# Vestibular Rehabilitation SIG

## American Physical Therapy Association/Neurology Section

***In this Issue:***



# Message from the Chair

**Anne K. Galgon, PT, PhD, NCS**
**Vestibular Rehab SIG Chair**

***An Exciting Time for Vestibular Rehab!***

I have said this before and it continues to be true, it is an exciting time to be a Vestibular Rehabilitation Therapist. New things are constantly happening that impact our ability to manage individuals with vestibular and balance disorders. As the chair of the SIG I have the privilege to be able to point out some of the *new happenings* within the Vestibular Rehabilitation SIG and beyond.

**New VR SIG efforts:**
Several of our SIG members have been working to solve billing problems with BPPV and the CRP billing code. After several reported problems and a survey of our members, a task force was formed, which included Lexi Miles, Lisa Dransfield, Kim Gottshall, and Kenda Fuller. As a result of their evaluation of the problem they created an educational update on the CRP billing code and developed a ***Billing Challenge Forum*** to discuss billing difficulties. The members of the task force recognize that some billing issues may be regionally related, but sharing experiences in resolving billing issues may help others who are struggling

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# Coding Challenge

## CPT 95992: Patient Responsible for 2 Co-pays

**Lisa Dransfield, PT, DPT, NCS • Nominating Committee**

**THE CHALLENGE:**

In Connecticut**, Aetna** and **Cigna** Health Insurances have delegated medical management and claims responsibility for PT and OT services to **Orthonet**. **Aetna** and **Cigna** rely on **OrthoNet** to provide claims administration services, including precertification, additional visits authorization, and claim reimbursement.

**Orthonet** has determined that 95992 is not a physical therapy code and requires that portion of the bill to be forwarded to the patient's private insurer (**Aetna**), where it is paid as a "medical code" to the physical therapist. This unfortunate scenario requires 2 co-pays from the patient, one for the PT session at the contracted rate (**Orthonet**) and 1 from the medical payer (**Aetna**) for the CRT procedure.

**OrthoNet** typically provides a flat rate for PT and OT sessions.

**THE SOLUTION**

Telephone contact with the **Orthonet** representative reveals that **Orthonet** only handles processing of "97" therapy codes (for ex., 97110, 97002, etc).

**Orthonet** representative was educated that Physical Therapy treatment for BPPV includes CRT, 95992.

Documentation was provided to **Aetna Health Insurance** regarding **therapists and physicians** performing CRT per Medicare ruling (CMS.gov). http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/mm7364.pdf

The local representative presented the code explanation to a committee responsible for clinical bulletin guidelines and coverage determinations, and updates their "Clinical Policy Bulletin" to include Physical Therapists in providing CRT. This is communicated to **Orthonet,** who now processes code 95992 in context of same treatment session for BPPV, releasing the patient from paying 2 co-pays.

## CODING CHALLENGES with Canalith Repositioning Maneuver CPT 95992

The Vestibular Special Interest group would like to invite clinicians to share their billing and reimbursement challenges with CPT code, 95592. Our team members will assist in problem- solving to optimize reimbursement and ensure that the code is being used appropriately. We will showcase different issues and solutions related to usage of the code in our Newsletter and on our website.

Therapists are encouraged to describe their experiences with CPT CODE-95992 by contacting Lisa at mld661@sbcglobal.net.


# COMBINED SECTIONS MEETING 2015 PROGRAMMING PREVIEW

By **Lexi Miles MPT • VRSIG Vice Chair**

In 2015, CSM will be held in Indianapolis. If you have never attended before, it is a great opportunity for networking with other clinicians and learning the latest treatment techniques. For those of you who routinely attend, we look forward to seeing you again! Here is a summary of a few of the exciting courses and presentations that are being offered this year.

## 2-day Pre-con Course: Comprehensive Concussion Management: "Need to Know" Information for Physical Therapists. February 3-4, 2015

Michael Borich, B.A., DPT, PhD, James Elliott, PT, PhD , Airelle Giordano, PT, DPT, OCS, SCS ; Kim Gottshall, PhD, PT, ATC ; Susy Halloran, DPT ;Karen Lambert, PT, MPT, DPT, NCS ; Susan Linder, PT, DPT, NCS ; Karen McCulloch, PhD ; Nicole Miranda, DPT ; Anne Mucha, PT, DPT, MS, NCS

A concussion is a potentially disabling condition that affects people of all ages from trauma sustained in sport, motor vehicle, military service, work, and recreational accidents. Physical therapists (PTs) play a key role identifying concussion and facilitating recovery. The purpose of this course is to focus on "need to know" information for PTs to identify concussion, examine patients, and intervene with adolescents and adults with concussion who do not recover with rest alone. Current information related to definitions, diagnosis, imaging, pathophysiology, symptom profiles, and prognosis form a foundation for the course.

## Vestibular SIG Sponsored programming:

**February 5: 11:00 am- 1:00 pm**

**Pediatric Considerations for Vestibular Balance Therapy.**

Jennifer Christy, PT, PhD and Rose Marie Rine, PT, PhD

This session will provide an update of the evidence related to vestibular dysfunction and related impairments in children and adolescents. As the reported incidence of vestibular-related deficits in children grows, it is important that clinicians have the tools to identify and treat impairments in children. Without therapy, impairments persist and progress, adversely affecting high-level gross motor function, reading ability and

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# Persistent Postural-Perceptual Dizziness

## (aka Chronic Subjective Dizziness or Phobic Postural Vertigo)

Janene Holmberg, PT, DPT, NCS • VRSIG Secretary

At the recommendation of the International Classification of Vestibular Disorders (ICVD) committee, the documented chronic vestibular disorder, that has been called by many different names (Phobic Postural Vertigo or Chronic Subjective Dizziness most recently) and descriptions has now been standardized to "Persistent Postural-Perceptual Dizziness (3PD)" and was just months ago incorporated into World Health Organizations ICD-11.

3PD is a chronic dizziness syndrome that is characterized by a persistent non-specific dizziness (NOT vertigo or rocking) accompanied by unsteadiness that has lasted more than three months. Symptoms must be present most days, often increasing throughout the day, but may wax and wane unpredictably. Momentary flares may occur spontaneously, with sudden movement or very often to certain environments. Affected individuals feel worst when in upright and particularly when exposed to moving or complex visual stimuli but also during active or passive head motion. Situations may not be equally provocative. Descriptive terms that have been documented in the literature which are now felt to primarily define cardinal symptoms include both "visual vertigo" and "space and motion discomfort". It is important to be able to identify as it demands a very distinct shift on treatment from inner-ear specific treatment to more behaviorally-based treatment. Failure to identify can result in persistent quite severe disability, excessive and unnecessary diagnostic testing, multiple physician examinations and improper treatment.

3PD is often triggered, and is considered, a not uncommon complication of healing from a definable peripheral vestibular event, despite evidence that the acute vestibular system has completed healed to diagnostic testing and with no evidence of ongoing vestibular dysfunction. 3PD has also been documented in association with migraine, concussion, primary anxiety, panic attacks, dysautonomia or an acute medical crisis that disturbs postural stability (i.e. orthostatic intolerance, syncope), or can develop spontaneously possibly due to inherit vulnerabilities in sensory processing or certain personality traits.

### WHO ICD-11

**AA51.53 Persistent Postural-Perceptual Dizziness**

- 10 Diseases of the ear and mastoid process
  - Diseases of inner ear
    - AA51 Disorders of vestibular function
      - AA51.5 Chronic vestibular syndrome
        - AA51.53 Persistent Postural-Perceptual Dizziness

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# CSM PROGRAMMING PREVIEW

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school performance. The session will focus on the effectiveness of vestibular rehab for children with vestibular hypofunction and adolescents with concussion as well as methodology, normative data and cut-off scores for clinical tests of vestibulo-ocular reflex and balance function for children based on recent studies.

**February 7: 8:00 am-10:00 am**

**Evaluation and treatment of visual dysfunction following concussion; concepts for vestibular physical therapists.**

Anne Mucha PT, DPT, MS, NCS and Nathan Steinhafel MS, OD, FAAO

Immediately following this program will be our SIG business meeting. All who attend will receive tickets to be entered into a drawing for one of a number of fabulous prizes including vestibular text books and video frenzel goggles. We hope to see you there!

Vestibular physical therapists are frequently consulted to intervene in the evaluation and management of concussed individuals who experience dizziness and balance impairment. In addition to vestibular pathology, visual system dysfunction is also common following concussion.

This course will provide the vestibular physical therapist with tools to better understand the role of the visual system in co-management of concussed individuals with vestibular system pathology through demonstration and case presentation. Ocular motor screening and evaluation techniques will be reviewed, along with potential intervention strategies (rehabilitation, orthoptics, optical correction, surgery, and medication, among others) for managing visual system deficits. The roles of optometry, ophthalmology, neuro-ophthalmology, vision therapy and physical therapy in vision evaluation and treatment will be discussed.

If you have any ideas for future programming, please contact Lexi Miles at lexirmiles@gmail.com. Thank you and hope to see you in Indianapolis!


# Persistent Postural-Perceptual Dizziness Continued from page 4

3PD is not a psychiatric syndrome, however often accompanies comorbid anxiety. 3PD is believed to be secondary to a behaviorally-conditioned shift in normal sensory processing (abnormal visual hypersensitivity or sensory weighting) which leads to a chronic waxing and waning of non-specific dizziness and spatial disorientation.

## Cardinal symptoms of 3PD (required for diagnosis):

1. **Severe visual motion intolerance:** Dizziness distinctly provoked to any visual motion, visually complex environments (strong visual patterned carpets and surrounds and moving crowds/machinery, etc.), misleading vertical reference cues, precision eye/hand tasks, computer scanning/movement, action television/movies, driving, and/or reading)
2. Hypersensitivity to any **even perceived** motion
3. Generalized head **motion intolerance** (NOT VERTIGO)

3PD needs to be carefully differentiated from ongoing vestibular disease but is not uncommonly a diagnosis of "inclusion". This means that you can have a patient with definable BPPV, migraine, and/or neuritis AND have symptoms/disability consistent with, or supportive of 3PD.

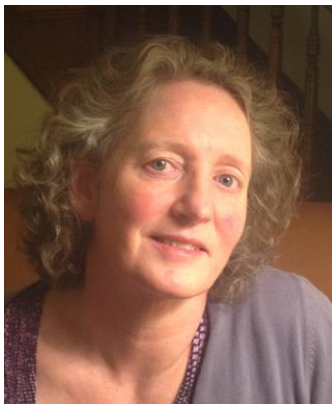
It is important to identify 3PD, as it has been found to be most responsive NOT to traditional vestibular "adaptation or repositioning efforts" but to a combined approach of vestibular balance therapy that emphasizes visual/optokinetic motion desensitization and heavy sensory balance retraining combined with optimal anxiety/depression medical management including the use of low dose Selective Seratonin Reuptake Inhibitors (SSRI/SNRI) medications. More rarely utilized is structured cognitive behavioral therapy (CBT) to help lessen cognitive distortions, somatic focus, lessen obsessive-compulsive and/or perfectionist tendencies. Expected improvements, with good compliance and medications, can sometimes require up to 6-12 months for optimal healing. (see Chronic Subjective Dizziness by Staab JP in *Continuum Lifelong Learning Neurology 2012;18(5):1118-1141 for details)*

3PD should not be confused with Mal de Debarquement syndrome (MdDS) or psychiatric dizziness. MdDS is characterized by persistent, definable rocking that is most often triggered by motion exposure such as a cruise that actually lessens when in motion. Not uncommonly, however, 3PD as previously stated can exist co-morbidly with and/or be triggered by MdDS. Psychogenic dizziness is characterized by non-specific dizziness and unsteadiness often with definable balance deficits that are present due to definable psychiatric disease (anxiety, depression, and somatoform disorders).

# Welcome to Our Newest Leaders!

Lisa Heusel-Gillig, PT, DPT, NCS • Nominating Committee Chair

We want to welcome our newest member of the VR SIG leadership team, Rebecca Bliss, who was elected this summer to the VRSIG Nominating Committee. She is the Concussion Program Coordinator, Center Manager, and Senior Physical Therapist. Rebecca treats orthopedic, geriatric, sports injury and concussion patients as well as vestibular/neurological patient population. She holds Vestibular Rehabilitation Certificate from the APTA, 2010. She submitted articles on concussion management for Missouri Youth Soccer Association Newsletter as well as Coach Education on Concussion Management and Return to Play Protocols 6/23/13. Rebecca serves as Missouri Brain Injury Association Planning Committee member for Concussion Programming for high school athletes and Co-Presenter at the MBIA "Concussion Facts and Fallacies" across the state of Missouri. She has taught a full day CEU course, "Clinical Application to Vestibular Rehabilitation and Concussion Management". She has presented at multiple community events and athletic conferences on concussion awareness.



We are very fortunate to have our chairman, Anne Galgon, for another 3 years. She was re-elected this summer to lead our dedicated group of volunteers in the Vestibular Rehabilitation (VR) SIG serving on the VR Board. Board members spend time coordinating education and disseminating the latest research so that our vestibular patients can receive the best evidence-based treatments. Each year, we take time to thank those who have shaped our past and welcome new members that are eager to shape our future.

## JOIN THE CONVERSATION!!

Find us on Facebook

follow us on twitter

**The Vestibular Rehab SIG is actively involved in social media. Find us on Facebook at Vestibular Rehab SIG and on Twitter @VestibularRehab. Following the SIG on social media is a great way to stay up to date on the latest vestibular research, connect with the vestibular rehab community, and become an active member of the group.**

# Call for Neurology Section Nominations!

Please consider running to be one of our VR SIG officers. Being part of the leadership team is a great opportunity to become more active. This year, the positions of secretary and nominating committee are up for re-election. The current officers and large group of supporting team members meet every month on conference calls to discuss topics that affect vestibular rehabilitation. In the upcoming year we will be working on providing additional VR specific podcasts, quarterly newsletters, reorganizing our regional courses to include additional information that therapists have expressed interest in, as well as assisting vestibular therapists get reimbursed for the canalith repositioning CPT code- 95992.

We will all be meeting in Indianapolis for CSM 2015 where we hope to meet prospective candidates for the officer positions or volunteers for the many activities we participate in each year. At CSM we will have our have a business meeting for the VR SIG following one off the Vestibular sponsored presentations where we have raffles, a wonderful slide show and plenty of networking.

**The SIG Secretary is responsible for:**

- Maintaining records of all SIG meetings and conference calls
- Submits minutes of all SIG meetings to SIG officers and the Executive Officer
- Attends the SIG meeting with the section Vice President at CSM
- Assists the Chair in preparation and submission of a yearly plan for the SIG to the Board of Directors
- Coordinates updating of Policy and Procedures Manual with the Vice President of the Neurology Section

**The Nominating Committee is responsible for:**

- Preparing a slate of candidates for open SIG positions each year
- Helping to coordinate and facilitate the election process
- The senior member of the Committee serves as Chair of the Committee (the third year of service)

Both positions require that candidates have been Neurology Section members for at least two years prior to the election. Each position serves as SIG leadership for a three year term.

If you are interested in running, or if you know someone you would like to nominate, for one of these positions, contact any member of the nominating committee (see below) and we will send you an application. We look forward to hearing from you!

Lisa Heusel-Gillig
Nominating Committee Chair
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Lisa Dransfield
mld661@sbcglobal.net

Rebecca Bliss
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## CALL FOR NEWSLETTER ARTICLE WRITERS!!!

Do you want to get involved with your SIG? Consider writing an article for the newsletter!!
You can write on a topic of your choosing or an appropriate topic could be assigned to you. If you are interested in getting involved with the newsletter, please contact Betsy Grace Georgelos at Elizabeth.grace@uphs.upenn.edu or Debbie Struiksma PT, NCS at dstruiksma77@aol.com.

# Message from the Chair

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with reimbursement for vestibular rehabilitation services. Look for posting of billing challenges and solutions on our web page and within our newsletter. Lisa Dransfield will serve as our point person for members who want to discuss billing issues in the future. I want to thank task force members for their contribution and willing to continue to support members when billing problems arise.

The New Year should bring *new* educational opportunity for therapists. CSM 2015 promises to have several programs that will add to our knowledge in vestibular rehabilitation. Lexi Miles presents a preview of our CSM program in this newsletter. In addition, a core group of clinicians and educators have evaluated the content of the Vestibular Rehabilitation courses offered by the Neurology Section. Our goal will be to provide layers of education that will take clinicians from beginning to intermediate to advance skills and decision-making in vestibular rehabilitation. Look for more information on these opportunities in 2015.

A *New* special edition of the VR SIG newsletter is scheduled to be published in January. The newsletter will feature articles to advance therapists' knowledge of Vestibular Function Tests. Thanks to the efforts of the editor(s) Betsy Georgelos and Debbie Struiksma, the SIG continues to put out timely and relevant articles to advance the knowledge of vestibular rehabilitation therapists.

**New definitions:**

The *newly* defined diagnosis Persistent Postural-Perceptual Dizziness has been adopted internationally and the World Health Organization is proposing to add it to the International Classifications of Diseases (ICD-11). Persistent Postural-Postural Dizziness (PPPD or as many therapists are now referring to as 3DP) will be replacing the diagnostic category we referred to as Chronic Subject Dizziness (CSD). In this newsletter, Janene Holmberg reviews the new diagnostic criteria for PPPD. Physical therapists should be excited by the prospect of having common language and criteria to help identifying these individuals with a problematic presentation. Additionally, this will help justify the extended care that may be required to optimize outcomes in these individuals.

**New Treatments:**

Recently, published research on interventions in treating Mal de Debarquement Syndrome (MDDS) have shown great promise. The successful techniques are in-line with Vestibular Rehabilitation interventions and should add to the therapist's ability to help individuals with this rare but distressing disorder. The VRSIG will be bringing you information on this as it becomes available.

**New People:**

This summer and fall brought some *new people* to our leadership team. We welcomed, Michelle Gutierrez who is taking over as Website coordinator (Webmaster) for our Website and Becky Bliss to our nominating committee. It is great to have new and committed members to our team to continue the work towards fresh ideas and furthering the efforts of the VRSIG!

**Join us for our business meeting at CSM for the chance to win one of many fantastic prizes including:**

- "Follow a Vestibular Expert for a Day"
- Textbooks and other items
- And the grand prize of …….
  **Micromedical Video goggles**