

# THE COALITION TO PRESERVE PATIENT ACCESS TO PHYSICAL MEDICINE AND REHABILITATION SERVICES

10/18/05

The Centers for Medicare and Medicaid Services (CMS) published in the August 5, 2004 Federal Register, pages 47550-47551, a proposal that would limit reimbursement of physicians for "Therapy-Incident To" to a narrow group of providers: physical therapists, occupational therapists and speech and language therapists. Currently CMS regulations allow the physician the freedom to choose any qualified health care professional to perform therapy services at the physician's office or clinic.

We do not support this proposal or similar ones contained in the Medicare Program: Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005 (CMS docket # 1429-P). We believe the provisions, which will restrict the physician's ability to determine the type of health care provider who administers "Therapy -Incident To" services, are poorly conceived and could have a detrimental effect on the welfare of Medicare patients.

## **Official Statement**

We, the official representatives of the undersigned organizations, wish to formally state our position on Medicare's proposed changes to the "Therapy-Incident To" services.

We 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.

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

American Academy of Balance Medicine  
American Academy of Family Physicians  
American Academy of Pediatrics  
American Academy of Physical Medicine and Rehabilitation  
American Chiropractic Association  
American Kinesiotherapy Association  
American Medical Massage Association  
American Medical Society for Sports Medicine  
American Optometric Association  
American Orthopedic Society for Sports Medicine  
American Osteopathic Association of Sports Medicine  
American Society of Exercise Physiologists  
California Academy of Family Physicians  
Connecticut State Medical Society

Council on Professional Standards for Kinesiotherapy  
Florida Orthopedic Surgeons  
Lymphedema Stakeholders  
Medical Group Management Association  
Missouri Academy of Family Physicians  
National Athletic Trainers' Association  
National Vision Rehabilitation Association  
Society of Teachers of Family Medicine  
Texas Medical Association