Submitter : Mrs. Lena Zettler Finholt **Date & Time:** 09/07/2004 06:09:34

Organization : Cook Childrens Behavioral Health

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

Please consider allowing master's level clinicians (Licensed Psychological Associates only) to test under the supervision of a licensed psychologist. This is well within the scope of training and practice for LPA's and consistent with the licensing practice of LPA's in Texas

Submitter : Dr. Jay Weinstein **Date & Time:** 09/07/2004 06:09:05

Organization : Assessment

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I have a practice that is almost exclusively diagnostic in scope. I have successfully utilized trained technicians in the administration of psychological & neuropsychological tests. Having a medical doctor, who is unfamiliar with these procedures and/or lacking the background in the interpretation of these tests seems not only counterproductive, but an actual obstruction, very often, to the delivery of psychological services at a high enough standard deserving of medicare recepients. This is analogous to or parallel with technicians being used in radiology and other diagnostic procedures. In those situations, the radiologist does not actually perform the tests, but rather is responsible for interpreting the findings. This is exactly the case with licensed psychologists being the most qualified and best prepared to interpret diagnostic psychological & neuropsychological tests. In this time of more demands being placed on our health care system, it seems straightforward enough that supporting the most efficient way to deliver effective diagnotic testing, is now more than ever the right way to go. After all, these tests were constructed by psychologists for psychologists. To allow the continuance of this discrimination is not in anyone's interest. Respectfully, Jay M. Weinstein, Ph.D.

CMS-1429-P-902

Submitter : Dr. John Hogg **Date & Time:** 09/07/2004 06:09:16

Organization : Dr. John Hogg

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I am a licensed psychologist, board certified clinical neuropsychologist, and a Medicare provider. The purpose of this letter is to express very strong support for the CMS proposed rule change that will allow psychologists to directly supervise diagnostic testing services provided by non-doctoral personnel.

As a clinical neuropsychologist, I have completed advanced education and training in the clinical science of brain-behavior relationships. I specialize in assessment and intervention applied to human behavior as it relates to normal and abnormal central nervous system functioning. By virtue of my doctoral level academic preparation and training, I possess specialized knowledge highly relevant to diagnostic psychological tests and to the supervision of same including for example psychological and neuropsychological test measurement and development, psychometric theory, specialized neuropsychological assessment techniques, and the neuropsychology of behavior. This extensive training and experience ideally qualifies psychologists to safely direct the selection, administration, and interpretation of psychological and neuropsychological testing and assessment procedures in the diagnosis and care of Medicare and Medicaid patients. This extensive training is well beyond the level of training our medical colleagues generally receive in the area of diagnostic psychological tests. My education and training ideally qualify me to directly adminster and supervise the administration of diagnostic psychological and neuropsychological tests. My education and training ideally qualify me to collect and interpret this data, and apply the results in the clinical assessment and treatment of patients. When supervising others, I am at all times responsible for the accuracy, validity, and overall quality of all aspects of the psychological and neuropsychological assessment services that non-doctoral personnel provide under my supervision.
The proposed rule change will well serve CMS patients becuase it will provide more time for neuropsychologists to spend in coordination of care and will increase access to neuropsychological services. Thank you for the opportunity to comment on this very important matter.

As a brief additional point, please consider adding the category Psychologist to the list of health care professionals one can use to identify oneself when commenting on CMS rule changes. Thank you again.

Submitter : Dr. Darcy Cox **Date & Time:** 09/07/2004 06:09:16

Organization : Dr. Darcy Cox

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I strongly support the change to allow psychologists, as well as physicians, to independently supervise psychometricians performing psychological assessment. I believe this will increase psychologists aiblities to provide these services to Medicare patients without decreasing quality.

Submitter : Dr. Marissa Carey **Date & Time:** 09/07/2004 06:09:07

Organization : University of Arizona

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

As a clinical psychologist, I support the proposed regulation changes regarding supervision of diagnositic psychological and neuropsychological tests. Clinical psychologists are uniquely trained to select, administer, interpret and supervise these tests. In addition, clinical psychologists working in training hospitals often supervise clinical psychology students and interns who carry out the administration of these tests under the direct supervision of a clinical psychologist. If physicians are required to supervise these tests, then a key component of the training paradigm for clinical psychologists will be compromised. Further, these proposed changes will relieve an unnecessary burden on physicians for supervision of tests that they do not have expertise in and, in most instances, do not feel comfortable overseeing.

CMS-1429-P-905

Submitter : Dr. Shanna Kurth **Date & Time:** 09/07/2004 07:09:29

Organization : Neuropsychology Clinic, PC

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

Recently, I was asked by an attorney deposing me on a head injury case whether I had sent my raw psychological test data together with my interpretive report to the referring physician. I replied, "No, he would have no idea what to do with it."

Thus, I feel this proposed rule change is long overdue -- I wish to express my very strong support for it. As a clinical neuropsychologist I have completed advanced education and training in the science of brain-behavior relationships. I specialize in the application of assessment and intervention principles based on the scientific study of human behavior across the lifespan as it relates to both normal and abnormal functioning of the central nervous system. By virtue of my doctoral-level academic preparation and training, I possess specialized knowledge of psychological and neuropsychological test measurement and development, psychometric theory, specialized neuropsychological assessment techniques, statistics, and the neuropsychology of behavior (among others). Other health care providers (e.g., psychiatrists, neurologists) address these same patients' medical problems. However, our medical colleagues have not had the specialized knowledge and training (enumerated above) that is needed to safely direct the selection, administration, and interpretation of psychological and neuropsychological testing and assessment procedures in the diagnosis and care of Medicare and Medicaid patients.

My education and training uniquely qualifies me to direct test
selection and to perform the interpretation of psychological and neuropsychological testing results that have been collected by non-doctoral personnel that assist with the technical aspects of psychological and neuropsychological assessments (i.e., administering and scoring the tests that I indicate). I am at all times responsible for the accuracy, validity and overall quality of all aspects of the psychological and neuropsychological assessments services that non-doctoral personnel provide under my supervision.

The current CMS requirement that neuropsychologists personally
administer tests to Medicare and Medicaid patients adversely affects the overall population of Medicare and Medicaid patients because it results in neuropsychologists having less time for interviewing, test interpretation and the coordination of care. The existing requirement reduces the number of patients that each neuropsychologist can serve and results in fewer Medicare and Medicaid recipients being able to access psychological and neuropsychological services. Limited access to necessary care is already a concern in many rural and metropolitan areas. For these reasons, I strongly endorse this rule change because it will clearly benefit Medicare and Medicaid patients' by improving their access to psychological and neuropsychological assessment services.

CMS-1429-P-906

Submitter : Dr. Elizabeth Pieroth **Date & Time:** 09/07/2004 07:09:28

Organization : Neurobehavioral and Rehabilitation Network

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I am writing in support of the proposed changes to the CMS rules allowing psychologists to supervise technicians who administer psychological and neuropsychological tests. As licensed, doctoral level clinicians we are best suited to supervise test administration. Just as other medical professions do, psychologists can best serve their patients with the assistance of appropriately trained assistants.

Submitter : **Date & Time:** 09/07/2004 07:09:46

Organization :

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

9/7/04

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:

Certified Athletic Trainers are highly trained in evaluating, treating, and rehabilitating injuries to physically active individuals. I have worked with many patients in my career. I have treated stroke patients, whom after her insurance (allowed only 20 visits with a Physical Therapist) released her, she could barely walk or take care of herself. She can now walk without a limp and is fully functional with her left hand. It took her a lot of time and effort to reach this point, which would have been unaffordable for her under any other circumstances. I have treated many other patients with knee and hip replacements that have returned to active lifestyles because they were able to work with me extensively. The events are countless and yet this Revision is threatening Certified Athletic Trainers from providing their services to those who need them.

Certified Athletic Trainers are highly qualified and educated professionals that follow a very rigorous curriculum before they are eligible for certification. I am sure that you will find the education and examination process for Certified Athletic Trainers qualifies them as health care professionals that should be utilized by the Medicare program for the well being of the patients.

I would also like to put forth that Certified Athletic Trainers provide all of the treatment and rehabilitative care for our Olympic Athletes in competition. I highly doubt if Certified Athletic Trainers were not qualified to rehabilitate orthopedic injuries that they would be the allied health care professionals of choice for the finest athletes in the world.

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,

Dale Ellicott, M.Ed., A.T.,C.
2130 Elm St. #406
Dunedin, FL 34698

CMS-1429-P-908

Submitter : Dr. Matthew Thomas **Date & Time:** 09/07/2004 07:09:01

Organization : Dartmouth-Hitchcock Medical Center

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The drastic reductions proposed for payments for urology medications (AWP +6%) will significantly affect the way practices are able to effectively manage their patients and their diseases. The six percent markup will barely cover the cost of aquisition, storage, administration of the medication as well as administrative expenses. In addition, it doesn't cover those patients who don't pay or whose reimbursement doesn't cover the cost of the medication. Despite the fact that inflation has risen 3-4% per year for the past 13 yrs, CMS has cut reimbursement for urology procedures approx 30% during this same time period. These cutbacks, in addition to the proposed cutbacks for the reimbursement of the urology medications is making it more and more difficult to care for patients and their diseases properly. Given the staggering financial costs of these changes we may be forced in to sending patients to the hospital to have these medications delivered with a higher cost to CMS, society and most importantly the patient.

Submitter : Dr. Cindy Westergaard **Date & Time:** 09/07/2004 07:09:07

Organization : Neurobehavioral Consultants, LLC

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

Licensed Clinical (Ph.D. level) Psychologists are the best qualified professionals to supervise and take clinical responsibility for psychological data collected by technicians. Similary, licensed clinical neuropyschologists are best qualified to supervise and take clinical responsibility for neuropsychological data collected by technicians. Psychologists and neuropsychologists should be allowed to bill insurance companies, including medicare and medicaid, for data collected by technicians - when these technicians are under the direct supervision of these PhD level licensed clinical psychologists or neuropsychologists.

Submitter : Dr. Richard Parker **Date & Time:** 09/07/2004 07:09:48

Organization : San Diego Sports Medcine

Category : Physician

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

CMS-1429-P-910-Attach-1.doc

Submitter : Jerry Lejeune, PhD **Date & Time:** 09/07/2004 07:09:18

Organization : Jerry Lejeune, PhD

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I strongly support the rule change to allow Psychologist to supervis diagnostic testing. Thank you Jerry Lejeune, PhD.

CMS-1429-P-912

Submitter : Dr. Alan Breen **Date & Time:** 09/07/2004 07:09:49

Organization : Dr. Alan Breen

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

Psychologists and neuropsychologists like myself have long relied upon technicians (psychometrists) to administer a range of objective assessment tools. The psychometrists role is analgous to an X-ray technician in that the Doctor or Psychologist determines the specific procedures to be followed and is responsible to interpreting and analyzing the information. All professional decisions are based upon the trained judgment of the PhD. The psychometrists only responsibility is to accurately administer tests following well defined standard procedural rules. Professional organizations like the National Academy of Neuropsychology have issued position papers indicating that use of psychometrists is standard practice. FAilure to permit psychometrists will limit the availability of important diagnostic neuropsychololical assessment services to the elderly because the time required to administer tests will not be readily made available. The psychologists will use their professional time other ways.

CMS-1429-P-913

Submitter : Dr. Vivian Begali **Date & Time:** 09/07/2004 08:09:55

Organization : Shelterining Arms Physical Rehabiliation Hospital

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

Request support for licensed clinical psychologists and neuropsychologists to train and supervise technicians to administer select psychological and neuropsychological tests. Psychological and neuropsychological tests must be administered by clinical psychologists or those who have been trainied by clinical psychologists to do so. Clinical psychologists have extensive doctoral level training in the areas of test administration and interpretation. Test admininsistration can be conducted by properly trained and supervised technicians which would enable the licensed clinical psychologist to provide testing and treatment services to a greater number of patients and help avert more costly psychiatric and medical care.

CMS-1429-P-914

Submitter : Dr. Chris Rachal **Date & Time:** 09/07/2004 08:09:45

Organization : Southeast Neuroscience Center of Excellence

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

I am in favor of the CMS rule change regarding outpatient supervision of technicians when doing psychological/neuropsychological tests. As a one of only two neuropsychologists with a base practice in a three county (rural) area, the change in supervision would allow me to provide physicians with more timely consultation results and allow the physicians to provide quicker and better health care.

Thank you.

Submitter : Dr. Matthew Musket **Date & Time:** 09/07/2004 08:09:00

Organization : Good Physical Therapy

Category : Physical Therapist

Issue Areas/Comments

Issues 10-19

DEFINING THERAPY SERVICES

"physical therapy" is not a generic term for an ambiguous procedure, rather PHYSICAL THERAPY is a true PROFESSION provided by professionals; therefore, only physical therapists graduating from CAPTE approved graduate schools shall be permitted to perform and to bill for PHYSICAL THERAPY. Physical therapist are Doctoral (DPT) trained professionals, such as MD, DO, DPM's, etc.

THERAPY ASSISTANTS IN PRIVATE PRACTICE

Physical Therapist Assistants (PTA's)are trained (associate degree) to performed skilled therapeutic exercises within their professional training limitations, as directed by a master or doctoral (MSPT/DPT) trained physical therapist. Thus, PTA's should be able to performed appropriate tasks without immediate 'on site' supervision by a PT.

Submitter : Dr. Joseph Ackerson **Date & Time:** 09/07/2004 08:09:32

Organization : University of Alabama Birmingham

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I support the CMS rule change allowing Psychologists/Neuropsychologists to supervise technicians. Licensed psychologists use of technicians to assist with the administration and scoring of psychological tests not only reflects the current standard of care, it has a long history in the field, especailly in the area of Clinical Neuropsychology.

Submitter : Dr. William Schneider **Date & Time:** 09/07/2004 08:09:40

Organization : Unity Health System

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Psychologists receive extensive graduate training in psychological assessment (an average of seven years). This exceedes the level of all other professions in this regard. Technicians can provide assistance to psychologists, making psychological services more available to patients. The technicians should be trained and directly supervised by doctoral level licensed psychologists, who are expets in psychological testing. If psychologists were not permitted to train, use, and supervise technicians, this would be inconsistent with use of technicians in other disciplines.

As a licensed psychologist in the state of New York, I urge your support of the CMS rule change allowing psychologists to independently supervise technicians for psychological testing.

Your attention to this important matter is greatly appreciated.

Sincerely,

William Schneider, PH.D.
Licensed Psychologist

CMS-1429-P-918

Submitter : Dr. william link **Date & Time:** 09/07/2004 08:09:03

Organization : southeastern psychological services

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

i am writing in support of the proposed revisions regarding the use of technicians under the supervision of psychologist for diagnostic psychological tests. it will enable such services to be provided in a more efficient and cost effective manner, thereby extending the benefit of having the input of a licensed psychologist to a population of people currently not receiving such.

Submitter : Dr. Michael McCrea **Date & Time:** 09/07/2004 08:09:05

Organization : Waukesha Memorial Hospital

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

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

RE: Proposed Supervision Rule Change of Neuropsychological Testing

Dear Centers for Medicare and Medicaid Services:

I am a clinical neuropsychologist. The purpose of this letter is to express my very strong support for the Centers for Medicare and Medicaid Services' proposed rule change (as outlined in CMS-1429-P) that addresses the supervision of psychological and neuropsychological testing by doctoral-level psychologists.

As a clinical neuropsychologist I have completed advanced education and training in the science of brain-behavior relationships. I specialize in the application of assessment and intervention principles based on the scientific study of human behavior across the lifespan as it relates to both normal and abnormal functioning of the central nervous system. By virtue of my doctoral-level academic preparation and training, I possess specialized knowledge of psychological and neuropsychological test measurement and development, psychometric theory, specialized neuropsychological assessment techniques, statistics, and the neuropsychology of behavior (among others). Other health care providers (e.g., psychiatrists, neurologists) address these same patients' medical problems. However, our medical colleagues have not had the specialized knowledge and training (enumerated above) that is needed to safely direct the selection, administration, and interpretation of psychological and neuropsychological testing and assessment procedures in the diagnosis and care of Medicare and Medicaid patients.

My education and training uniquely qualifies me to direct test selection and to perform the interpretation of psychological and neuropsychological testing results that have been collected by non-doctoral personnel that assist with the technical aspects of psychological and neuropsychological assessments (i.e., administering and scoring the tests that I indicate). I am at all times responsible for the accuracy, validity and overall quality of all aspects of the psychological and neuropsychological assessments services that non-doctoral personnel provide under my supervision.

The current CMS requirement that neuropsychologists personally administer tests to Medicare and Medicaid patients adversely affects the overall population of Medicare and Medicaid patients because it results in neuropsychologists having less time for interviewing, test interpretation and the coordination of care. The existing requirement reduces the number of patients that each neuropsychologist can serve and results in fewer Medicare and Medicaid recipients being able to access psychological and neuropsychological services. Limited access to necessary care is already a concern in many rural and metropolitan areas. For these reasons, I strongly endorse this rule change because it will clearly benefit Medicare and Medicaid patients' by improving their access to psychological and neuropsychological assessment services.

Thank you for the opportunity to comment on this very important matter.

Sincerely,

Michael McCrea, PhD, ABPP
Head of Neuropsychology Service
Waukesha Memorial Hospital
721 American Avenue, Suite 501
Waukesha, WI 53188
262-928-2156 FAX: 262-544-1213
email: michael.mccrea@phci.org

Submitter : Dr. Gary Kay **Date & Time:** 09/07/2004 08:09:19

Organization : Washington Neuropsychological Institute

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

Neuropsychological assessment relies heavily upon professional psychometricians, highly trained individuals who administer and score psychological and neuropsychological tests in a standardized manner. These individuals are trained by the neuropsychologist and work directly under the supervision of the licensed practitioner. The hourly rate currently being paid for neuropsychological assessment would be considerably higher if there were any limitations on either the use of these skilled technicians or if there was any reduction in compensation for services provided in conjunction with these technicians.

Submitter : Dr. LaMar Neal **Date & Time:** 09/07/2004 08:09:17

Organization : Dr. LaMar Neal

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I am in support of the propose rule changes by CMS for outpatient supervision of technicians to administer psychological tests.

Submitter : Dr. **Date & Time:** 09/07/2004 08:09:07

Organization : Dr.

Category : Health Care Provider/Association

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

Clinical neuropsychologists (ie., non-physician doctors) should be the primary supervisors of clinical neuropsychological testing conducted by appropriately trained technicians.

Submitter : Dr. Normand Begnoche **Date & Time:** 09/07/2004 08:09:00

Organization : Independent Practitioner

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

Please take in to consideration my support for the proposed changes to current regulation that at present inappropriately requires a physician to supervise ancillary staff that administer diagnostic tests to Medicare patients. I am a clinical psychologist, trained in the principles or diagnostic testing as well as the administration of the same. Much of my current professional activities involve the direct administration of diagnostic tests within medical settings. I feel that I, as well as clinical psychologists in general, are best suited to supervise ancillary staff who administer diagnostic tests. I enourage CMS to execute the proposed changes to allow us to begin doing so.

CMS-1429-P-924

Submitter : Dr. Isabelle Beaulieu **Date & Time:** 09/07/2004 08:09:45

Organization : henry Ford health System

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I support the CMS rule change regarding outpatient supervision of technicians.

CMS-1429-P-925

Submitter : Dr. Michael Steinhardt **Date & Time:** 09/07/2004 08:09:42

Organization : Hackensack University Medical Center

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I strongly support this change. Clinical psychologists should be reinbursed when supervising technicians who perform psychological and neuropsychological testing. This is the industry standard.

Thank you.

MS

CMS-1429-P-926

Submitter : Dr. James Pinkston **Date & Time:** 09/07/2004 08:09:22

Organization : Louisiana State University Health Sciences Center

Category : Physician

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

Dear Centers for Medicare and Medicaid Services:

I am a licensed clinical neuropsychologist. The purpose of this letter is to express my very strong support for the Centers for Medicare and Medicaid Services' proposed rule change (as outlined in CMS-1429-P) that addresses the supervision of psychological and neuropsychological testing by doctoral-level psychologists.

As a clinical neuropsychologist I have completed advanced education and training in the science of brain-behavior relationships. I specialize in the application of assessment and intervention principles based on the scientific study of human behavior across the lifespan as it relates to both normal and abnormal functioning of the central nervous system. By virtue of my doctoral-level academic preparation and training, I possess specialized knowledge of psychological and neuropsychological test measurement and development, psychometric theory, specialized neuropsychological assessment techniques, statistics, and the neuropsychology of behavior (among others). Other health care providers (e.g., psychiatrists, neurologists) address these same patients' medical problems. However, our medical colleagues have not had the specialized knowledge and training (enumerated above) that is needed to safely direct the selection, administration, and interpretation of psychological and neuropsychological testing and assessment procedures in the diagnosis and care of Medicare and Medicaid patients.

My education and training uniquely qualifies me to direct test selection and to perform the interpretation of psychological and neuropsychological testing results that have been collected by non-doctoral personnel that assist with the technical aspects of psychological and neuropsychological assessments (i.e., administering and scoring the tests that I indicate). I am at all times responsible for the accuracy, validity and overall quality of all aspects of the psychological and neuropsychological assessments services that non-doctoral personnel provide under my supervision.

The current CMS requirement that neuropsychologists personally administer tests to Medicare and Medicaid patients adversely affects the overall population of Medicare and Medicaid patients because it results in neuropsychologists having less time for interviewing, test interpretation and the coordination of care. The existing requirement reduces the number of patients that each neuropsychologist can serve and results in fewer Medicare and Medicaid recipients being able to access psychological and neuropsychological services. Limited access to necessary care is already a concern in many rural and metropolitan areas. For these reasons, I strongly endorse this rule change because it will clearly benefit Medicare and Medicaid patients' by improving their access to psychological and neuropsychological assessment services.

Thank you for the opportunity to comment on this very important matter.

Sincerely,

Dr. James B. Pinkston
Licensed Clinical Neuropsychologist
Lousiana State University Health Sciences Center
Shreveport, Louisiana 71103

CMS-1429-P-927

Submitter : **Dr. Marian Diamond** **Date & Time:** **09/07/2004 09:09:23**

Organization : **Private Practice**

Category : **Other Health Care Professional**

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I am astounded to find out that only Medical doctors are allowed to supervise psychological testing administered by technicians! The education of physicians is in the medical care of the human body and not in the evaluation and diganosis of DSM-IV disorders through psychological testing. I am a psychologist and all during my doctoral program I took testing courses which focused on rendering a diagnoses of mental illnesses (if appropriate) through testing. All my 3000 intership hours, under careful supervision of other psychologists, were also devoted to the use of psyhological testing for the purpose of rendering a DSM-IV diagnosis. The field of psychology has been administering and researching such testing for over 100 years; it is widely known in the mental health field that such testing is our true expertise as no other field has devoted this kind of training for practitioners nor has acculmulated the enormous data base of research on psychological testing as has the field of psychology.

Look at the medical school curriculum. There is rarely one single course in psychological testing nor is it a part of their intership or residency training. The fact that a fully trained medical doctor can even presume to administer psychlogical testing, let alone supervise it, is a concept that boggles the common sense mind. How did it come to be that individuals with ABSOLUTELY NO TRAINING can be allowed to supervise ANYONE in the field of psychological testing? This is no different from making it an allowable service for psychologists to supervise medical interns in surgery! There is absolutely no way Medicare or any government program can justify such idiocy and can continue to misrepresent this issue to the American public who pay taxes! Do you not present to the public that your providers are sufficiently trained in the service they offer and that the public can rely on your monitoring of the necessary training for such services?

Psychologist are proud of their training. I never use a test until it has met severe standards for reliablity and validity. I constantly review the research literature on a the wide number of test I use, also. I doubt doctors even have the time to master the vast body of empirical literature on psychological testing. In fact, they continually use surveys to assist them in the diagnosis of mental illnesses which have rarely been subjected to rigorous research of any kind. To continue to allow physicians with NO TRAINING to supervise technicians who are administering psychological testing while PROHIBITING THE PROFESSIONALS who are extensively trained at the docotoral level to do so, is a lie and a disservice to the American taxpayer who trusts in your judgment and pays for the service. Please correct this disservice by making the change in the regulations allowing psychologists with their specialized training and expertise to supervise testing technicians. Without such a change you are providing the American public with untrained individuals who are supervising untrained technicians in a vital service - one that is extremely helpful in shortening the time for subsequent treatment when supervised by competent psychologists.

Thank you for your consideration and time.

Sincerely,
Dr. Marian Diamond

CMS-1429-P-928

Submitter : Ms. Nancy L Gessner **Date & Time:** 09/07/2004 08:09:42

Organization : Ms. Nancy L Gessner

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

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

Dear Dr. McClellan:

I am a physical therapist currently practicing in a hospital setting. My professional entry-level degree is a Bachelor of Science from New York University. I have been practicing for 33 years treating many types of patients both in outpatient and inpatient settings.
The hospital that I work at treats patients both in the hospital as well as on an outpatient basis.

I wish to comment on the August 5 proposed rule on ?Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005?. In this proposed rule, CMS discusses establishing requirements for individuals who furnish outpatient physical therapy services in physician?s offices. CMS proposes that those qualifications of individuals providing physical therapy services ?incident to? a physician should meet qualifications for physical therapy in 42 CFR ? 484.4, with the exception of licensure.

I strongly support CMS?s proposed requirement that physical therapists working in physician?s offices be graduates of accredited professional physical therapy programs. Physical therapists and physical therapy assistants under the supervision of physical therapists are the only practitioners who have the education and training to furnish physical therapy services. Unqualified personnel should NOT be providing physical therapy services.

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

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

Physical therapists receive significant training in anatomy and physiology, have a broad understanding of the body and its functions, and have completed comprehensive patient care experience in a variety of settings. This background and training enables physical therapists to obtain positive outcomes for individuals with disabilities and other medical conditions needing rehabilitation. This education is particularly important when treating Medicare beneficiaries who often have one or more co-morbid conditions.
The delivery of so-called ?physical therapy services? by unqualified personnel is harmful to the patient. Unqualified individuals may not recognize when a patient has a co-morbid condition that may adversely affect the outcome of therapy or a particular treatment modality is contraindicated for that patient. The knowledge of how and when to apply certain therapy modalities is an integral part of a physical therapist?s professional education. There is the potential for causing harm to a patient when an unqualified individual applies these modalities. I have treated individuals who have previously been received `physical therapy services? from unqualified individuals. In these cases the patient often had improper or inadequate treatment that may have hindered their outcomes.

A financial limitation on the provision of physical therapy services (referred to as the physical therapy cap) is scheduled to become effective January 1, 2006. Under the current Medicare policy, a patient could exceed his/her cap on therapy without ever recei

Submitter : Dr. John Randolph **Date & Time:** 09/07/2004 09:09:06

Organization : Dartmouth Medical School

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

As a clinical neuropsychologist I have completed advanced education and training in the science of brain-behavior relationships. I specialize in the application of assessment and intervention principles based on the scientific study of human behavior across the lifespan as it relates to both normal and abnormal functioning of the central nervous system. By virtue of my doctoral-level academic preparation and training, I possess specialized knowledge of psychological and neuropsychological test measurement and development, psychometric theory, specialized neuropsychological assessment techniques, statistics, and the neuropsychology of behavior (among others). Other health care providers (e.g., psychiatrists, neurologists) address these same patients' medical problems. However, our medical colleagues have not had the specialized knowledge and training (enumerated above) that is needed to safely direct the selection, administration, and interpretation of psychological and neuropsychological testing and assessment procedures in the diagnosis and care of Medicare and Medicaid patients.

My education and training uniquely qualifies me to direct test selection and to perform the interpretation of psychological and neuropsychological testing results that have been collected by non-doctoral personnel that assist with the technical aspects of psychological and neuropsychological assessments (i.e., administering and scoring the tests that I indicate). I am at all times responsible for the accuracy, validity and overall quality of all aspects of the psychological and neuropsychological assessments services that non-doctoral personnel provide under my supervision.

The current CMS requirement that neuropsychologists personally administer tests to Medicare and Medicaid patients adversely affects the overall population of Medicare and Medicaid patients because it results in neuropsychologists having less time for interviewing, test interpretation and the coordination of care. The existing requirement reduces the number of patients that each neuropsychologist can serve and results in fewer Medicare and Medicaid recipients being able to access psychological and neuropsychological services. Limited access to necessary care is already a concern in many rural and metropolitan areas. For these reasons, I strongly endorse this rule change because it will clearly benefit Medicare and Medicaid patients' by improving their access to psychological and neuropsychological assessment services.

Thank you for the opportunity to comment on this very important matter.

Sincerely,
John Randolph, Ph.D.

Submitter : Mr. Philip Ford **Date & Time:** 09/07/2004 09:09:07

Organization : Azusa Pacific University

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

September 7, 2004

Department of Physical Education
Athletic Training Education Program
Azusa Pacific University
901 E. Alosta Ave
Azusa, CA 91702

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

Re: Therapy ? Incident To

Dear Sir/Madam:

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

Athletic training is the health care profession that specializes in the prevention, assessment, treatment and rehabilitation of injuries to athletes and others who are engaged in everyday physical activities. Athletic Training Education Programs are also nationally accredited through the Commission of Accreditation of Allied Health Programs as either 4-year or entry-level graduate degrees. ATCs are multi-skilled health care professionals with a strong academic and clinical background who can, and are, making significant contributions to health care. ATCs are highly educated and fully qualified health care providers, evident in their recognition by the American Medical Association as an allied health care profession. If this proposal would pass, it would threaten the employment of many athletic trainers who are employed as physician extenders in clinics and physician offices. Therefore this proposal threatens employment opportunities in those settings and the value of a four year college degree and national certification in Athletic Training. With this type of limitation artificially placed on the provision of ?incident to? services by qualified (through accredited academic programs in athletic training, a national board examination, and state practice acts) health care providers the CMS will only add to the skyrocketing health care costs, put qualified people out of work, and reduce the overall quality of health care in the United States.

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

Sincerely,

Philip Ford ABD, M.S. ATC
Azusa Pacific University
Athletic Training Education Program

Coordinator of Clinical Education
Assistant Professor

CMS-1429-P-931

Submitter : Dr. Daniel Riesling **Date & Time:** 09/07/2004 09:09:39

Organization : Gatza Chiropractic Arts

Category : Chiropractor

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

To Whom It May Concern:

The idea that Athletic Trainers do not have parity with Physical Therapists in all aspects of Medicare that apply, is proposterous. They get just as much education as PT's and have been bullied aside in their rights to do so by a much more established entity. I, for one, do not agree with the current policies concerning the restriction of medicare coverage for Athletic Trainers. Please consider these points I've made when making Policy concerning Athletic Training Health Professionals.

Sincerely,

Dr. Daniel Riesling, D.C.

Submitter : Dr. Sheryl Reminger **Date & Time:** 09/07/2004 09:09:10

Organization : University of Arizona

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

The current policy that stipulates that psychological testing must be supervised by a physician is irresponsible and, very likely in many situations, unethical. Although some physicians may have experience in this domain, most physicians are not trained in any way to supervise this type of diagnostic testing. Clinical psychologists are specifically trained in the administration of diagnostic psychological tests and in the supervision of individuals who administer such tests. In the interest of patient safety and care, this policy needs to be changed. It is most feasible and economically sound to continue with a policy of having technicians perform routine procedures, and the supervisor's presence is not required in such situations. However, it is imperative that the supervision of such individuals and interpretation of results be carried out by licensed clinical psychologists who are qualified to do so.

CMS-1429-P-933

Submitter : Mr. Doug Woodard **Date & Time:** 09/07/2004 09:09:00

Organization : Cardia Heart recirculation Centers, Inc

Category : Other Health Care Provider

Issue Areas/Comments

GENERAL

GENERAL

I would like to express my strong reservation with the reduction in the 2005 Proposed Medicare Physician Fees for G0166, External Counterpulsation (ECP), and its impact on the payment rate for this therapy. Specifically, I wish to express my objection to the reduction in the Practice Expense RVU of 10% from 3.58 in 2004 to the 3.22 proposed for 2005.

ECP offers a safe, non-invasive, outpatient based method of alleviating ischemia for patients who have failed usual medical therapies for treatment of disabling angina not amenable to revascularization.

External counterpulsation requires a practice investment in capital equipment, office space and disposable supplies for each treatment. In addition to these and other escalating overhead expenditures, the procedure requires a physician to provide direct supervision and a specially trained nurse or technician to evaluate and assess the patient?s status before, during and after the one-hour treatment session. Patients spend approximately 75-90 minutes or longer in the practice setting per one-hour treatment session as the staff conducts assessment, patient education and post treatment evaluations. Patients receive a total of 35 one-hour treatment sessions in the usual course of therapy, although the actual amount of staff and physician time may actually be more.

Clinical benefits of ECP include reduced chest pain, reduced need for medication, increased exercise tolerance and significantly improved quality of life. Despite these documented and peer reviewed outcomes, a patient must fail multiple angioplasty or bypass procedures at costs of $9,000 - $25,000 per procedure vs. less than $5,000 for ECP before qualifying for this therapy. It is very unfortunate that invasive options still receive so much attention and increased reimbursement given the success of ECP therapy.

I believe that this 2005 Proposed Rule for Medicare Physician Fee Schedule for G0166, External Counterpulsation, will limit the availability of this therapy by creating an arduous hurdle or
disincentive for physicians who want to provide this to their patients. The proposed fee reduction for 2005 along with the 34% reduction for GO166 ECP in 2004 represents a cumulative reduction in reimbursement for ECP therapy of 40% over 2 years. (In contrast, cardiology practice fees are being increased on average 1.6 to 2% for 2005.)

For those of us who have made the capital investment, have signed the leases, have hired the necessary medical personnel and are devoting our time and attention to supervising the treatment process, the proposed reduction will make it even more difficult to continue to provide this important, innovative treatment.

Thank you for the opportunity to be on record through the public comment period to voice my reservations and objections with the continued reduction in physician fees for G0166. I urge you to reconsider and increase the rate for G0166.

Doug Woodard
Vice President
Cardia Heart recirculation Centers, Inc

CMS-1429-P-934

Submitter : Ms. Terry Pennebaker **Date & Time:** 09/07/2004 09:09:42

Organization : Cardia Heart Recirculation Centers, Inc.

Category : Other Health Care Provider

Issue Areas/Comments

GENERAL

GENERAL

I would like to express my strong reservation with the reduction in the 2005 Proposed Medicare Physician Fees for G0166, External Counterpulsation (ECP), and its impact on the payment rate for this therapy. Specifically, I wish to express my objection to the reduction in the Practice Expense RVU of 10% from 3.58 in 2004 to the 3.22 proposed for 2005. ECP offers a safe, non-invasive, outpatient based method of alleviating ischemia for patients who have failed usual medical therapies for treatment of disabling angina not amenable to revascularization. External counterpulsation requires a practice investment in capital equipment, office space and disposable supplies for each treatment. In addition to these and other escalating overhead expenditures, the procedure requires a physician to provide direct supervision and a specially trained nurse or technician to evaluate and assess the patient?s status before, during and after the one-hour treatment session. Patients spend approximately 75-90 minutes or longer in the practice setting per one-hour treatment session as the staff conducts assessment, patient education and post treatment evaluations. Patients receive a total of 35 one-hour treatment sessions in the usual course of therapy, although the actual amount of staff and physician time may actually be more. Clinical benefits of ECP include reduced chest pain, reduced need for medication, increased exercise tolerance and significantly improved quality of life. Despite these documented and peer reviewed outcomes, a patient must fail multiple angioplasty or bypass procedures at costs of $9,000 - $25,000 per procedure vs. less than $5,000 for ECP before qualifying for this therapy. It is very unfortunate that invasive options still receive so much attention and increased reimbursement given the success of ECP therapy. I believe that this 2005 Proposed Rule for Medicare Physician Fee Schedule for G0166, External Counterpulsation, will limit the availability of this therapy by creating an arduous hurdle or disincentive for physicians who want to provide this to their patients. The proposed fee reduction for 2005 along with the 34% reduction for GO166 ECP in 2004 represents a cumulative reduction in reimbursement for ECP therapy of 40% over 2 years. (In contrast, cardiology practice fees are being increased on average 1.6 to 2% for 2005.) For those of us who have made the capital investment, have signed the leases, have hired the necessary medical personnel and are devoting our time and attention to supervising the treatment process, the proposed reduction will make it even more difficult to continue to provide this important, innovative treatment. Thank you for the opportunity to be on record through the public comment period to voice my reservations and objections with the continued reduction in physician fees for G0166. I urge you to reconsider and increase the rate for G0166.

CMS-1429-P-935

Submitter : Dr. Linda Woodard **Date & Time:** 09/07/2004 09:09:57

Organization : CArdia Heart Recirculation Medical Center, Inc.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I would like to express my strong reservation with the reduction in the 2005 Proposed Medicare Physician Fees for G0166, External Counterpulsation (ECP), and its impact on the payment rate for this therapy. Specifically, I wish to express my objection to the reduction in the Practice Expense RVU of 10% from 3.58 in 2004 to the 3.22 proposed for 2005. ECP offers a safe, non-invasive, outpatient based method of alleviating ischemia for patients who have failed usual medical therapies for treatment of disabling angina not amenable to revascularization. External counterpulsation requires a practice investment in capital equipment, office space and disposable supplies for each treatment. In addition to these and other escalating overhead expenditures, the procedure requires a physician to provide direct supervision and a specially trained nurse or technician to evaluate and assess the patient?s status before, during and after the one-hour treatment session. Patients spend approximately 75-90 minutes or longer in the practice setting per one-hour treatment session as the staff conducts assessment, patient education and post treatment evaluations. Patients receive a total of 35 one-hour treatment sessions in the usual course of therapy, although the actual amount of staff and physician time may actually be more. Clinical benefits of ECP include reduced chest pain, reduced need for medication, increased exercise tolerance and significantly improved quality of life. Despite these documented and peer reviewed outcomes, a patient must fail multiple angioplasty or bypass procedures at costs of $9,000 - $25,000 per procedure vs. less than $5,000 for ECP before qualifying for this therapy. It is very unfortunate that invasive options still receive so much attention and increased reimbursement given the success of ECP therapy. I believe that this 2005 Proposed Rule for Medicare Physician Fee Schedule for G0166, External Counterpulsation, will limit the availability of this therapy by creating an arduous hurdle or disincentive for physicians who want to provide this to their patients. The proposed fee reduction for 2005 along with the 34% reduction for GO166 ECP in 2004 represents a cumulative reduction in reimbursement for ECP therapy of 40% over 2 years. (In contrast, cardiology practice fees are being increased on average 1.6 to 2% for 2005.) For those of us who have made the capital investment, have signed the leases, have hired the necessary medical personnel and are devoting our time and attention to supervising the treatment process, the proposed reduction will make it even more difficult to continue to provide this important, innovative treatment. Thank you for the opportunity to be on record through the public comment period to voice my reservations and objections with the continued reduction in physician fees for G0166. I urge you to reconsider and increase the rate for G0166.

Submitter : Dr. Teresa Thomas **Date & Time:** 09/07/2004 09:09:39

Organization : Dr. Teresa Thomas

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

I am in support of allowing psychologists to supervise technicians for psychological and neuropsychological testing.

Submitter : Mrs. Carol Leandro **Date & Time:** 09/07/2004 09:09:52

Organization : Mrs. Carol Leandro

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Therapy- Incident To

My name is Carol Leandro and I am a physical therapist practicing in Ojai, California. I have been working in an outpatient physical therapy office for the past 4 years. I graduated from California State University Northridge in 2000 with a Masters Degree in Physical Therapy. I am writing to comment on the August 5th proposed rule regarding physical therapy services provided in a physician's office. I strongly support the proposed rule that requires individuals performing physical therapy working in physicians office be graduates of accredited professional physical therapist programs. I take a great deal of pride in my profession and I am commited to providing my patients the best care possible. My colleages and I have spent 4-7 years at the university level studying anatomy, physiology, biomechanics, geriatrics, exercise, cardiology, and pediatrics (to name a few) and their relation to physical therapy. We have learned to treat a wide variety of physical ailments and we have learned to recognize when treatment is beyond our scope. Our education is not to be taken lightly. I have treated patients who have come in leary of physical therapy because they have had a negative experience in the past, only to find out that the 'therapist' they saw was a masseuse with 3 months of experience. Physical therpay is a wonderful tool in rehabilitation and injury prevention, but as with other disciplines, in the wrong hands it can cause harm. Just a you would expect someone performing surgery to be a licensed surgeon, so should a person performing physical therapy be a licensed physical therapist. We need to work within the scope of our professions to benifit the patients and the professions. Regardless of where it is performed physical therapy needs to be provided by a qualified physcial therapist.

Submitter : Dr. Robert Keet **Date & Time:** 09/07/2004 09:09:45

Organization : Western Medical Associates, Inc.

Category : Physician

Issue Areas/Comments

Issues 1-9

GPCI

CMS-1429-P-938-Attach-1.doc

CMS-1429-P-939

Submitter : **Date & Time:** 09/07/2004 10:09:39

Organization :

Category : Other Health Care Provider

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1429-P-939-Attach-1.doc

Submitter : Dr. Christine Naber **Date & Time:** 09/07/2004 10:09:16

Organization : Dr. Christine Naber

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

Psychologists should be allowed to supervise technicians independently of physician oversight. Psychologists are the only practitioners actually trained in diagnositic and psychological tests and are therefore more qualified to supervise and use technicians than physicians or other persons are. Please change the regulations to reflect this.

Submitter : Dr. Ellen Popenoe **Date & Time:** 09/07/2004 10:09:29

Organization : Maine Medical Center

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

Dear Centers for Medicare and Medicaid Services:

I am a board certified clinical neuropsychologist. The purpose of this letter is to express my very strong support for the Centers for Medicare and Medicaid Services' proposed rule change (as outlined in CMS-1429-P) that addresses the supervision of psychological and neuropsychological testing by doctoral level psychologists (Ph.D. or Psy.D.).

As a board certified clinical neuropsychologist, I have completed advanced education and training in the science of brain-behavior relationships. I specialize in assessment and intervention based on the scientific study of child development and behavior as it relates to both normal and abnormal development and functioning of the central nervous system. Because of my advanced training, I have specialized knowledge in psychological and neuropsychological test measurement and development, psychometric theory, specialized neuropsychological assessment techniques, statistics, and the neuropsychology of child development and behavior. Other health care providers, such as psychiatrists, neurologists, and pediatricians address medical and psychiatric problems in my patients, but these physicians have not had the specialized knowledge and years of training in the selection, administration, and interpretation of psychological and neuropsychological tests and assessment procedures.

My education, advanced training, and board certification in neuropsychology uniquely qualifies me to select tests and perform the interpretation of psychological and neuropsychological test results collected by non-doctoral personnel who assist with the technical aspects of psychological and neuropsychological assessments, such as administering and scoring the tests that I indicate. I am at all times responsible for the accuracy, validity, and overall quality of all aspects of the psychological and neuropsychological assessments services that non-doctoral personnel provide under my supervision.

The current CMS requirement that neuropsychologists personally administer tests to Medicare and Medicaid patients adversely affects Medicare and Medicaid patients because it results in neuropsychologists having less time for interviewing, test interpretation, and the coordination of care. The existing requirement reduces the number of patients that each neuropsychologist can serve and results in fewer Medicare and Medicaid recipients being able to access psychological and neuropsychological services. Children in need currently have to wait about 10 months or longer for my services. Limited access to necessary care is already a concern in many rural and metropolitan areas. For these reasons, I strongly endorse this rule change because it will clearly benefit Medicare and Medicaid patients' by improving their access to psychological and neuropsychological assessment services.

Thank you very much for the opportunity to comment on this very important matter.

Sincerely yours,

Ellen J. Popenoe, Ph.D., ABPP-CN
Board Certified Clinical Neuropsychologist
American Board of Professional Psychology

Maine Medical Center
932 Congress Street
Portland, ME 04012

Submitter : Ms. Kathy Dieringer **Date & Time:** 09/07/2004 10:09:51

Organization : Ms. Kathy Dieringer

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

CMS-1429-P-942-Attach-1.doc

Submitter : Mrs. Melissa Aubert **Date & Time:** 09/07/2004 10:09:59

Organization : Nova Southeastern University

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

As a Ph.D. candidate in Clinical Psychology, I believe it is essential for technicians to be allowed to conduct psychological testing under the supervision of licensed psychologists. First, it is Psychologists (NOT Psychiatrists) who specialize in administering and interpreting psychological tests. Second, if Psychologists were forced to administer all psychological tests themselves, there would be little time for other important work, including providing therapeutic services. This would cause even more patients to go unseen and/or sit on rediculously long wait lists to obtain essential health care. There is absolutely no reason why a licensed Psychologist who has 6+ years of focused doctoral and post-doctoral training in the field of Psychology should not be allowed to supervise the administration of psychological tests.

Submitter : Dr. Phillip Lett **Date & Time:** 09/07/2004 10:09:41

Organization : PPA,PC

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I am a licensed psychologist and have practiced psychological/neuropsychological assessment since 1989. I utilize a qualified technician that administers psychometric tests. I assure training levels and provide routine indirect supervision. It would be a detriment to our profession and the healthcare industry to have technicians under direct supervision. The costs to the behavioral healthcare as well as healthcare would also increase. Providing direct supervision of psychometrics would be like asking a physician to supervise each blood pressure reading taken by a support staff.

Please take this comment under advisement as you evalaute the issue of utilizing technicians who administer psychometrics.

Sincerely,

Phillip Lett, PhD

Submitter : Ms. colleen mitchell **Date & Time:** 09/07/2004 10:09:46

Organization : sutter maternity & surgery center of santa cruz

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

With respect to the rural designation (in locatiy 99) for our county, (Santa Cruz) you must know costs have increased and we need some relief. Please visit our area and see for yourself. We have many farm workers and under employed people in this county. Conditions for BOTH are appalling.

In fact at this health care facility we have a year around food relief fund, administered by other employees, for several single/divorced mothers who work here who are unable to make ends meet. We would rather not see them leave the area and find jobs elsewhere in an area where they are paid more, or housing is cheaper.

please help all of us

Submitter : Dr. Christopher Ingalls **Date & Time:** 09/07/2004 11:09:26

Organization : Dr. Christopher Ingalls

Category : Physician

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

Please support the changes allowing psychological assistants and psychometrist to administer psychodiagnostic and neuropsychological tests under the supervision of a licensed psychologist and qualified neuropsychologist. This change will increase access to services for seniors and the disabled particularly in urban (inner city) and rural regions.
Very truly yours,

Christopher Ingalls, Ph.D.

CMS-1429-P-947

Submitter : **Date & Time:** 09/07/2004 11:09:24

Organization :

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

CMS-1429-P-947-Attach-1.rtf

CMS-1429-P-948

Submitter : Miss. Tracy Sollin **Date & Time:** 09/07/2004 11:09:13

Organization : Athletic Training at MSU- Moorhead

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

CMS-1429-P-948-Attach-1.doc

CMS-1429-P-949

Submitter : Mr. Dan Helder **Date & Time:** 09/07/2004 11:09:29

Organization : MSUM Athletic Training Student

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

CMS-1429-P-949-Attach-1.doc

CMS-1429-P-950

Submitter : Miss. Jenn Preston **Date & Time:** 09/07/2004 11:09:05

Organization : MSUM Athletic Training Student

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

CMS-1429-P-950-Attach-1.doc

Submitter : Miss. Jennifer Miller **Date & Time:** 09/07/2004 11:09:57

Organization : MSU-Moorhead Athletic Training

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

CMS-1429-P-951-Attach-1.doc

CMS-1429-P-952

Submitter : Miss. Jessica Volk **Date & Time:** 09/07/2004 11:09:58

Organization : Athletic Training at MSUM

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

CMS-1429-P-952-Attach-1.txt

CMS-1429-P-953

Submitter : Mr. Cody Pritchett **Date & Time:** 09/07/2004 11:09:59

Organization : MSU-M ATS

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

CMS-1429-P-953-Attach-1.txt

CMS-1429-P-954

Submitter : Ms. Anna Ackerson **Date & Time:** 09/07/2004 11:09:10

Organization : Minnesota State University Moorhead

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file

CMS-1429-P-954-Attach-1.doc

CMS-1429-P-955

Submitter : Dr. Richard Campbell **Date & Time:** 09/07/2004 11:09:24

Organization : Univ. New Mexico Health Sciences Center

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I support the change to allow psychologists to be reimbursed for supervision of technicians.

CMS-1429-P-956

Submitter : Dr. Bruce Hermann **Date & Time:** 09/07/2004 11:09:12

Organization : University of Wisconsin

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

This proposed change is long overdue and I support it enthusiastically.

Submitter : Dr. Penelope Zeifert **Date & Time:** 09/07/2004 11:09:53

Organization : Stanford University Medical Center

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I endorse the proposed change as outlined in CMS 1429-P. Post Bachelor's degree, psychologists receive coursework and practica of approximately seven years, as well as a post-coursework internship. Neuropsychologists receive further training, often at medical centers and medical schools, and they have a broad range of knowledge about psychological and neuropsychological testing which includes coursework in psychometrics and biological bases of behavior. Psychologists and neuropsychologists are qualified to supervise diagnostic psychological testing by appropriately trained and supervised ancillary staff.

CMS-1429-P-958

Submitter : Joanne Max **Date & Time:** 09/07/2004 11:09:06

Organization : Joanne Max

Category : Other Technician

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

Supervision of testing is an essential part of a Psycholgy/neurposychology practice. This allows for more Medicare recipients to receive needed services. thank you for your consideration

CMS-1429-P-959

Submitter : Dr. Marcus Kwan **Date & Time:** 09/07/2004 11:09:20

Organization : Marcus R. Kwan, MD, Inc

Category : Physician

Issue Areas/Comments

Issues 1-9

GPCI

Once again I must object to the proposed rule changes because there is no provision to address the inequities that are caused by continuing to include Santa Cruz County within Locality 99 in California. With the new GAF data we see that Santa Cruz drifts even further out of kilter creating a local cliff with Santa Clara that is almost 25%. We have physicians who continue to live here, but now practice in Los Gatos, Campbell, or San Jose.
To correct the situation I suggest the following:

1. Encourage CMS or DHHS to act on their responsibility and authority to manage physician localities.
2. Increase the number of California Localities so that the wide variation of GAF in CA Locality 99 is decreased.
3. Make some immediate adjustment for the worse outliers in Locality 99.
4. Preserve California as a multi-locality state.
5. Make an ongoing process by which localities could be reassigned as new data showed discrepancies in GAF. If keeping the number of localities lower is a requirement then a process by which similar counties and localities in terms of GAF that are adjacent could be combined in an ongoing system.
6. Recommend automatic re-evaluation and possible recharacterizations of localities on a periodic basis.
7. Use previous CMS actions like the rule of 5% to put together number 5 above.
8. Have the zero sum requirements met, not just by the counties remaining within locality 99, but spread the lowered locality 99 payments over all California counties as an internal California solution with urban counties financially supporting the rural counties.

Finally CMS must desist from asking the CMA to do the impossible, who could come up with universal agreement when people are asked to give up money in the name of equity or fairness. Those that have the power and responsibility must do the right thing.

MRK 09/07/04

CMS-1429-P-959-Attach-1.doc

Submitter : Dr. Lyle Carlson **Date & Time:** 09/07/2004 11:09:11

Organization : Tripler Army Medical Center

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I support the proposed change. It makes practical sense to allow clinical psychologists to do the general supervision of technicians performing psychological testing since they have the most expertise to do a competent job of general and clinical supervision vs. just the 'general' supervision attributed to a physician.

Submitter : Dr. Fred Theye **Date & Time:** 09/08/2004 12:09:22

Organization : Marshfield Clinic

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

Services provided by psychometric technician should be "covered" provided that such services are supervised by a licensed / boarded psychologist. Such services are provided at the direction of the psychologist, and the psychologist is responsible for the interpretation. The technician can not choose "which tests" are selected but only do the administration and scoring of the data. This would allow psychologists to provide more and , I believe, better care to a greater number of patients.

This "additional time" would allow the psychologist to reserve time for skills consistent with their training. i.e review of neurobehavioral history, intergration of care into established health delivery systems, and assess the ecological validity of the psychometric data.

Submitter : Dr. Laura Rabin **Date & Time:** 09/08/2004 12:09:43

Organization : Dartmouth Medical School

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Centers for Medicare and Medicaid Services:

I am a clinical neuropsychologist. The purpose of this letter is to express my very strong support for the Centers for Medicare and Medicaid Services' proposed rule change (as outlined in CMS-1429-P) that addresses the supervision of psychological and neuropsychological testing by doctoral-level psychologists.

As a clinical neuropsychologist I have completed advanced education and training in the science of brain-behavior relationships. I specialize in the application of assessment and intervention principles based on the scientific study of human behavior across the lifespan as it relates to both normal and abnormal functioning of the central nervous system. By virtue of my doctoral-level academic preparation and training, I possess specialized knowledge of psychological and neuropsychological test measurement and development, psychometric theory, specialized neuropsychological assessment techniques, statistics, and the neuropsychology of behavior (among others). Other health care providers (e.g., psychiatrists, neurologists) address these same patients' medical problems. However, our medical colleagues have not had the specialized knowledge and training (enumerated above) that is needed to safely direct the selection, administration, and interpretation of psychological and n! europsychological testing and assessment procedures in the diagnosis and care of Medicare and Medicaid patients.

My education and training uniquely qualifies me to direct test selection and to perform the interpretation of psychological and neuropsychological testing results that have been collected by non-doctoral personnel that assist with the technical aspects of psychological and neuropsychological assessments (i.e., administering and scoring the tests that I indicate). I am at all times responsible for the accuracy, validity and overall quality of all aspects of the psychological and neuropsychological assessments services that non-doctoral personnel provide under my supervision.

The current CMS requirement that neuropsychologists personally administer tests to Medicare and Medicaid patients adversely affects the overall population of Medicare and Medicaid patients because it results in neuropsychologists having less time for interviewing, test interpretation and the coordination of care. The existing requirement reduces the number of patients that each neuropsychologist can serve and results in fewer Medicare and Medicaid recipients being able to access psychological and neuropsychological services. Limited access to necessary care is already a concern in many rural and metropolitan areas. For these reasons, I strongly endorse this rule change because it will clearly benefit Medicare and Medicaid patients' by improving their access to psychological and neuropsychological assessment services.

Thank you for the opportunity to comment on this very important matter.

Sincerely,

Laura A. Rabin, Ph.D.
Dartmouth Medical School

Submitter : Dr. Thomas Hardey **Date & Time:** 09/08/2004 12:09:17

Organization : Private Practice

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

Clinical Psychologists should be allowed to supervise techs who may administer psychological tests. The training to supervise psych tests is unique to psychologists. Such psychologist supervision would protect the public by ensuring that these test are not misused or misinterpreted, causing furthur harm. Test are valuable diagnostic tools when utilized by psychologists: these tests often save valuable medical resources when utilized appropriately.

CMS-1429-P-964

Submitter : Dr. wiley mittenberg **Date & Time:** 09/08/2004 12:09:21

Organization : nova southeastern university

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I support the rule change. Quality of neuropsychological services for elderly adults with alzheimer's and related dementias will be improved by the rule change. Many better qualified neuropsychologists will not accept medicare for diagnostic psychological testing because of the current rule. The change brings medicare closer to unregulated fee for service settings, which provide the highest quality care at the least expense.

CMS-1429-P-965

Submitter : Dr. Joel Sherman **Date & Time:** 09/08/2004 12:09:39

Organization : Consultants In Uro0logy

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The Proposed 2005 Physician Fee Schedule will seriousely impact on a physician's ability to treat and care for patients in an adverse fashion. Please reconsider... the financial decisions facing all Physician's especially those who care for the elderly will be tough to make and might limit our ability to adequately care for the sick and infirmed.

Submitter : Chadron Hazelbaker **Date & Time:** 09/08/2004 12:09:31

Organization : Chadron Hazelbaker

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see Attached File

CMS-1429-P-966-Attach-1.doc

CMS-1429-P-967

Submitter : Dr. Elizabeth Newsom **Date & Time:** 09/08/2004 01:09:49

Organization : Santa Cruz Medical Foundation

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

September 7, 2004

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

CMS Code 1429-P

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

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

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

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

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

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

Sincerely,

Elizabeth Newsom, MD

Please see attached word document letter

CMS-1429-P-968

Submitter : Ms. Kristy Fleshman **Date & Time:** 09/08/2004 01:09:52

Organization : Southwestern Oklahoma State University

Category : Academic

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

CMS-1429-P-968-Attach-1.doc

CMS-1429-P-969

Submitter : **Date & Time:** 09/08/2004 01:09:36

Organization :

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

To Whom It May Concern:

This letter is written in regards to the CMS Proposal stating that Medicare would no longer reimburse physicians for the physical therapy services that athletic trainers administer in a physician?s office. As an athletic training student, this proposal concerns me. If this proposal were passed, it could eventually mean that the field of athletic training would be nonexistent.

A Certified Athletic Trainer?s scope of practice includes many different jobs. Athletic trainers develop the conditioning programs for athletes. Athletic trainers have the ability to evaluate an athlete?s injury, determine the proper management of the injury, and if needed, refer the athlete to another physician. Athletic trainers also prepare athletes for competition by bracing and taping them.

Athletic trainers work in fields including professional sports, secondary schools, universities, health clubs, sports medicine clinics and corporate health programs. Athletic trainers have an educational preparation in a variety of areas including pathology, emergency care, therapeutic modalities, kinesiology, human anatomy, and athletic training program administration. Athletic trainers must also pass a certification exam consisting on three parts (practical, written, and written simulation) in order to receive their license. Many states require that athletic trainers continue their education by way of renewing their CPR certification and completing a certain number of continuing education credits. This allows athletic trainers to master new athletic training related skills and explore new knowledge related to athletic training. Physical therapists, however, are not required to continue their education. Also, according to the U.S. Department of Labor, athletic training is a higher rated job then physical therapy, physical therapy assistants, occupational therapy, and occupational therapy assistants.

In short, athletic trainers are just as valuable to the medical field, if not more so, than PTs, PTAs, OTs, and OTAs. Athletic trainers are often the first ones to treat the athletes since they (the athletic trainers) are present at all sporting events and practices. When it comes to college athletes, therapy from the university?s certified athletic trainer may be the only therapy they are able to afford.

Sincerely,
Nicole M. Kramer

Submitter : Mr. William McHenry **Date & Time:** 09/08/2004 01:09:42

Organization : Mr. William McHenry

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am writing to express concern regarding the Certified Athletic Trainer being reimbursed for services rendered under the direct care of a Physician. With the new proposed legislature this would disable a well qualified medical professional from rendering care to the physically active population. In addition to the education the Certified Athletic Trainer receives, an annual CEU requirement keeps the Certified Athletic Trainer up to date with current concepts in Patient care management.

Of much greater concern, and threat to the Health Care Dollar is the continued allowance of Physician Owned Rehabilitation practices. This is no doubt, increasing the cost of services rendered for the profit of the owning Physician.

Please reconsider allowing the Certified Athletic Trainer to provide health care services for the Physically active population including the Medicare program. This will help keep the cost of care delivered down, and out of the pocket of those who aren't concerned with the optimal delivery of care for the most effective $.

Thank-you for your consideration

William R. McHenry PT, ATC

Submitter : Mr. Brian Nye **Date & Time:** 09/08/2004 01:09:59

Organization : Southwestern Oklahoma State University

Category : Academic

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

CMS-1429-P-971-Attach-1.doc

Submitter : Dr. Geof Bisignani **Date & Time:** 09/08/2004 01:09:05

Organization : AUA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The proposed new drug payment system is a tremendous change to implement on such short notice and in the face of the decreased payment of 2004 will have a huge impact. Many urologist are going to retire early and staff layoffs are going to be necessary and all resulting in worse patient care. Trying to manage a business with so little information in such a short time frame is impossible.

CMS-1429-P-973

Submitter : Ms. Cri Campbell **Date & Time:** 09/08/2004 01:09:45

Organization : Wright Institute

Category : Academic

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I am showing my support of the the CMS rule change regarding outpatient supervision of technicians.

Submitter : Dr. William Terry **Date & Time:** 09/08/2004 01:09:36

Organization : Mobile Urology Group, PA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Physicians have been shouldering the burden of indigent care in this Country far too long and now it appears that we are being asked to shoulder the burden of the Medicare program. I am in a 9 man Urology practice and we are very conservative and have been around for almost 40 years. We have had members who have given their time freely to service as AMA delegates, and officers in our State Medical Association, and National Urological Associations. We have never turned anyone away from our practice and we have been willing to treat patients at a loss (the medicine we use in the office costs us more than the reimbursement) in the past when we could make up for these losses from other income. My group is looking at a loss of about $130,000 per physician in gross income next year because of these proposed Medicare rules (over $1,000,000). This is money we have used in the past to help defer the cost of the indigent care we give and the Medicare co-pays we are unable to collect. We have already had to let our nurse manager go and we are already taking steps to discontinue certain treatments for Medicare patients if it means we will loose more money. We are trying to make plans for next year however you are not going to tell us what to expect with drug reimbursement until next year is here. The cancer medicine we administer in Urology will come to a halt if we only make 106% of our price. If this is based on the average sales price then some physicians will be loosing money each time they administer the drug. How can we be expected to do that? How can we run our office with a $1,000,000 loss next year based on your unfair decision on drug reimbursement? We carry about a $100,000 inventory of Lupron in our office so we will loose a lot of money depending on what you decide the ASP will be. No one can stay in business with a 6% mark up and possibly less. If we fail to collect the co-pay from one Medicare patient we will loose money with a 6% markup. Our patients routinely fail to make their co-pays even with our efforts to collect (they are simply very poor) and we still take care of them. We will consider giving our patients a prescription and they can go to the pharmacy to get the drug if this is legal. If this is not legal I see many urologists getting out of Medicare instead of closing their practices. Every time I turn around Medicare is trying to cut physicians fees. We are the backbone of your program not the pharmacies which you have now pumped millions of dollars into. Medicare can have the best drug program ever designed but it is not worth one cent if there are no doctors to write the prescriptions. Please put the ASP plan on hold until you rethink this entire plan and until you totally overhaul the Medicare program to fix the SGR formula and the geographic inequities.
Thank you for your attention.

Submitter : Dr. Robert Heilbronner **Date & Time:** 09/08/2004 01:09:55

Organization : Chicago Neuropsychology Group

Category : Other Health Care Provider

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

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

RE: Proposed Supervision Rule Change of Neuropsychological Testing

Dear Centers for Medicare and Medicaid Services:

I am a clinical neuropsychologist. The purpose of this letter is to express my very strong support for the Centers for Medicare and Medicaid Services' proposed rule change (as outlined in CMS-1429-P) that addresses the supervision of psychological and neuropsychological testing by doctoral-level psychologists.

As a clinical neuropsychologist I have completed advanced education and training in the science of brain-behavior relationships. I specialize in the application of assessment and intervention principles based on the scientific study of human behavior across the lifespan as it relates to both normal and abnormal functioning of the central nervous system. By virtue of my doctoral-level academic preparation and training, I possess specialized knowledge of psychological and neuropsychological test measurement and development, psychometric theory, specialized neuropsychological assessment techniques, statistics, and the neuropsychology of behavior (among others). Other health care providers (e.g., psychiatrists, neurologists) address these same patients' medical problems. However, our medical colleagues have not had the specialized knowledge and training (enumerated above) that is needed to safely direct the selection, administration, and interpretation of psychological and neuropsychological testing and assessment procedures in the diagnosis and care of Medicare and Medicaid patients. My education and training uniquely qualifies me to direct test selection and to perform the interpretation of psychological and neuropsychological testing results that have been collected by non-doctoral personnel that assist with the technical aspects of psychological and neuropsychological assessments (i.e., administering and scoring the tests that I indicate). I am at all times responsible for the accuracy, validity and overall quality of all aspects of the psychological and neuropsychological assessments services that non-doctoral personnel provide under my supervision.

The current CMS requirement that neuropsychologists personally administer tests to Medicare and Medicaid patients adversely affects the overall population of Medicare and Medicaid patients because it results in neuropsychologists having less time for interviewing, test interpretation and the coordination of care. The existing requirement reduces the number of patients that each neuropsychologist can serve and results in fewer Medicare and Medicaid recipients being able to access psychological and neuropsychological services. Limited access to necessary care is already a concern in many rural and metropolitan areas. For these reasons, I strongly endorse this rule change because it will clearly benefit Medicare and Medicaid patients' by improving their access to psychological and neuropsychological assessment services.

Thank you for the opportunity to comment on this very important matter.

Sincerely,

Dr. Robert L. Heilbronner
Chicago Neuropsychology Group
333 North Michigan Avenue, Ste. 1801

Chicago, IL 60601

Submitter : Dr. Paula Cooper **Date & Time:** 09/08/2004 01:09:33

Organization : Comprehensive MedPsych Systems

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

Psychologists and Neuropsychologists are much more experienced and educated in the interpretation of psychological/neuropsychological evaluations as compared to medical doctors. This has proven true in much of my own experience (I just graduated w/ PhD and neurologists as well as surgeons were not knowledgeable of test results/conclusions in geriatric AND pediatric settings). Please allow licensed psychologists to supervise testing for reimbursement.

Submitter : Dr. Kim Gorgens **Date & Time:** 09/08/2004 01:09:40

Organization : University of Denver

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

This is my letter in support of the CMS rule change regarding outpatient supervision of technicians--it is essential for the field of psychology.

CMS-1429-P-978

Submitter : Miss. Ashley Holst **Date & Time:** 09/08/2004 02:09:42

Organization : Kings College

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attached file.

CMS-1429-P-978-Attach-1.doc

CMS-1429-P-979

Submitter : Dr. hris Tolsdorf **Date & Time:** 09/08/2004 02:09:08

Organization : Psychological Associates

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I would like to support the CMS rulew change regarding outpatient supervision of technicians. Neuropsychological testing is a very time intensive procedure that takes six to eight hours to administer. Actual test administration can well be performed by trained and supervised technicians, lowering costs and freeing time of the neuropsychologigist for other activities that make better use of their training and experience. I would strongly support this rule change.

Thank you.

CMS-1429-P-980

Submitter : Mr. Christopher A. Pare **Date & Time:** 09/08/2004 02:09:46

Organization : National Athletic Trainers Association

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : Dr. Richard Fulbright **Date & Time:** 09/08/2004 03:09:38

Organization : Fulbright

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

As a practicing neuropsychologist, I am in full support of the proposed rule changes regarding outpatient supervision of psychological testing technicians. Allowing the psychologist to direct an evaluation without needing to be on-site will vastly improve access to care. Technicians in Texas must be licensed and have a Master's degree in order to provide service, and most neuropsychological test administration is performed by these technicians. It only makes sense for Medicare/CMS to recognize this reality and embrace it as meeting appropriate standards of care. This also allows the neuropsychologist to be free to perform other aspects of patient care that actually require the expertise of a doctoral-level psychologist (test administration typically does not require such expertise, as it is a rote, repetitive collection of behavioral data).

Thank you for considering this change.

Richard L. Fulbright, Ph.D.
Fulbright & Associates, P.C.
6210 Campbell Rd., Ste 100
Dallas, TX 75248

CMS-1429-P-982

Submitter : JoAnn McGuire **Date & Time:** 09/08/2004 03:09:11

Organization : JoAnn McGuire

Category : Academic

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I am writing in support of the proposed CMS rule change allowing
psychologists to supervise psychometricians or other tehnicians in the
administration of diagnostic psychological and neuropsychological tests. Psychologists have the greatest level of education and expertise in this type of testing, and thus, they are the best qualified to supervise others administering and scoring such tests.

I strongly urge you to enact the proposed rule change.
Thank You,
JoAnn McGuire

Submitter : Dr. Staci Edwards **Date & Time:** 09/08/2004 03:09:46

Organization : Dr. Staci Edwards

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I am in support of rule change regarding outpatient supervision of technicians

Submitter : Dr. DUANE GREEN **Date & Time:** 09/08/2004 04:09:00

Organization : Dr. DUANE GREEN

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

OUT PATIENT SUPERVISION OF TECHNICIANS IS CRITICAL FOR TESTING! WITHOUT IT THERE WILL NOT BE ADEQUATE TESTING OF THE ELDERLY FOR NEUROCOGNITIVE IMPAIRMENT, E.G., ALZHEIMER'S AND OTHER DEMENTIAS. AND WITHOUT ADEQUATE TESTING OF THESE PROBLEMS THERE WILL BE LESS CARE PROVIDED TO THESE INDIVIDUALS IN THEIR HOMES AND INCREASED COST OF CARING FOR THE ELDERLY IN CARE FACILITIES AND INPATIENT SETTINGS. IT IS CRUCIAL PSYCHOLOGISTS BE ELIGIBLE TO SUPERVISE DIAGNOSTIC PSYCHOLGICAL AND NEUROPSYCHOLGICAL TESTING BY TECHNICIANS AND ANXILLARY STAFF.

Submitter : Dr. Sandra Lawrence **Date & Time:** 09/08/2004 04:09:48

Organization : Dr. Sandra Lawrence

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

most psychologists are qualified to supervise psychometrists, while most physicians are not. therefore, the proposed revisions are necessary to ensure quality of care and efficient, economical provision of care

CMS-1429-P-986

Submitter : **Date & Time:** 09/08/2004 05:09:06

Organization :

Category : Individual

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

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

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

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

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

In many cases, the change to ?incident to? services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments, education, and needed immediate therapeutic interventions 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, and this 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.

In summary, the proposed changes are a deterrent to health care access and options.

CMS-1429-P-987

Submitter : Dr. Dane Higgins **Date & Time:** 09/08/2004 05:09:51

Organization : Arizona Neurology Institute

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I am in support of the CMS rule change regarding outpatient supervision of technicians

CMS-1429-P-988

Submitter : Dr. Thomas Wegman **Date & Time:** 09/08/2004 05:09:41

Organization : Dr. Thomas Wegman

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I strongly favor the CMS rule changes regarding the outpatient supervision of technicians.

CMS-1429-P-989

Submitter : Dr. Robert Mapou **Date & Time:** 09/08/2004 10:09:35

Organization : American Academy of Clinical Neuropsychology

Category : Other Association

Issue Areas/Comments

GENERAL

GENERAL

Re: DIAGNOSTIC PSYCHOLOGICAL TESTS

Please refer to specific issues section.

Robert L. Mapou, Ph.D., ABPP
Board Certified in Clinical Neuropsychology, American Board of Professional Psychology
President, American Academy of Clinical Neuropsychology

CMS-1429-P-990

Submitter : Dr. Eric Smernoff **Date & Time:** 09/08/2004 12:09:52

Organization : Presbyterian Hospital of Dallas

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I support the CMS rule change regarding outpatient supervision of technicians.

CMS-1429-P-991

Submitter : Dr. robert sterner **Date & Time:** 09/08/2004 12:09:44

Organization : National Athletic Trainers Association

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am writing to comment on the proposal CMS-1429-P. I believe this proposal will restrict physicians' ability to accurately decide which type of health care profesional is best in providing outpatient rehabilitation services. I feel the physician is best qualified to make these decision not government workers, physical therapists or occupational therapists. My belief is that this is another attempt by the APTA to restrict highly qualified and recognized allied health care professions. For instance, I see no reason why a certified athletic trainer, under the direction of a physician, cannot provide for the services that are in question.

There is a huge misconception that many allied health professionals are not qualified to perform services on Medicare patients under the direction of a physician. However, this is far from the truth. For instance, athletic trainers now must become proficient in over 1000 clinical proficiencies before being able to practice their profession. Likewise, there academic preparation has grown and improved over the last five years. Athletic Trainers are now taking courses such as General Medical Conditions, Pharmacology, and the long standing Therapeutic Exercises and Therapeutic Modalities for rehabilitation of pathologies. Thus, the premise that other Allied Health Professional are not qualified to perform rehabilitation services on a Medicare patients is completely inaccurate.

Physicians have much more training than any Allied Health Care Professional or bueaucrat. Why then are lesser trained individuals trying to regulate the higher trained individuals and thereby limit public access to appropriate health care? I call on physicians to take charge in opposing this proposal.

CMS-1429-P-992

Submitter : Dr. Zahra Beheshti **Date & Time:** 09/08/2004 12:09:57

Organization : Princeton Physical Therapy

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

I strongly support CMS proposal that individuals providing outpatient physical therapy services in physician offices must be graduates of accredited professional physical therapy programs. These professionals are the only ones eligible to provide physical therapy services. Physical therapist have to meet intense course requirements and receive extensive medical ducation that makes them capable of making medical diagnosis and treatment. Unqualified uneducated technicians who try to perform physical therapy care, would only harm the patient and may cause irreversible damage.

Submitter : Dr. Dennis Kade **Date & Time:** 09/08/2004 12:09:22

Organization : Dr. Dennis Kade

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I support allowing psychologists to supervise technicians in the administration of tests. This is a step toward making testing more financially viable. At present the reimbursement for an hour of testing is lower than for treatment; testing has a higher overhead in direct costs and takes more time than the time for which the practitioner is reimbursed. By financially discouraging testing, you encourage mental health practitioners to just treat symptoms and to avoid using testing to clarify or validate diagnoses before treatment.

CMS-1429-P-994

Submitter : Dr. Edward Purzycki **Date & Time:** 09/08/2004 01:09:40

Organization : Lancaster General Hospital

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I am in support of allowing technicians to administer psychological/neuropsychological tests under the supervision of a qualified psychologist/neuropsychologist. In our general hospital, the psychologists personally train and examine the skills of our technicians and take responsibility for the quality of their work. Only psychologists who are trained in the administration and interpretation of psychological and neuropsychological tests can supervise such work. Allowing technicians to administer psychological tests, which often requires several hours of clincial time is both efficient and cost-effective.

CMS-1429-P-995

Submitter : Dr. Eric Smernoff **Date & Time:** 09/08/2004 01:09:38

Organization : Presbyterian Hospital of Dallas

Category : Individual

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

I support the CMS rule change regarding outpatient supervision of technicians.

CMS-1429-P-996

Submitter : **Date & Time:** **09/08/2004 01:09:51**

Organization :

Category : **Other Health Care Professional**

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see the following attachment.

CMS-1429-P-996-Attach-1.doc

Submitter : Mrs. Laura Wilczewski **Date & Time:** 09/08/2004 01:09:39

Organization : Wood Associates Physical Therapy

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

"Therapy Standards and Requirements"
I strongly support CMS's proposal to replace the requriement that PT's be directly in the room with a PTA rendering treatment with a requirement that states the PT must have direct supervision over a PTA. PTA's have the education to provide treatment and they have a specific code of ethics to guide their practice. PT's can still be involved in a patient's care without having to be directly in the room at the time of a treatment given by a PTA.
Thank you for your consideration of this matter.

Submitter : Dr. John Ehrfurth **Date & Time:** 09/08/2004 01:09:59

Organization : Marshfield Clinic

Category : Other Practitioner

Issue Areas/Comments

Issues 20-29

DIAGNOSTIC PSYCHOLOGICAL TESTS

Diagnostic psychological testing in both inpatient and outpatient settings should be supervised only by licensed psychologists with training and experience in the administration, scoring, and interpretation of psychometric tests. Supervision of such testing by other health care providers without such training is unethical, and will, invariably result in degradation of quality of patient care.

CMS-1429-P-999

Submitter : Mr. Roger Stafford **Date & Time:** 09/08/2004 01:09:06

Organization : Comprehensive Athletic Treatment Center

Category : Health Care Professional or Association

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am writing to express my concern over the recent proposal that would limit providers of "incident to" services in physician offices and clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system. A physician has the right to delegate the care of his patients to trained individuals including certified athletic trainers. Certified athletic trainers are professionals who have one of the most difficult medical examinations in the field and are competent under the supervision of a physician.