates of an accredited professional physical therapy program. Only physical therapists and physical therapist assistants under the supervision of a physical therapist are the caregivers who have the required training to provide physical therapy services. Physical therapists must have graduated from a 4-6 year program of study in physical therapy possessing a BS, MPT, or DPT. Physical therapy provided by an untrained/unqualified individual can be very harmful to patients, especially if symptoms are misinterpreted. Physical therapists receive intensive educational internships before embarking on patient treatment. They are educated in diagnostic procedures, appropriate test and measures as well as treatment techniques. They must attend ongoing conferences and seminars to consistently update their skills.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

In my time as both a patient in and working for a physical therapy office, I have both been treated by and worked with a certified athletic trainer and know what a high level of care they provide. This was one of the reasons I am now entering the field of athletic training. If you prevent Athletic Trainers from working with your patients, you are costing yourselves more money and limiting the number of people available to care for your ever-growing group of patients. Don't make your patients more of a burdon on everyone than they already are and don't make yourselves more in debt than you are too.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly support CMS proposal that only individuals who furnish Physical therapy in physicians office be graduates of accredited Physical therapy programs.

Physical therapist and physical therapy assistants have specific training in delivery of physical therapy services. There are specific educational requirements such as neurology, anatomy, physiology, kinesiology and how to apply given techniques for rehabilitation of injuries or instruction in exercises. PT is now a masters level program as well as doctorate level, to allow someone with lesser knowledge and skill is putting the public at risk for injury. How can it be considered appropriate to deliver services by an individual is not trained in the specific area / field? There are a lot of factors that go into the decision making when evaluating a patient and having someone with lesser skill is unethical and inappropriate.

I have been a Physical therapist for 15 years and have seen numerous occasions where patients have been given poor advice or service from under qualified individuals. The result has been either injury, lack of positive outcomes, dissatisfied patients and a waste of Medicare monies. These individuals have no training in working with the geriatric population and problems they present with such as arthritis, diabetes, cognitive issues, spinal deformation. Ask yourself this question, if you are seeking medical assistance would you pursue help from a professional trained in your area of need or someone directed by a physician to assist you whom has no educational background to deal with the problem. Kind of like going to the dentist to assist with shoulder pain, yes he may have the knowledge base as far as basic structures, but has no training in rehabilitation of shoulders.

Physician owned clinics are abusing the system already, but at least put restrictions on who can deliver the services. If it is opened up to anyone with a little medical background, I will guarantee you will see increased abuse and incidents of patient injury.

Respectfully submitted, Mike Kouwenhoven PT.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I strongly support the need to demonstrate that a licensed physical therapist is providing care and is the only one who can bill out for physical therapy services in all settings. As a licensed physical therapist, I worked long and hard to get my degree and sit for licensure. I work long and hard to keep up my skills so I can provide my patients with the best possible rehabilitative care. I am always dismayed when a consumer is mistreated by a person they perceive to be a physical therapist and who it turns out has not properly and truthfully identified themselves. Patients are told, "go see my physical therapist". The consumer takes it for granted that they are seeing a licensed PT. It is our job to protect the consumer from fraudulent behavior. Let's start with Medicare and Medicaid to ensure our citizens safety.

Submitter : **Dr. Richard DeMont** Date & Time: **08/23/2004 10:08:19**

Organization : **National Athletic Trainer's Association**

Category : **Individual**

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Richard DeMont, PhD, ATC
7138 Sherbrooke Street West
Montreal, QC H4B 1R7
August 23, 2004

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

- ?Incident to? is utilized by physicians to allow others, under their direct supervision, to provide adjunct care. A physician has the right to delegate this to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the specific protocols.
- The physician?s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient. It is imperative that physicians continue to make decisions in the best interests of the patients.
- There will be a serious decrease in the quality and cost of health care. Your country and the rest of North America are 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.
- Physicians are overburdened, yet curtailing to whom the physician can delegate ?incident to? procedures will result in physicians performing more of these routine treatments themselves, or there will be a lack of service.
- 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 and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries. Dozens of athletic trainers are accompanying the U.S. Olympic Team to Athens. Surely CMS could recognize that athletic trainers are qualified to provide these same services to a Medicare beneficiary.
- Athletic trainers are highly educated, and should be included in the ?incident to? service. ALL certified or licensed athletic trainers must have a bachelor?s or master?s degree. 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). Foundation courses in these programs are similar to other ?like? professions. In fact over seventy (70) percent of all athletic trainers have a master?s degree or higher.

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,
Richard DeMont

cc National Athletic Trainer's Association

CMS-1429-P-320-Attach-1.doc

Richard DeMont, PhD, ATC
7138 Sherbrooke Street West
Montreal, QC H4B 1R7

August 23, 2004

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

Re: Therapy – Incident To

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Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

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

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- 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' rights 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 being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.

As an athletic trainer I am concerned that even though athletic trainers are employed to prevent, assess, treat and rehabilitate professional athletes that CMS is suggesting that athletic trainers are not qualified to provide therapy to "incident to" patients.

Thank you for your time.

Chris Young

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I support CMS'proposal that individuals who might furnish outpatient PT services in physician's offices be graduates of accredited physical therapist programs or meet certain grandfather clauses. As I am both a certified athletic trainer and a physical therapist I feel able to speak on the issue of educational requirements which are much greater for the PT's. This would provide greater safety to patients in these settings. PT's and physical therapist assistants under the direct supervision of the PT are the only caregivers who have the training to provide physical therapy services.

Submitter : Mrs. Karen Eckardt Date & Time: 08/23/2004 11:08:40

Organization : Panetta Physical Therapy

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

I would like to make the following arguments in support of the "Incident To" provision of CMS-1429-P:

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 (or meet certain grandfathering clauses or special rules for foreign trained therapists)

Physical therapists and physical therapist assistants under the supervision of physical therapists are the only caregivers who have the requisite training to provide physical therapy services.

Physical therapists receive advanced degrees (either Master's or Doctor of Physical Therapy) from accredited colleges. (Physical therapists with 5 or more years of clinical experience may have Bachelor's Degrees.) Physical Therapist Assistants receive an associate's degree. The education for Physical Therapists and Physical Therapist Assistants includes intensive internships or residencies in different specialty areas (inpatient hospital, acute care, long term rehab, pediatrics, orthopedics, outpatient, etc.). Physical Therapists and Physical Therapist Assistants are licensed professionals.

Delivery of "physical therapy services" by unqualified persons will be harmful to patients. Patients must be properly assessed by a physical therapist to determine the underlying cause of their condition and develop a progressive treatment plan to resolve the underlying condition, re-educate movement, teach self management techniques, re-build weakened areas and prepare the patient to safely return to their optimal level of function. If a treatment is rendered inappropriately it will not have a therapeutic benefit and may even exacerbate a condition rather than rehabilitate it.

PLEASE ENDORSE THE "INCIDENT TO" PROVISION AND INCLUDE THIS IN THE FINAL RULE.

Submitter : Mrs. Lisa Maffucci Date & Time: 08/23/2004 11:08:15

Organization : Mrs. Lisa Maffucci

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly support the proposal that Medicare make payment for physical therapy services provided ONLY by individuals who are graduates of accredited professional physical therapy programs (or have been otherwise licensed as PTs or PTAs). The field of physical therapy encompasses an extremely wide array of evaluative and treatment procedures. Licensed physical therapists (and assistants) are the only health care providers specifically trained in and tested on the various aspects of physical therapy and are therefore the most qualified to provide safe patient care. The educational requirements for physical therapists currently involves a minimum of a master degree and most new therapists are now attaining doctorate degrees. In addition, all physical therapy students complete multiple clinical "internships" under the direct supervision of licensed PTs before graduating. Other providers such as athletic trainers and exercise physiologists may have only an undergraduate degree (in a subject other than physical therapy) and may not have any specific education in physical therapy; they certainly are not required to complete supervised clinical training in physical therapy as is required by all accredited physical therapy graduate programs. Physical therapists (and assistants under their supervision) are therefore the providers most qualified to safely administer physical therapy services in any setting. Please ensure the safe treatment of patients receiving physical therapy services incident to physician services by including this "incident to" rule in the final revision of the Physician Fee Schedule.

Thank You,

Lisa Maffucci, PT, OCS

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

The purpose of this attached letter is 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.

August 23, 2004

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

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In my brief 10 year career as a certified athletic trainer, I have had the opportunity to provide health care services for a variety of physically active populations. I have had the pleasure of working with athletes who went on to play in the National Football League, Major League Baseball, Major League Soccer, and the National Hockey League. I have worked at the United States Olympic Training Center with Olympic Qualified, Elite Developmental, and Paralympic Athletes. I am proud of my experience and hard work and feel that it is unfair for the CMS to attempt to limit the role of certified athletic trainer’s in the healthcare system. For CMS to suggest that athletic trainers are unqualified to provide 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.

Personally, I believe that a multifaceted healthcare system, including certified athletic trainers, is extremely beneficial to medical practitioners and the patients alike.

Professionally Yours,

Kristin Raffa, ATC
Head Athletic Trainer
Roger Williams University
Bristol, RI 02809

Submitter : Mrs. Lynn Goff Date & Time: 08/24/2004 12:08:54

Organization : National Athletic Trainer's Association

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Wesley Kluck, MD
2850 Twin Rivers Drive
Arkadelphia, AR 71923

August 23, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
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? In many cases, the change to ?incident to? services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.

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

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Wesley Kluck, MD

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

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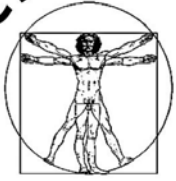
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September 15, 2004

*Centers for Medicare & Medicaid Services
Department of Health and Human Services*

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P.O. Box 8012
Baltimore, MD
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In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Most sincerely,

Via electronic mail—original signed.

Neetu Rishiraj, MHK, ATC, RRP
Director and PhD Candidate

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a Certified Athletic Trainer currently working at the secondary level. It is insulting that the federal government does not consider Athletic Trainers qualified to care for our senior population. The APTA recently stated, "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." I take great offense to that statement. Athletic Trainers have a strong background in anatomy, physiology, neuromuscular reeducation, as well as other techniques. It is insulting to have a worked as hard as I have in the field of Athletic Training and sit for the Board of Certification Exam to then be compared to an individual who has no background in the medical field at all.

Louis V. Scala
Notre Dame High School
24 Ricardo St.
West Haven, Ct 06516

8/23/04

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

Re: Therapy – Incident To

Dear Sir/Madam:

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

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

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

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

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

Sincerely,

Louis V. Scala, ATC
Notre Dame High School
24 Ricardo St.
West Haven, CT 06516

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I'm writing in response to the proposed "incident to" clause in the Physician Fee Schedule. Physicians have been abusing this clause by hiring massage therapists, Athletic Trainers, exercise physiologist, etc. and billing physical therapy codes. These individuals are not educated in an accredited physical therapy program. Physicians hire these individuals because they can cut cost with their lower salaries and still get re-imbursed for physical therapy CPT codes using them to treat patients. Not only is this immoral, but often the patient believes he/she is being treated by a physical therapist when in reality he/she is not. Physical therapists go through rigorous schooling to obtain their role in the medical spectrum. The "incident to" clause in general compromises the physical therapy profession. Physicians should not be able to employ physical therapist or bill for their services. Physical therapists should have specific boundaries in medicine, but should be valued for their services. Ensuring quality care for physical therapy services can only be regulated by CMS. There will always be physicians out there who will over-step their boundaries to obtain extra cash flow. Protecting the physical therapy profession should be of up-most importance to CMS because without our services the medical model would be broken.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

It is strongly recommended that CMS uphold the 'incident to' regulation as stated. Physical Therapist graduate at a doctorate level and have 3 years of post graduate level training before they may apply for licensure. That level of education is unmatched by any other ancillary service able to legally provide and bill for physical therapy. Not Aides nor athletic trainers, no matter how well trained, have the medically based training or clinical reasoning skills to properly administer physical therapy services as defined by our various practice acts. This regulation would also hold physicians to the same standards of billing as outpatient physical therapists. Currently, MDs can bill and get reimbursed for 'physical therapy' services not rendered by a physical therapist, but a physical therapist cannot be reimbursed by medicare for the same services even when performed by the same personnel an MD uses. This is a blatant double standard and only supports fraudulent billing as it is defined by CMS for physical therapists. Also, due to the lack of training in physical therapy, patients would not only be at risk for physical harm, but would also be at risk for slower or little to no resolution of their problem. This in turn would lead to more accessing of the medical system by the patient or more out of pocket expense on the patient's part.

Lastly, non-graduates of accredited professional physical therapy programs do not have the same training in ethical standards and healthcare mores. There exists little incentive, or even knowledge base, for them to discontinue treatment due to lack of progress or lack of medical necessity. Being able to practice and bill for services without the appropriate knowledge, skill and understanding is a dangerous and expensive mistake. Thank you for your time.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please consider the following attachment.

Sincerely,

Deborah Daigler

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

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

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

FOR CMS TO EVEN SUGGEST THAT ATHLETIC TRAINERS ARE UNQUALIFIED TO PROVIDE THEIR SERVICES TO MEDICARE PATIENTS WHEN THEY PREVENT, ASSESS, TREAT AND REHABILITATE INJURIES FOR PROFESSIONAL SPORTS TEAMS ACROSS THE COUNTRY IS ABSURD. THIS IS JUST CATERING TO A GROUP OF OTHER TYPES OF PHYSICAL THERAPISTS WHO WOULD LIKE TO CASH IN ON THE MEDICARE PATIENTS AND TAKE AWAY THE ATHLETIC TRAINERS CREDENTIALS. PLEASE DO NOT ALLOW SUCH A DISSERVICE TO THESE HIGHLY QUALIFIED ATHLETIC TRAINERS! THEIR TRAINING IS NOT FROM "TECHNICAL SCHOOLS" BUT RATHER ACCREDITED UNIVERSITIES/COLLEGES. SEVENTY PERCENT (70%) OF ALL ATHLETIC TRAINERS HAVE A MASTER'S DEGREE OR HIGHER! ALL ARE CERTIFIED OR LICENSED AND MUST HAVE AT LEAST A BACHELOR'S OR MASTER'S DEGREE FROM AN ACCREDITED COLLEGE OR UNIVERSITY. IN TAKING AWAY THE ATHLETIC TRAINERS ABILITY TO TREAT MEDICARE PATIENTS, YOU ARE ALSO TAKING AWAY THE PHYSICIAN'S ABILITY TO PROVIDE THE BEST POSSIBLE CARE FOR THAT PATIENT. IT IS IMPERATIVE THAT PHYSICIANS CONTINUE TO MAKE DECISIONS IN THE BEST INTERESTS OF EVERY PATIENT.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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 (or meet certain grandfathering clauses or special rules for foreign-trained therapists). Physical therapists and physical therapist assistants under the supervision of physical therapists are the only caregivers who have the requisite training to provide physical therapy services. My extensive education is such that I attended college to receive my Bachelors Degree in a combined degree of Physics and Chemistry which qualified me to apply for Physical Therapy School. Once admitted to school, I attended graduate school for an additional nonstop two years of grueling education and training in physiology, kinesiology, biomechanics, anatomy, motor control, statistics, research methodology and application, neurology, musculoskeletal dysfunctions and more. Because of my dedication to my profession, I have since returned to post graduate work for another two years and received my Doctorate. I firmly believe that there is no way that an athletic trainer (or any other unqualified personel outside of physical therapists and physical therapist assistants) who attended a 2 week certification course beyond high school has the skill, knowledge, training, and competence that I have achieved in 8+ years of dedicated learning to my chosen medical field. Furthermore, to expect an athletic trainer to competently provide services that actually address the complex needs of patients is to blindly believe that patients are not complicated, changing, and devalues their need for physical therapy services and skilled providers.

Please support the proposed ruling that specifies that Medicare will only make payment for physical therapy services provided incident to physician services if they are furnished by an individual meeting the requirements in current regulations for a physical therapist. Our Medicare patients deserve the skilled care they need to make their recoveries faster and incidently, less costly to Medicare since treatment will be accurate, adaptive, and appropriate.

Thank you for your consideration to this very important matter.

Sincerely,
Dr. Mary C. Taylor, BA, MSPT, DPT

Submitter : Date & Time:

Organization :

Category :

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

THERAPY - INCIDENT TO

Dear Sir/Madam:

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

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

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.

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.

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

Sincerely,
Jonathan Hewitt

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am hereby writing to support the enforcement of incident to billing by physicians to be appropriate for licensed physical therapists and/or supervised physical therapist assistants ONLY. The reality that other professionals are performing modalities and exercise therapy is both dangerous and misleading to the patient, the consumer.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See Attached Letter

CMS-1429-P-337-Attach-1.doc

CMS-1429-P-337-Attach-2.doc



ELCO SPORTS MEDICINE

Adam J. Zurick, ATC, EMT

180 ELCO Drive

Myerstown, PA 17067

Phone: 717-866-7447

Fax: 717-866-9265

August 20, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

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

As a Certified Athletic Trainer who has worked in the clinical as well as the high school setting, I am truly offended that this is even a consideration. To place such a restriction on the health care system will ultimately lead to every discipline fighting for exclusive “rights” as to how they practice, and who they treat. Professional organizations such as the NATA will be wasting precious dollars lobbying for the right to practice their profession, rather than concentrating on continuing education, and furthering their profession.

This proposal if passed would not just affect the Athletic Training profession. Physicians would also be limited to simply “diagnosing”. If this proposal is passed, what would stop the nursing profession from stating physicians should not “treat” patients, only nurses could start IV’s, give shots and administer medications. Where will it end? Rather than a single visit to a physician’s office, you would have to go see the doctor, wait 2 weeks to get your shot at the nursing clinic, wait 4 weeks to get your home exercise program from a PT, wait another week for a PTA to see you to review the program, then go back to the doctor to say you are healed? Is this the future of health care? It is if you pass this proposal!

Health care professionals need to work together, not independently. If passed this proposal could lead to a health care system that is so slow to react to it’s patient’s needs that most patients would simply stop going.

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

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

Adam J. Zurick, ATC, EMT



ELCO SPORTS MEDICINE

Adam J. Zurick, ATC, EMT

180 ELCO Drive

Myerstown, PA 17067

Phone: 717-866-7447

Fax: 717-866-9265

August 20, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

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Sincerely,

Adam J. Zurick, ATC, EMT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached Word file.

August 24, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

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Sincerely,

Kim Csabi, ATC/L
Head Athletic Trainer
Daytona Beach Community College
Athletic Department
1200 W. International Speedway Blvd.
Daytona Beach, FL 32114

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

PLEASE REFER TO COMMENTS SUBMITTED AS A "WORD FILE" ON THIS FORUM

CMS-1429-P-339-Attach-1.txt

Attachment #0339

August 24, 2004

To: Centers for Medicare & Medicaid Services

Department of Health and Human Services

Attention: CMS-1429-P

P.O. Box 8012

Baltimore, MD 21244-8012

From: Michael Gay, MS, ATC

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In addition, this proposal is meant to specifically restrict other qualified health care professionals from providing health care to patients that demand these therapists’ expertise. Passage of such a proposal will displace thousands of qualified allied health professionals like certified athletic trainers whom provide excellent care to their patients. 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. There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY incident to service. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient. We should continue to keep the decision for incident to health care in the hands of the physician providing care for their patients. 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. These efforts waste valuable time in the patient’s ability to seek fast effective treatment. Delaying treatment and keeping patients in pain is truly unethical from any therapist’s point of view.

This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment. Patients who would now be referred outside of the physician’s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and

travel expense. Delays would hinder the patient's recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.

To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide "incident to" services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide "incident to" care in physicians' offices would improperly remove the states' right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services. CMS, in proposing this change, offers no evidence that there is a problem that needs to be resolved. 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. Thank-you for your consideration in this matter.

Sincerely,

Michael Gay, MS, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

?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.

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

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

Sincerely,
Michael R Engle, RKT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Sir/Madam:

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

I am a Certified Athletic Trainer who works in a physical therapy clinic in the mornings and provides services to local high schools in Winn Parish Louisiana. I come in contact with many individuals and many people find my services beneficial to the community. Working in the clinic, I could be of benefit even more if my services were reimbursable as in this rural community we are limited on the staff we have. I enjoy my career and it gives me great satisfaction when people return to their recreation activities.

Please view my full letter in Word format and I thank you for your attention in this matter

Tuesday, August 24, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of "incident to" services in physician 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 Certified Athletic Trainer who works in a physical therapy clinic in the mornings and provides services to local high schools in Winn Parish Louisiana. I come in contact with many individuals and many people find my services beneficial to the community. Working in the clinic, I could be of benefit even more if my services were reimbursable as in this rural community we are limited on the staff we have. I enjoy my career and it gives me great satisfaction when people return to their recreation activities.

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

- 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.
- 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, which is the case in my community of Winnfield 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 such as Winnfield Louisiana, 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.
- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.

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

Sincerely,

Patrick Ohaver MA ATC/LAT

106 Birch Rd

Winnfield LA 71483

318-648-2620

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

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

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. Increasing the workload of physicians, who are already too busy, will take away from the physician's ability to provide the best possible patient care.

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

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

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

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

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 or Madam:

I would like to express my concern about the impending regulation that outpatient therapy services billed incident to a physician not include the services as an athletic trainer. Athletic trainers are an important part of the health care team that can provide the same type of education for our patients as physical and occupational therapists. Athletic trainers must have a 4 year college degree in athletic training with courses that include anatomy, physiology, nutrition, exercise physiology, and injury management just to name a few. By not allowing athletic trainers to continue to work with physicians and their Medicare population these seniors will not only be limited in their ability to get good health care and be delayed services it will increase the cost of overall health care. The AMA has recognized that athletic trainers are an important part of the health care team and it is time the federal government also recognizes their importance. It is not necessary for CMS to institute the proposed changes. It is everyone's job to keep health care costs down and this proposed change will increase costs and limit patient access. It isn't good for anyone in this country. Thank you for your time.

Sincerely,

Susan Long,MS,LAT
Fort HealthCare Sportsmedicine Coordinator

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Support these new policies. I use info from Focus on Therapeutic Outcomes, INC [Knoxville, TN] that demonstrates very clearly that using non licenced personnel to provide PT services increases cost and reduces outcomes. The medicare program , in effect, spends more money for ineffective care. The medicare beneficiary will benefit from PT services only provided by professional/licienced Physical Therapists. I'm told that over 50% of rehab CPT codes are submitted by non PT licenced vendors. PT codes are used more by non PT then licenced PT. Closing this loophole in the regs will improve quality and save the program dollars. Another point worth considering is that Physicians who provide this service in thier office tend to require the patient to return to their office for PT care. Many times, the patient does not have a choice of using a more convenient PT provider because the Physician wants the patient in his/her office to be able to capture the revenue in their own office.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

Re: Therapy ? Incident To

Dear Sir/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. 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, patients 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. 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, negatively affecting 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. This would also amount to restraint of trade of other qualified practitioners, including certified athletic trainers. 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 members of the physical therapy profession. Please do not changer what is not broken.

David Middlemas, Ed.D., ATC
186 Anthony Place
Waldwick, NJ 07463

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I writing this to express my concern about the proposal to limit the providers to "incident to" services in physician offices. I am both a physical therapist and certified athletic trainer. I am concerned that certified athletic trainers are not included in this list. We have these professionals working with orthopedic surgeons at our facility providing excellent care to patients. Please see the attached file.

August 24, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to voice my concern about a recent proposal to limit “incident to” services provided in physician clinics. I have reviewed the list of proposed providers. I am a physical therapist and certified athletic trainer. I am concerned that certified athletic trainers are being excluded from this list. Athletic trainers are recognized by the American Medical Association as an important allied health professional. We have several certified athletic trainers working with physicians at our clinic. Their expertise in dealing with orthopedic problems is valuable to the physicians and patients at our clinic. There is a shortage of nurses, physical therapists and now even certified athletic trainers in our area. Restricting the “incident to” services just to the list proposed could decrease timely care given to patients.

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

- Incident to has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician’s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY incident to service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. It is imperative that physicians continue to make decisions in the best interests of the patients.
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.

- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
- Patients who would now be referred outside of the physician’s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
- Curtailing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician’s ability to provide the best possible patient care.
- To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide “incident to” services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide “incident to” care in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.
- CMS, in proposing this change, offers no evidence that there is a problem that is need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
- CMS does not have the statutory authority to restrict who can and cannot provide services “incident to” a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.
- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.
- Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.
- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

Sincerely

Charles M. Williamson, PT, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

see attached

Russ Hoff
Valdosta State University
Valdosta, GA 31698

Re: Therapy – Incident To

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician offices and clinics. If adopted, this would eliminate the ability of qualified health care professionals 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.
- 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. 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.
- 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.

- 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, 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.
- Athletic Trainers are employed by hospitals, rehabilitation clinics, and industrial corporations prevent, treat, assess, and rehabilitate **active** persons who have become injured at work, at home and through a variety of non-athletic situations.

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,
Russ Hoff MS ATC

Submitter : Jason Natale Date & Time: 08/24/2004 02:08:43

Organization : Jason Natale

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

8/23/04

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

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

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

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

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

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

Thank you,
Jason A. Natale, ATC,L

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attached

Stuart A. Balter ATC
26 Autumn Lane
West Sand Lake, NY 12196

August 24, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

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- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY incident to service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. It is imperative that physicians continue to make decisions in the best interests of the patients.
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.
- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
- Patients who would now be referred outside of the physician’s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
- Curtailing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the

- workload of physicians, who are already too busy, will take away from the physician's ability to provide the best possible patient care.
- To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide "incident to" services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide "incident to" care in physicians' offices would improperly remove the states' right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.
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 - CMS does not have the statutory authority to restrict who can and cannot provide services "incident to" a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.
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 - Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.
 - These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

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

Sincerely,

Stuart Balter ATC
26 Autumn Lane
West Sand Lake, NY 12196
518-629-7373

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Brad Swope, ATC/L, EMT-P
Sumner Regional Health Systems
Volunteer State Community College
1480 Nashville Pike
Gallatin, TN 37066

August 24, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

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Brad Swope

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Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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Jason W. Wimberly MS, ATC
P. O. Box 132
Eutawville, SC 29048

8/24/04

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

Re: Therapy – Incident To

Dear Sir/Madam:

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Sincerely,

Jason W. Wimberly MS, ATC
P. O. Box 132
Eutawville, SC 29048

Submitter : peter erickson Date & Time: 08/24/2004 03:08:26

Organization : outpatient physical therapy

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I would like to make a quick comment re: the incident to provision. I have spent 3 additional years and over 12,000 hours to specialize in my field of physical therapy and take great pride in my work. I already have a difficult time educating other healthcare practitioners on the benefits of Physical Therapy because of shoddy work by other therapists but to allow someone who is not even trained to that level would be a huge detriment to the field of Physical Therapy and would be placing the well being of the patients at risk.

This would also be putting the validity and reliability of future research at risk because the level of care could not be replicated and therefor any conclusions arrived at could not be reproduced throughout the profeesion. I am not saying that no one could be trained to deliver physical therapy services, but the governing body (the APTA) and the quality controls would not be in place to make sure that the delivery of Physuical Therapy servises was done correctly nad the same to all people. There would not be any controls in place to assure quality.

Thank you

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I'm writing to let you know how strongly I support the CMS proposal for outpatient physical therapists in physician's offices to be graduates of accredited professional physical therapy programs.

Having obtained my Doctorate of Physical Therapy from Regis University in December of 2003, I have become more aware of how important our formal education is.

My advanced training has helped me understand how easily someone without the proper degree can deliver services to patients that are subpar and may actually be harmful for their condition.

I have spent over three and one half years in a rigorous curriculum of graduate and doctorate level education in order to advance my skills and training to properly treat patients for enhancing their recovery in an evidence-based manner that is backed by scientific research. This up-to-date training has opened my eyes to the most effective and efficient ways to properly care for patients.

I am very concerned about others in the health care field who are not required to obtain the formal education hours and clinical hours of hands on care that is essential for providing the high level care needed in today's out patient setting. Without the understanding and practical use of current literature searches and evidence-based knowledge they are unable to provide the highest level of care available.

These individuals are at risk to provide care and services that may slow the healing process, become negligent in the delivery and/or actually harm patients. For instance, if a condition goes undiagnosed via a false negative exam where someone should have been provided proper care when it wasn't detected, they are at risk.

Often times non-physical therapy providers in the healthcare field feel they are able to attempt the work we were taught under formal education and clinical hours to treat. Although, they may have some understanding of these conditions, they are not the most well trained to provide the most scientifically backed treatments known today.

Sincerely,

Dr. Paden Wolfe, DPT
Mile High Physical Therapy

Submitter : Jeffrey Shuert Date & Time: 08/24/2004 04:08:51

Organization : Physiotherapy Associates

Category : Comprehensive Outpatient Rehabilitation Facility

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a physical therapist with a degree, license, 11 years of experience and many, many hours of continuing education credits, I find it a bit crazy that a medical assistant is billing for services in a doctor's office as if it were physical therapy services. I understand that support personnel can be used for a variety of jobs in a doctor's office, but this seems more than a stretch. In the instances I've run into locally, this situation does actually exist.

It is not because of a lack of access to PT services, patient convenience (Ha!), or for any other reason I can determine other than to pad the doctor's wallet. The patient is obviously getting a gross dis-service and the payor, CMS, is getting flat-out cheated. Please require that services billed as physical therapy be performed by a physical therapist (or by a PT assistant under the guidance of a physical therapist. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

August 24, 2004

Centers for Medicare & Medicaid Services

Department of Health and Human Services

Attention: CMS-1429-P

P.O. Box 8012

Baltimore, MD 21244-8012

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attached please

William C Glover ATC/L
VSMC @ Martin
215 Hawks RD. Suite 12
Martin, TN 38237

August 24, 2004

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

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Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

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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.

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

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

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.

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

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

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

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

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

The proposal does nothing to recognize the benefits of athletic trainers. Please do not go forward with this proposal.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Chad Barker
Tupelo PT and Sports Rehab
1743 Cliff Gookin Blvd
Tupelo, MS 38801

8/24/04

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

Dear Sir/Madam:

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

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

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

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

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

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

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

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

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

CMS does not have the statutory authority to restrict who can and cannot provide services ?incident to? a physician office visit. This action could be construed as an unprecedented attempt by CMS to seek exclusivity as a provider of physical therapy services.

Sincerely,
Chad Barker, ATC, MBA



Submitter : Date & Time:

Organization :

Category :

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

THERAPY - INCIDENT TO

Dear Sir/Madam,

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.

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

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

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

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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.

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

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

August 17, 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 Athletic Training Profession

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. This proposal should not be adopted because qualified health care professionals would no longer be able 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.

? 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.

? 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.

? As a professor of athletic training in a College of Health Sciences in an Academic Medical Center. My colleagues and I are disappointed that CMS has taken such a myopic view of allied health professionals. I am confident and have data to support that our students are competent allied health professionals who are experts in treatment and rehabilitation of the physically active. I am confident that your exclusion of athletic trainers as currently written in the proposal was an oversight. I am sure our legislative representative in Kentucky, particularly, Senator Jim Bunning would disagree with your stance. Senator Bunning was a professional athlete who was privy to the advantages and academic preparation and skills of a certified athletic trainer.

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,

Carl G. Mattacola

CMS-1429-P-363-Attach-1.doc

August 17, 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 Athletic Training Profession

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. This proposal should not be adopted because qualified health care professionals would no longer be able 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.
- 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.
- As a professor of athletic training in a College of Health Sciences in an Academic Medical Center. My colleagues and I are disappointed that CMS has taken such a myopic view of allied health professionals. I am confident and have data to support that our students are competent allied health professionals who are experts in treatment and rehabilitation of the physically active. I am confident that your exclusion of athletic trainers as currently written in the proposal was an oversight. I am sure our legislative representative in Kentucky, particularly, Senator Jim Bunning would disagree with your stance. Senator Bunning was a professional athlete who was privy to the advantages and academic preparation and skills of a certified athletic trainer.

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,



Carl G. Mattacola, PhD, ATC
Associate Professor - Director
Division of Athletic Training
University of Kentucky
College of Health Sciences, Room 210E
900 South Limestone
Lexington KY 40536-0200

*Office: (859) 323-1100 Ext 80860

*Fax: (859) 323-6003

*E-Mail: carlmat@uky.edu

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am in full support of the proposed ruling for the following reasons. (Please see attachment.)
Christopher J. Lee, P.T.

To Centers for Medicare and Medicaid Services (CMS):

I am a Physical Therapist currently working in rural Idaho and Washington. I am contacting you in regards to the proposed rule of personnel standards for Medicare "Incident To" Physical Therapy services. I am in full support of this proposed rule for the following reasons.

- 1.) Anyone providing and billing for Physical Therapy services should be a graduate from an accredited physical therapist program or must meet certain grandfathering clauses or educational requirements for foreign trained physical therapists.
- 2.) If the person providing services is a physical therapist assistant he or she should also be a graduate of an accredited program or meet certain grandfathering clauses AND should be under the supervision of a therapist who meets the standards of above stated reason #1.
- 3.) Physical therapists professionally educated at the college or university level in anatomy, physiology, have a broad understanding of the body and its functions, and have completed comprehensive patient care experience. This education and training is particularly important when treating Medicare beneficiaries.
- 4.) As of 2002, the minimal educational requirement to become a physical therapist is a post-baccalaureate degree from an accredited program. All current accredited programs offer at least a master's degree, and the majority will offer the doctor of physical therapy (DPT) by 2005.
- 5.) Physical therapists must be licensed in the states where they practice. As licensed health care providers in their state, physical therapists are fully accountable for their professional actions.
- 6.) The delivery of so-called "physical therapy services" by unqualified personnel is harmful and unethical to any patient. Unqualified personnel would not properly understand the body, its responses and normal healing times to deconditioning, surgery and other medical complications. In addition, unqualified personnel would not properly understand the use of modalities including electrical stimulation, ultrasound and the possible harm that can come to a patient when used incorrectly.
- 7.) A financial limitation on the provision of therapy services (referred to as the therapy cap) is scheduled to become effective January 1, 2006. Under current Medicare policy, a patient could exceed his/her cap on therapy without ever receiving services from a licensed physical therapist. This will negatively impact patient's outcomes by wasting the patients time being improperly evaluated and treated by unqualified personnel who do not have experience treating the body, lack the understanding of healing times for specific tissues and how to be properly progressed through physical therapy and finally to a well designed home exercise program.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

"Therapy-- Incident To"

Ricky Sirois MS, LATC, CSCS
Bates College
130 Central Avenue
Lewiston, ME 04240

August 24, 2004

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

Re: Therapy- Incident To

Dear Sir/Madam:

I am writing in response to the recent issue involving “incident to” services. This is such an important issue, which if instituted would restrict the ability for qualified allied health care professionals to provide care and services to Medicare patients. During this decision making process, please consider a few points:

1. This policy will restrict the number of options that a physician has at his or her finger tips when trying to establish the proper treatment plan for Medicare patients. CMS should not be in control of what is best for a patient, but control should rather be placed in the educated hands of the attending physician. Therapy is such a pivotal piece of a physician’s treatment plan. If he or she feels as though a certified athletic trainer is the best option in returning their patient back to a high quality of life, than this option should be available.
2. CMS, physicians, and all other allied health care professionals (this includes certified athletic trainers) should all be striving for the same objective, which is the positive health and well-being of the patient. By restricting “incident to” services CMS isn’t complying with this objective. This will be an important avenue that is blocked and the physician will have one less qualified allied health care professional to refer patients to.
3. Instead of potentially keeping these Medicare patients in the physician’s office for therapy, he or she will be referred to a separate office. This will increase the amount of time that a patient will have to wait for access to quality therapy and care. By doing this, the chance of hindering a patient’s recovery is greatly increased, which in the long run would mean more money spent by Medicare on their patients for additional services.

4. In keeping with the well-being of the patients, the workload placed upon the shoulders of a physician would be greatly increased. Instead of referring therapy services to an “in-house” specialist like a certified athletic trainer, the physician could possibly find him or herself trying to provide these services on their own. This could ultimately have a negative affect upon patient care, given the already large workload that a physician must deal with on a daily basis.
5. Certified Athletic Trainers are highly educated and qualified allied health care professionals. Aside from a physician, athletic trainers experience one of the most difficult and comprehensive certification exams. This exam has three long comprehensive sections which includes a written, practical, and unique written simulation portion. Before even being allowed to take this very difficult exam, candidates must complete an undergraduate degree in athletic training from an accredited institution. The independent accrediting body is the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint review Committee on educational programs in Athletic Training (JRC-AT). These candidates have an extensive course curriculum which prepares each individual to provide services to any person regardless of age, sex, or any other characteristics. In addition to the initial national certification and bachelor’s degree, many other certified athletic trainers continue on to further their educational background with either a master’s degree, doctoral degree or other specialty certifications. Each state also has the option for additional requirements in order to practice athletic training in that state, such as licensure or certification. The process that certified athletic trainers go through to be able to practice athletic training makes this profession extremely qualified to treat any member of the population.
6. To allow only physical therapists, occupational therapists, and speech pathologists to provide “incident to” outpatient services would improperly provide these groups with exclusive rights to Medicare reimbursement. This would remove the states ability to license and regulate the allied health care professions who would be deemed qualified and safe to provide “incident to” services to patients.
7. By instituting this change, it would lead one to believe that there currently is a problem with who is allowed to provide “incident to” services. There is no evidence which supports that there is indeed a problem. It appears as though CMS is trying to appeal to one specific profession, who is constantly trying to monopolize the market regarding therapy services. This is clearly an unjust process and attempt to further aid this group.
8. Furthermore, independent research reports that certified athletic trainers provide effective and high quality service equal to that of a physical therapist. Not only do certified athletic trainers provide injury evaluation, treatment, and rehabilitation services, but certified athletic trainers also devote a large portion of their time toward education and prevention so the patient is at a reduced risk for

injury reoccurrence. This lone aspect should be an influential factor to Medicare in regards to saving money.

In summary, it is not necessary for CMS to institute these proposed changes. This would do nothing but limit the options available to patients and would act as a health care access deterrent. Please consider these points when making this very important and influential decision.

Sincerely,

Ricky Sirois MS, LATC, CSCS

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a physical therapist for 25 years, 12 spent in private practice, I am writing to express strong support for CMS's proposed requirement that physical therapists working in physician's offices be graduates of accredited professional physical therapy programs. Physical therapists and physical therapist assistants under the supervision of physical therapists are the only practitioners who have the education and training to furnish physical therapy services. Personnel who have not had this education and training should not be providing physical therapy services. Using licensure as a standard, although the current law prevents CMS from requiring licensure, would be the most appropriate standard to achieve the objective of the agency. Unqualified personnel should not be providing physical therapy services. Physical therapists are professionally educated at the college or university level in programs accredited by the Commission on Accreditation of Physical Therapy, an independent agency recognized by the U.S. Department of Education. Physical therapists must be licensed in the states where they practice and are held fully accountable for their professional actions. The delivery of so-called "physical therapy services" by unqualified personnel is harmful to the patient as they are not getting what they are paying for. Section 1862(a)(20) of the Social Security Act clearly requires that in order for physician to bill "incident to" for physical therapy services, those services must meet the same requirements for outpatient therapy services in all settings. Thus, the services must be performed by individuals, who are graduates of accredited professional physical therapists education programs. I strongly support CMS's proposed requirement. Thank-you for considering my comments.

Sincerely,
Rebecca Bogner Rebitski P.T.
Orthopaedic Rehabilitation
Therapy
350 Thomas More Parkway
Suite 130
Crestview Hills, Kentucky
41017

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.



American Kinesiotherapy Association

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

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

Michael Westmoreland
527 Riviera Drive
Seal Beach, California 90740

September 15, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

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

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

- Incident to has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician’s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including registered kinesiotherapists) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY “incident to” service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. ***It is imperative that physicians continue to make decisions in the best interests of the patients.***
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.

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

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

Sincerely,

Michael Westmoreland, RKT

Submitter : Mrs. Susan Priestman Date & Time: 08/24/2004 07:08:00

Organization : Healthsouth

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a Physical therapist practicing for 19 years who has graduated from and accredited university and passed a licensing examination. I am licensed in the states of Nevada and Arizona and am governed by the State Boards of those respective states for the purpose of public protection. I understand that I must follow my state practice act or risk punitive action from my state board. This is a safeguard that is in place to protect the public who receives physical therapy services.

I strongly support the proposed rule that would require persons providing physical therapy in physician offices and billing under the 'incident to' codes to be duly licensed in the states in which they practice.

In my experience, patients have come to me after a course of failed physical therapy after having been treated in this type of setting. Their expectations of any future benefit of physical therapy is low as they have already had one failed episode of care. Physical therapists have a thorough understanding of muscle balance, postural control and disease process which are all essential in determining the best course of treatment for an injured or disabled patient. Without this theoretical background, a clinician is much less able to deliver effective and safe therapeutic intervention. A technician in a medical office does not possess the necessary clinical reasoning skills to treat a patient safely and effectively.

Furthermore, the strict oversight of a state board of physical therapy has no jurisdiction for punitive action should such person cause harm to a Medicare beneficiary. Physical therapists duly licensed have a much higher accountability than an employee in a physician office that provides 'physical therapy.'

I thank you in advance for your consideration of my comments and look forward to your appropriate ruling on this issue.

Sincerely,

Susan W. Priestman, PT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I wish to formally state my position on Medicare's proposed changes to the 'Therapy-Incident To' services. I believe the health and well being of the Medicare beneficiary should be the primary consideration. To this end, physicians and all other medical professionals authorized to order 'Therapy-Incident To' services should have the continued medical authority to determine proper care and treatment for the patient and to select the best available, most appropriate health care professional to provide that care, including 'Therapy-Incident To' services. A number of complex factors affect a physician's choice of the most appropriate health care professional to provide Therapy-Incident To' services in his/her office or clinic. Some examples are type of medical practice; geographic location such as rural or medically underserved areas; availability of qualified allied health care personnel; and patient access to Medicare and secondary health care system providers.

The physician is best equipped to make these medical decisions. We believe any attempt by government entities or other organizations to change this heretofore established right and purview of the physician clearly is not in the best interest of the patient.

I unequivocally request that no changes be made to Medicare or other provisions affecting 'Therapy-Incident To' services reimbursement from CMS.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

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 therapy program. Physical Therapists and PTAs under the supervision of PTs are the only caregivers who have the requisite training to provide physical therapy services. PTs have extensive education and training in the field of Physical Therapy that is impossible to acquire elsewhere. Delivery of physical therapy services by unqualified persons will be potentially harmful to patients seeking professional services. I strongly encourage you to keep the "incident to" requirement in the final rule. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

8 Stonebridge RD.
New Hartford, NY 13413
August 24, 2004
Mark B. McClellan, MD, PhD
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012
Dear Dr. McClellan

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

I am a physical therapist having practice for over thirty years. I am a director of a health care network providing service for acute care rehabilitation, long term, and outpatient services. The growth in the knowledge necessary in order to provide competent evaluations prognosis intervention and outcomes has expanded from the bachelor to the Doctorate level. Multiple states are requiring continuing competency or continuing education in order to maintain licensure. The professional associations continues to monitor the need of the profession and offers courses that keep physical therapist current with expanding knowledge base.

CMS is considering requiring that the qualification physical therapist service-incident to providing outpatient services in a physician's office are required to possess the same credentials for a physical therapist in 42CFR 484.4. Outpatient intervention requires excellent musculo-skelletto examination skills that require advance knowledge in anatomy and patho-kenneslogy. This knowledge is not obtainable from on the job training.

I ask you to support this requirement; clients deserve intervention by a knowledgeable practitioner. One of the ways to insure competent intervention is the requirement that the individual is a graduate from an accredited program of physical therapy.

Thank you for your consideration of changing requirements necessary for physical therapy services in physician's offices.

Sincerely,

Robert J. Byrnes PT, MPS

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

April Donnally Shawnee State University 940 Second Street Portsmouth, Ohio 45662
August 24, 2004

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

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

Re: Therapy ? Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of ?incident to? services in physician 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 : Mrs. Sherryn LeCompte Date & Time: 08/24/2004 08:08:36

Organization : Shelbyville Physical Therapy & Spine Care Center

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

I strongly support CMS proposal that individuals who furnish outpatient PT services in physicians offices must be graduates of an accredited professional PT program or must meet certain grandfathering clauses or special rules for foreign trained therapists. A physical therapist and PT assistants under the supervision of PT's are the only caregivers who have the required training to provider PT services. Physical Therapist are required to attend school for 5 continuous years to obtain their masters degree. While Kentucky does not require continuing education, they are currently working on changing that rule. Our own clinic does require continuing education on a yearly basis. As with any health care provider, treatment by someone not trained or qualified to treat a patient, can do irreversible harm. Please make this proposal a law.
Thank you,
Sherryn LeCompte, P.T., Cert MDT, CWT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Sir/Madam:

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

I (and my colleagues) provide quality health care to a variety of patient populations and diagnoses. Patients, physicians, other health care providers, etc (to a person) believe that these services are valuable and more than adequate to treat their conditions. Why would you prohibit someone from access to quality healthcare? It won't save you money. It certainly won't facilitate better quality of care. Instead of listening to the physical therapy profession and their self-serving agenda, ask the people that are in the trenches, working everyday, what they want and need. It is not a reduced access to health care. Please look at the bigger picture and make a quality decision.

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.

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

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

Paul Plummer, MA, LAT, ATC
Executive Director of Athletic Training Services
Department of Athletic Training
Indiana State University
Terre Haute, IN 47809

August 24, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

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

I (and my colleagues) provide quality health care to a variety of patient populations and diagnoses. Patients, physicians, other health care providers, etc (to a person) believe that these services are valuable and more than adequate to treat their conditions. Why would you prohibit someone from access to quality healthcare? It won't save you money. It certainly won't facilitate better quality of care. Instead of listening to the physical therapy profession and their self-serving agenda, ask the people that are in the trenches, working everyday, what they want and need. It is not a reduced access to health care. Please look at the bigger picture and make a quality decision.

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

- “Incident to” has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician’s professional services. A physician has the right to delegate

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

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

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

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

Sincerely,

Paul Plummer, MA, LAT, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

DEFINING THERAPY SERVICES

Regarding the proposal that individuals who furnish outpatient physical therapy services in physician's office must be graduates of an accredited professional physical therapist program, I see two issues. Firstly, by definition "physical therapy" as ordered by a physician can ONLY be delivered by a physical therapist. I own a CORF, am a guest lecturer at a medical school with a department of physical therapy, am a guest lecturer at a university that offers a degree in physical therapy assistantship. The level of education in both of these programs with regard to the level of each of their responsibilities has changed dramatically since I graduated in 1990. I am presently pursuing my PhD and realize that no other profession can deliver the pathodiagnostics and treatment needs as a physical therapist or physical therapist assistant. While a physician can recognize the need for a referral to a physical therapist, the evaluation and treatment must be delivered by a physical therapist. Diluting the level of skill, education and manual delivery by allowing lesser educated and skilled paraprofessionals incident to a physician endangers the patients. The second comment is with the level of clinical practices throughout the United States why would CMS even allow the providing of Physical therapy in a Docotrs office. I recently attended a Practice Building seminar and the number one reason for a physicaian to have a PT in his/her office was to make more money, not to deliver better service to his/her patients. With direct access in the near future for Physical therapy, autonomy and high level delivery of service must be relegated to only physical therapist and or assistant. You will save long term monies to the system and deliver better and more quality care by differentiating professionals and professions who are autonomous. 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 offices and clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

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

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

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

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

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

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

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

Submitter : Mrs. Lisa Norton-Toth Date & Time: 08/24/2004 09:08:49

Organization : Hands On Physical Therapy

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

As a licensed physical therapist and private practice owner in the state of Ohio, I would like to comment on several issues scheduled to be discussed in 2005. I strongly urge that it be mandated that all physical therapy / modality services performed within a physician's office be performed by a licensed physical therapist or physical therapist assistant. As a licensed physical therapist, we have extensive education in the delivery of PT services. We are required to have at least a Master's degree to practice and legitimately so. We are the direct caregivers of patients with illness, disease, or injury. The title of physical therapist or physical therapist assistant is not given out until we have sat for a state licensure exam and passed. As a Physical therapist assistant they are even licensed and have a physical therapy based education. This degree is not given to just anybody who wants to practice PT. I find it mortifying that in a physician's office, unsupervised and untrained personnel can perform and bill for physical therapy services. This is a HUGE danger to patient's. Unless properly trained and licensed, they may have no idea what they are doing. And Medicare is going to pay for that!!! Would you go to an untrained and non-licensed so called "physician" working in a trained physician's office if you had a problem? Would Medicare let an untrained person write for prescription drugs? These are all things that only trained and board certified physician's can do. Why would we let an untrained person perform physical therapy services? There have been numerous times in which I have either witnessed or heard a physician's staff performing a modality treatment like ultrasound, heat, or stim when they can't even explain what that form of treatment does. They don't know how to set it up or the contraindications of it, but because someone showed them how to use the machine, they can perform it on patients - and this is reimbursed by Medicare!!! Another key point is that even though these services are being performed in a physician's office, are they being supervised properly with "in room" supervision and who says the physician even knows how to perform PT services. They are not tested or trained in this area either! I know several family physicians who contact me or another licensed PT staff for orthopedic advice. Why would we let these physician's hire Joe Doe, who once worked in a health club, to perform PT services on patient's. My biggest area of concern is the patient and do they think they are seeing a licensed physical therapist because the doctor sent them to the room next door for "physical therapy." I can't believe that with all the criteria we have to meet as a private owned physical therapy corporation we still have these issues to even discuss.

I would also like to briefly like to comment on that fact that in the State of Ohio our practice act states that Licensed physical therapist assistants can practice without on-site physical therapist supervision. This is because they are trained and licensed and all of their notes are co-signed by a licensed PT. I urge that private owned physical therapist companies be allowed to have licensed physical therapist assistants work in an environment which that PT does not have to be on-site. If our state board feels comfortable with it and large corporation owned practices can do it then why can't privately owned practices?

Thank you for your time and feel to contact me with any questions there may be.

Submitter : Miss. Joan Mann Date & Time: 08/24/2004 10:08:13

Organization : National Athletic Trainers Association

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Joan Mann, ATC
Boyle County High School
1637 Perryville Rd
Danville, Ky 40422

September 24, 2004

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

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

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

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

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

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

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

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

? Athletic trainers are highly educated. ALL certified or licensed athletic trainers must have a bachelor's or master's degree from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Seventy (70) percent of all athletic trainers have a master's degree or higher. This great majority of practitioners who hold advanced degrees is compara

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see the following attachment.



American Kinesiotherapy Association

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

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

Cecilia Rodriguez
14543 Rath St.
La Puente, CA 91744

September 15, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

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

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

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- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY “incident to” service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. ***It is imperative that physicians continue to make decisions in the best interests of the patients.***
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.

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

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

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

Sincerely,

Cecilia Rodriguez, RKT

Submitter : Date & Time:

Organization :

Category :

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

THERAPY - INCIDENT TO

As a certified athletic trainer, I am contacting you regarding the recent 'Incident To' proposal up for consideration. If approved, it will eliminate the physician's ability to decide which type of health care professional is best equipped to provide outpatient therapy services. As a result, physical therapists and occupational therapists will gain exclusivity in caring for Medicare patients.

Physicians, not government workers, should decide what care and treatment are in the best interests of their patients, and whom should provide it. A certified athletic trainer's education and scope of practice ensure they are expert providers of outpatient therapy services. The American Medical Association and its Council on Medical Education made a significant statement as to the value of certified athletic trainers when, in 1990, it recognized Athletic Training as a distinct Allied Health Profession. In June 1998, the American Medical Association went one step further and adopted a resolution proposed by the American Academy of Pediatrics which recommended the hiring of a certified athletic trainer for all high school programs across the nation.

Allow me to put the importance of 'Athletic Training' into a context to which everyone can relate. Both residing and working in New Jersey, I am aware that statistically, 200,000 student-athletes participate in interscholastic sports every year. Each and every one of these athletes has the right to receive the optimum quality of care provided by an expert in the field of athletic training and injury management. Certified athletic trainers focus on ensuring that the best possible health care is available to the physically active population, from your high school athletes to your million dollar heroes on a Wheaties cereal box. To say that a certified athletic trainer cannot walk across the street from the collegiate athletic training room to the physician's office, and administer the same therapy treatment from a track athlete to an older patient who sprained an ankle jogging or walking, just does not make sense.

Unfortunately, many have been misinformed about the qualifications of certified athletic trainers. These people are not your gym teachers, coaches, or personal fitness trainers in many of the body-building gyms. ALL certified athletic trainers must possess 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 in Athletic Training (JRC-AT). Following graduation, these professionals must successfully pass a national certification examination allowing them to legally practice their trade. In addition, they must obtain periodic continuing education units in order to maintain certification.

Our country was built on free choice and we must continue to allow that to happen. As stated earlier, physical therapists should not have a monopoly on providing health care. Allowing this to happen will inevitably increase health care costs, thus increasing the financial burden on countless families and the elderly throughout our nation.

For these reasons, it would be a disservice for you to approve the current 'Incident To' proposal. In the public's interest, I ask that you not proceed with the proposal and to allow for Medicare patients to take advantage of the health care services provided for by an American Medical Association approved, highly qualified health care provider. The Certified Athletic Trainer.

Sincerely,

David Csillan, MS, ATC/L
Examiner, NATA Board of Certification
D2 Representative, NATA Secondary Schools' Committee
Member, NFHS Sports Medicine Advisory Committee
Member, NJSIAA Sports Medicine Advisory Committee
Chair, ATSNJ Professional Education Committee

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 10-19

DEFINING THERAPY SERVICES

I strongly support CMS' proposal that individuals who furnish physical therapy services in the outpatient setting be graduates of an accredited professional physical therapy program. It has never made any sense to have individuals that are not licensed physical therapists providing services to beneficiaries in a Federally funded program. This line of thinking would be akin to having lay people (or physical therapists for that matter) performing surgeries or providing other medical services when they are not Medical Doctors trained adequately to perform surgery. All medical and allied health professions in our society have now progressed in terms of the knowledge base to the point where it is imperative that providers be duly trained and licensed in their respective fields.

Physical Therapists have now progressed to the point where graduates now enter the field at the Doctoral level. Again, do we want individuals practicing physical therapy without the appropriate knowledge base exposing Beneficiaries to potential harm? Having physical therapy services provided by individuals without appropriate training only jeopardizes the physical therapy profession and the patients we serve.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am very disturbed over the proposal concerning limiting a very professional and caring group of health care individuals to Medicare - the men and women of the National Athletic Trainers Associations. The reason for these concerns are attached.



Larry M. Starr, M.Ed, ATC/L, CSCS, USPTA
Nova Southeastern University
Assistant Athletic Director/Sports Medicine
3301 College Avenue, Athletic Training House # 1
Ft. Lauderdale, FL 33314-7796

August 24, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

After being an athletic trainer for almost forty years including the head athletic trainer in Major League Professional Baseball, I am concerned over the recent proposal that would limit providers of “incident to” services in physician clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

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

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

- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.
- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
- Patients who would now be referred outside of the physician’s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
- Curtailing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician’s ability to provide the best possible patient care.
- To allow only physical therapists and PT assistants, occupational therapists and OT assistants, and speech and language pathologists to provide “incident to” services would improperly provide those groups exclusive rights to Medicare reimbursement. To mandate that only those practitioners may provide “incident to” care in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.
- CMS, in proposing this change, offers no evidence that there is a problem that is need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
- CMS does not have the statutory authority to restrict who can and cannot provide services “incident to” a physician office visit. In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of physical therapy services.
- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.
- Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat and rehabilitate injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of running in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.
- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent. We as athletic trainers take extreme pride in our profession and the fact that we are valid part of the allied medical profession that is recognized by the American Medical Association. Our goal has always

been to supply the very best health care to our athletes. This proposal would serious hamper this effort.

Sincerely,

Larry M. Starr, M.Ed, ATC/L, CSCS, USPTA
Nova Southeastern University
Assistant Athletic Director/Sports Medicine
3301 College Avenue, Athletic Training House # 1
Ft. Lauderdale, FL 33314-7796
800-338-4723 x 8260 (toll free)
954-262-8260 (office)
954-262-3989 (fax)
slarry@nova.edu (e-mail)

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 provision 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.

During your decision-making process, please consider the points that I have made in the attached WORD document.

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

August 24, 2004

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

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit provision 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.

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

- 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.
- In the rural area that I live and work at, there is a severe shortage of physical therapists. My hospital has been searching for over a year for qualified physical therapists to come to work for us. This shortage has resulted in the delay or omission of proper health care for a number of patients, and I know of particular cases where patients have suffered further injury due to the lack of physical medicine services. If not for the “incident to” services offered by certain physicians in my area, there would have been even more patients who suffered as a result of not receiving proper and timely healthcare.
- “Incident to” has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under their direct supervision, to provide services as an adjunct to the physician’s professional services. A physician has the ability and right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY “incident to” service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. ***It is imperative that physicians continue to make decisions in the best interests of the patients.***
- Patients who would now be referred outside of the physician’s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
- Athletic trainers are highly educated. ALL certified or licensed athletic trainers ***must have a bachelor’s or master’s degree*** from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Seventy (70) percent of all athletic trainers have a master’s or higher degree.

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 allied 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 a monopoly on provision of physical medicine & rehabilitation 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. Furthermore, patient satisfaction of patients treated by certified athletic trainers was *equal to or greater than* that reported by patients who received treatment by physical therapists.
- Athletic trainers are employed by almost every post-secondary educational institution and every professional sports team in America to work with athletes in the **prevention, assessment, treatment and rehabilitation** of injuries sustained through physical activity.
- Dozens of athletic trainers will be accompanying U.S. Olympic athletes 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.

Thank you for your time in considering my points on this subject.

Respectfully,

David E. Wohl, MS, ATC
Manager
Hills & Dales General Hospital Center for Rehabilitation
1190 Hospital Drive Suite #101
Cass City, MI 48726

989-872-2084

Submitter : Mrs. Heather Date & Time: 08/25/2004 12:08:04

Organization : Mrs. Heather

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly support ONLY using licensed physical therapist and physical therapy assistants in providing physical therapy care. The knowledge base required by physical therapy professionals is specific to that profession and its required education. Even a well meaning physician simply does not possess the specialized education in rehabilitation that a physical therapist possesses. A family doctor would not try to perform dental procedures, and in the same way, a physician or other allied health provider should not propose to perform physical therapy. The field of physical therapy is only growing in the knowledge base is draws from and the increasing educational requirements reflect that change. The profession has moved from a bachelor's degree to a master's degree and in many educational programs to a doctoral degree to account for the vast growth the profession has had in the past 20 years. Allowing other practitioners to practice physical therapy would be a disservice to Medicare beneficiaries who can not possibly receive the same level of care from an untrained person than from a licensed physical therapist.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Dear Dr. McClellan,

I strongly support CMS' proposal that individuals who provide outpatient physical therapy services in physician's offices must be graduates of physical therapy schools.

The educational standards of physical therapy schools are demanding. State licensure examination is also demanding, and only qualified individuals pass the exam, and go on to practice my profession. Most programs now require a Doctorate Degree, and all programs require a Masters Degree, to practice. How can anyone with less qualification provide the skilled care, that costs so much, in today's health care system?

The current system allows physicians to bill for care provided by 'physician extenders', or basically anyone (ANYONE, EDUCATED AND QUALIFIED, OR NOT !), under their indirect supervision. That is simply not right, and a financial drain on the Medicare system.

Your proposed rule will protect the public from unqualified providers, and prevent physician inappropriate utilization of 'physician extenders', simply for profit.

Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see the attached file

CMS-1429-P-386-Attach-1.doc

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

Laura Tabilo
Pine Crest School
1501 NE 62nd Street
Ft. Lauderdale, FL 33334

August 24, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

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

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

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

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

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

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

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

Sincerely,

Laura Tabilo

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attached letter

John Smith
Shifting Sands Medical Association
123 Main Street
Springfield, MO 65789

August 24, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

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

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

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

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

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

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

Sincerely,

Jennifer Brown, ATC, PT
3567 Conroy Road, #1231
Orlando, FL 32839

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

See attached file
Therapy--Incident To

CMS-1429-P-388-Attach-1.txt

Attachment #0388

Carlen Mulholland
Athletic Training Education Program-Clinical Coordinator
University of Tennessee at Martin
3032 Elam Center
Martin, TN 38238

August 24, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

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

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

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

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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.

The profession of athletic training is not the only field affected by these changes. Additional professions such as physician assistants, nurse practitioners, exercise physiologists, kinesiologists, massage therapists, and others are also affected by this change. This indicates that all the patients these professionals are providing services to now have to be seen by only three types professionals. There is not enough time in the day or enough allied health care professionals to care for everyone.

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, exercise physiology, and pathology. 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).

Physical therapy assistants or occupational therapy assistants are only required an associate’s degree that includes a less stringent curriculum and clinical experiences. By passing this rule an allied health care professional with only an associate’s degree will be able to perform therapy services over an allied health care professional with a bachelor’s or master’s degree.

By changing the ruling this would drastically change the number of students studying to be an athletic trainer. Why should a student major in a profession where he/she is not able to bill for services; therefore, not being paid equally? This “domino effect” would eventually destroy many athletic training education programs across the country, which would cause an extinction of the athletic trainer.

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.

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

A wise man once said, “...you have to see the forest before you can see the trees”, with this recommendation CMS needs to examine how this policy change will affect ALL allied health care professionals. By changing one policy this will drastically change other policies. What plan does CMS have to deal with these foreseen problems? Has this group investigated other potential difficulties or are they being reactive? 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,

Carlen Mulholland, Ph.D., ATC/L

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached word file.

Jason McIntyre, ATC, SPT
309 Mckee Place Apt. 4
Pittsburgh, PA 15213

8/24/04

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

Re: Therapy – Incident To

CMS:

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

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

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

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

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

- * To allow only physical therapists and PT assistants, occupational therapists and OT

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

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

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

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

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

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

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

Sincerely,

Jason McIntyre, ATC, SPT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am writing in response to the possible change in billing regarding Medicare patients. It is almost a slap in the face when the reading implies that professionals such as Athletic Trainers are not as qualified to care for patients. Athletic Training is a profession that is very diverse. Athletic Trainers, with their vast amount of education, have the ability to efficiently work with patients of all age levels. They have extensive college education. With the help of Athletic Trainers, and their education, Physical Therapists are able to care for all patients. Without the assistance of Athletic Trainers, the care for patients has a very high potential of dropping. Not as many patients will get the one on one care they need. Please take into consideration the amount of patients Athletic Trainers do help.

Submitter : Mrs. Jamie Mittendorf Date & Time: 08/25/2004 03:08:35

Organization : National Athletic Trainers Association

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attachment.

August 24, 2004

Jamie Mittendorf
Metro Medical Pharmacy
1911 Church Street
Nashville, TN 37203

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

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing in regard to the recent proposal that would limit providers of “incident to” services in physician offices and clinics. If this proposal passes Medicare patients will once again be negatively affected by a decrease in their quality of treatment.

Certified Athletic Trainers work only under the supervision of a physician and are highly trained in their field. All certified or licensed athletic trainers must have a Bachelor’s or Master’s degree. Courses of study include Human Anatomy, Human Physiology, Exercise Physiology, Kinesiology, Biomechanics, Nutrition, Basic and Advanced Athletic Training, Health, Statistics, and Athletic Trainers are required to attend an accredited university to obtain a minimum of 3 years hands-on experience working in the training room performing rehabilitative therapy to competitive athletes. Athletic training students also experience how to care for acute and often serious injuries while on the game field.

Athletic Training as a course of study is comparable to physical therapy, and student athletic trainers have many of the same courses as nursing students and other mid-level health care practitioners. On a routine basis, athletic trainers care for very high profile athletes in very intense situations and are adequately trained to care for Medicare patients as well.

In a time when this country is experiencing a shortage in credentialed allied health and other health care professionals, it is ridiculous to consider taking the therapists who are trained away from the patients who need them.

Please consider the facts. It would be outrageous and unjustified for CMS to institute the changes proposed.

Sincerely,

Jamie B. Mittendorf, ATC

Submitter : Date & Time:
Organization :
Category :

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

THERAPY - INCIDENT TO

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

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see the following attachment

CMS-1429-P-393-Attach-1.doc



American Kinesiotherapy Association

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

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

Ronald J. Kurrle
14 deerwood East
Irvine, Ca. 92604

September 15, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

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

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

- Incident to has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician’s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including registered kinesiotherapists) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY “incident to” service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. ***It is imperative that physicians continue to make decisions in the best interests of the patients.***
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.

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

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

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

Sincerely,

Ronald J. Kurrle, RKT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

The proposal for a new G-code (GOXX3 : venous mapping for hemodialysis access) in order to replace CPT code 93971 should not be exclusive for surgeon only. The G code should allow for the operator to be an interventional nephrologist or interventional radiologist.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached Word document for comments. Thank you.

CMS-1429-P-395-Attach-1.pdf

Matthew R. Pearson, ATC
Prevention Services, Inc.
725 Skippack Pike
Suite 300
Blue Bell, PA 19422

August 25, 2004

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

Re: Therapy – Incident To

Dear Sir/Madam:

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

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

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

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

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

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

Sincerely,

Matthew R. Pearson, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please reference attachment. Thank you.

CMS-1429-P-396-Attach-1.txt

Attachment #0396

August 24, 2004

To Whom It May Concern:

My name is Gerald Stevens. I am a licensed/certified Athletic Trainer from Jacksonville, Florida with over 20 years as a clinician. I am also president and owner of a Florida Corporation that provides outpatient physical therapy and sports rehabilitation to patients in the Jacksonville area. First and foremost, I am a tax paying United States citizen and it is from this position that I must take issue with the proposal that the federal government has published.

As you should be well aware, the federal government, i.e. congress, has published a proposal to mandate that ONLY physical therapist are qualified to provide physical medicine services to Medicare patients. I must express my concern with this position for a number of reasons. I am 43 years old and qualify as a "Baby Boomer". I live a very active lifestyle and plan to do so far into my golden years. I am not unique in how our aging population and my generation is maintaining a healthier take-charge approach to life. With this increased enthusiasm to fitness comes an increased exposure to inferior information with regard to how to improve your quality of life and deal with the possibility musculoskeletal injury.

As a person that has seen doctors for injuries and as someone that has referred family and friends to doctors, it is always important for me to consider the needs of the individual when choosing the proper healthcare professional. When choosing a family practice physician or orthopedic surgeon, I look at his or her qualifications and specializations to see how they best fill my needs. If rehabilitation is necessary I again look for the best-qualified healthcare provider. This proposal by the federal government severely restricts my right to choose a healthcare provider. I trust the advice of my doctor over that of the physical therapist when it comes to choosing which practitioner is best for my rehabilitation needs. I agree that there are physical therapists that are qualified and specialized in treating injuries of the physically active. However, a large number of physical therapist that meet this criteria are multi-credentialed as athletic trainers, massage therapist, hand therapist, etc.

In closing, as a tax paying American funding the Social Security and Medicare systems with each paycheck and as a small business owner matching the contributions of my staff, I wish to maintain the right to choose who provides my healthcare. Free choice allows for growth and competition in the healthcare environment. A physical therapist having "carte blanche" with regard to intent to treat control is unilateral in the healthcare market. I demand that you seriously rethink this federal government proposal and let the public not the APTA lobbyists determine the intent to treat issue. Thank you.
Sincerely,

Gerald Stevens, ATC/L

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Aug. 25, 2004
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy ? Incident To

Dear Sir/Madam,

I am writing to express concern for the proposal that would limit the actions of Certified Athletic Trainers. This change would negatively affect the jobs and lives of thousands of people, and not only those of Athletic Trainers.

During your decision making process, please consider the following:

Athletic trainers are qualified medical professionals and have to sit for a national board exam. We do much much more than tape ankles and wrap on ice bags. We are rehab specialists and have an important role in many different settings such as, hospitals, clinics, physicians' offices, colleges, industrial/coperate, high schools, and professional sports. All of these different areas will be hurt by this change.

Physicians have never been restricted to whom they can utilize to provide care for their patients.

There is a strong lack of medical professionals in this country particularly in the rehab professions and adopting these new policies would afflict patients by delaying the process of finding a care giver, shortening the time spent with that care giver, and increasing the cost of the care. So in other words, this change would decrease the standard of care while making it more expensive.

It is imperative that this change is not implemented. As mentioned before, Athletic Trainers are highly qualified and educated. We are all nationally certified and must have at least a bachelor's degree from an accredited college or university. Our curriculum includes extensive anatomy and physiology, biomechanics, rehabilitation techniques, theraputic modalities, exercise physiology, recognition, prevention, and treatment of injuries, and much more. To allow only physical therapists, occupational therapists, and speech pathologists to provide "incident to" therapy services, would wrongfully monopolize the rights to medicare reimbursement.

In summary, it is not advantageous for CMS to impement the proposed changes. Thank you so much for your time.

Sincerely,

James E. Donaldson, ATC, CSCS
Alverno College, Milwaukee, WI

Submitter : Mrs. Heather Kennedy Date & Time: 08/25/2004 01:08:18

Organization : National Athletic Trainers Association

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a certified athletic trainer I am outraged that I am being labeled as unqualified to perform duties in an outpatient therapy situation that is monitored by a physician. I have received the training and am required to attend continuing education classes in order to be sure my knowledge is up to date. I take it as a slap in the face that I am considered on the same level as anyone who walks in off the street looking for a job.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am against this proposed revised policy.