

Practice and Billing Trends within Specialty Balance and Vestibular Programs

A Summary of Survey Results, *Marcia Hall Thompson PT, DPT and Denise Gobert, PT, MEd, PhD*

Poster Review by: **Michelle Gutierrez, PT**
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This poster, presented at CSM 2009, outlined a descriptive study looking at balance and vestibular practice and billing trends. It was a continuation from the programming on this topic at CSM 2008. The questions had been posed: *are physical therapists getting paid for what tests they do?*, and *are there inconsistencies in their practice and billing?* The authors, with support of the SIG and Texas State University at San Marcos, surveyed the membership to find out:

1. What assessment tests and measures are being used, from low tech to high tech?
2. For those tests used, what is being billed?
3. Were the evaluations across the ICF domains, as these measures were loosely divided into ICF categories?

In this descriptive look at what therapists are doing, the authors surveyed a sample of convenience of 164 physical therapists, mostly outpatient, and mostly experienced physical therapists. This survey seemed to be biased to the specialists in the field, as 60% percent had competency based post-graduate education in vestibular rehabilitation.

The demographic representation of the specialist was included. The majority of the respondents were US trained, with a PT degree, and >10 years experience practicing in outpatient hospital settings. There was representation of all payer sources across the nation.

Tests and measures were divided into 1. VOR impairment tests, 2. Balance impairment tests, 3. Life impact test and were analyzed relative to practice trends. The majority of respondents used gait and balance function tests, however, a good number of clinicians are using special tests and measures, denoting the highly trained practitioners. The most used CPT code was **97001** regardless of technology used. The second most used code was **97750** and it was used for computerized tests.

A chi square analysis was used for the level of training, years of experience and practice setting. Spearman's rho correlation analysis was used to further characterize the demographic information in relation to the test and billing code selected.

There was no statistical significance found between the selection of test or billing code choices and the years of clinical experience or degree. **There was a significant relationship between the advanced vestibular competency trained specialist and the test and billing codes selected.**

The authors found consistencies for the practice and billing, but not necessarily the findings that are needed. This means that PTs are not getting paid for what they perform. This also means that we can impact how therapists practice with post-professional education. The power is in the expert educators hands.

So where do we go from here? Marcia and Denise did a excellent job on this survey, so how do we get the information out, that we need to be using specialized billing codes for the special tests and measures that are above and beyond the tests normally used in the physical therapy evaluation?

This discussion will continue....