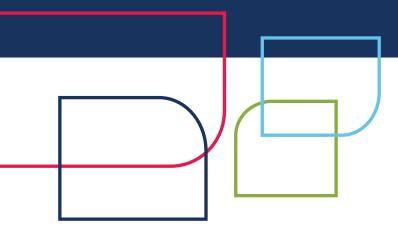
# A GUIDE TO THE BUSINESS OF BALANCE

OPPORTUNITY

IMPLEMENTATION

BILLING





# WHY BALANCE?

A balance program can provide rapid growth of referrals, patient visits, and revenue. The rarity of the service allows a practice to tap into referral sources, differentiate itself from competitors, and make a significant impact in the community by saving lives!

In this guide, we will discuss the scale of the opportunity in balance, where to find balance patients, how to identify patients, the equipment and education needed to begin a balance program, as well as billing for balance patient services.



### The Largest Opportunity in Clinical Care

Practice owners are always on the lookout for services with low competition and substantial market opportunity. As you can see, balance fits the bill perfectly:



Each year, nearly 28% of adults over 65 experience a fall, resulting in over 38,000 deaths<sup>1</sup>



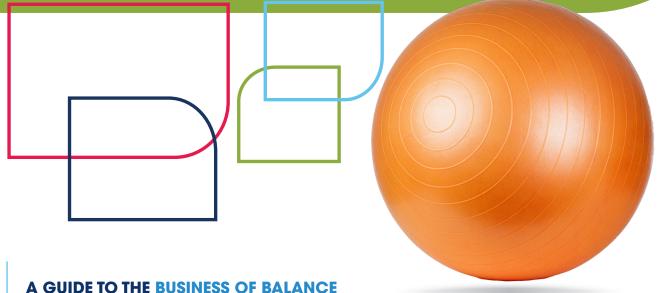
40% of US population will experience clinical dizziness or balance difficulty in their lifetime<sup>2</sup>



35% of adults aged **40+** (69M Americans) demonstrate a form of vestibular dysfunction when tested with a postural metric<sup>3</sup>



Clinical education in balance and vestibular therapy is rare - most DPT programs offer only a few days of education on the topic prior to graduation



# Finding Balance Patients

## Balance and vestibular patients are all around you! You'll find them in:

Your Existing Patient Population

Patients who come in for orthopedic rehabilitation often have a fall or

dizziness issues at the root of their presenting injury. Proper education on identifying balance patients allows you to treat these patients holistically, focusing on the cause of their episodic injury, and not only the rehabilitation of the isolated injury.

The Patient Population of Your Existing Referral Sources

PCPwwwws and Orthopedic Surgeons routinely encounter patients with balance and vestibular challenges. Often, they choose to provide narcotic treatment measures, or refer to Ear Nose and Throat specialists because they are not aware of comprehensive programs available through specialized physical therapy clinics. Becoming a recognized balance and vestibular therapy expert in your community can dramatically increase your referrals from physicians that already send patients to you.

"Secret" Unexpected
Referral Sources

There are over 20 referral sources that represent a strong opportunity for

balance and vestibular patients. At the top of the list are Otolaryngologists, Otologists, Neurotologists, Neurologists, Cardiologists, and Endocrinologists. Experience has shown that your competition will become a referral source, sending you the balance patients they cannot treat!

Population at Large (Direct Consumer)

The population that suffers from imbalance and dizziness is often treated as the black sheep of the healthcare community – they are bounced around from doctor to doctor with little or no resolution of their symptoms. With a comprehensive vestibular and balance program, your clinic may see movement disorder patients; such as those with Multiple Sclerosis and Parkinson's disease, stroke patients, amputee and prosthetic patients, and even begin adding patients with vestibular disease, post-concussive dizziness, mild traumatic brain injury, and other dizziness disorders. These patients seek long-term therapy services, with the average visits per case at 20 and beyond. By expanding your services, you are expanding the ICD-10 codes your clinic can treat.

Marketing your practice as a solution for balance and vestibular patients will bring in a significant number of motivated patients seeking your help! Word travels fast when you help patients who have suffered extensively. Be prepared for an influx of word-of-mouth referrals, too!



# How Do I Identify Candidates for My Balance Program?

Once you know where to look for your potential patients, you must be able to separate those in need from the rest. To be successful, it is recommended that you use a combination of methodologies that would minimally include:

#### **Entrance Questionnaire:**

Something as simple as adding questions that relate to fall risk and vestibular dysfunction to your entrance questionnaire will be of substantial value. Here are a few must haves:

Have you fallen in the last 18 months?

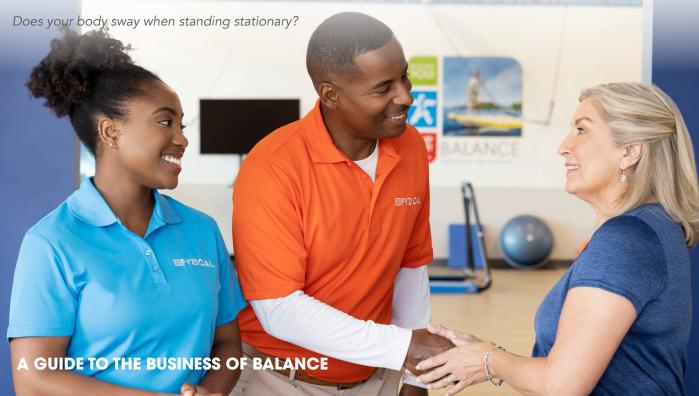
Do you fear falling?

Do you use your arms to push yourself up from a chair?

#### **Fall Risk Assessment:**

There are a variety of Fall Risk Assessments available for use. It is recommended that you screen all individuals over the age of 40 and those who answered with red-flag responses on the questionnaire – regardless of age.





# MUST HAVES for the Treatment of Balance – Education and Equipment

To reap the rewards of marketing a balance program – you'll need successful clinical outcomes to back up your claims. Successful outcomes will require:

#### **Comprehensive Clinical Education**

A successful balance and vestibular therapy program is not built on equipment, it is built on knowledge. With the right clinical training, you could begin treating balance patients with no additional equipment. FYZICAL is among only a handful of organizations recognized for excellence in balance and vestibular care. For our members, education is provided both in-person and online.



The comprehensive treatment system, **The FYZICAL Balance Paradigm**, is designed to be learned and implemented quickly, and its efficacy is widely accepted by patients, physicians, and physical therapists throughout the country.

#### **Equipment**

While there are no shortage of equipment options that could be used in clinical balance treatment, very few have greater impact than:

**Single Point Fixation Safety System:** This is a stationary harness, ceiling-mounted at a single point, to help prevent a patient from falling.

**Safety Overhead System:** This is a mobile track-based system that allows an individual to remain harnessed while moving throughout the clinic.

**Shuttle Board:** A small platform designed to provide varying levels of instability.

This equipment can easily be incorporated into an existing orthopedic space to convert it to a multi-use space (balance center and traditional physical therapy).



#### **Basics of Billing**

To be successful – you'll need an experienced hand to guide you through the ins and outs – and FYZICAL isn't willing to share our most proprietary strategies; however, below you will find a few helpful tips:

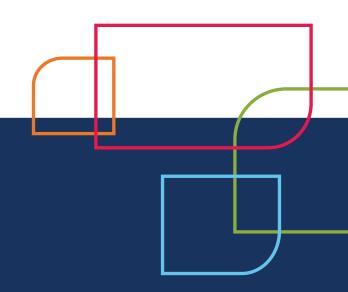
- ✓ As PTs "dizziness" is rarely used successfully as a diagnostic code for treatment without further modifiers or additional codes. In most cases, appropriate functional codes are utilized instead.
- ✓ R.26.89 Abnormality of Gait is one of the most common codes – but there are dozens of others used daily within a successful balance center.
- Certain balance codes used commonly in balance have actually seen reimbursement increases year-over-year – whereas many orthopedic codes have suffered from reimbursement declines.

The cost of fall-related injuries is growing exponentially and the cost of falls alone is expected to hit \$67 Billion by the end of 2020. It is theorized that the consistent reimbursement or increased reimbursement of "balance" codes results from Medicare's recognition that an ounce of prevention is worth a pound of rehabilitation. In this regard – those who participate in balance and vestibular therapies are driving down the cost of healthcare and bringing the desires of insurance payors, therapy providers, and patients all into alignment.

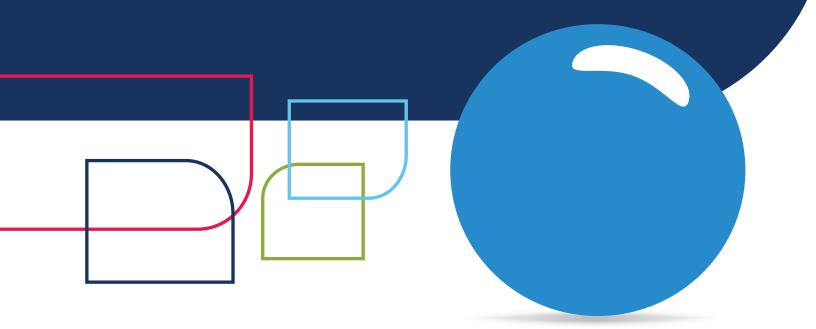


## GET STARTED

Visit our Business of Balance <u>Page</u> to Learn More.







1 Kakara, R., Bergen, G., Burns, E., & Stevens, M. (2023). Nonfatal and Fatal Falls Among Adults Aged ≥65 Years - United States, 2020-2021. MMWR. Morbidity and mortality weekly report, 72(35), 938–943. https://doi.org/10.15585/mmwr.mm7235a1

 $2\ Balance\ System\ Disorders.\ (n.d.).\ Retrieved\ August\ 13,\ 2020,\ from\ https://www.asha.org/PRPSpecificTopic.aspx? folderid=8589942134$ 

3 Balance System Disorders. (n.d.). Retrieved August 13, 2020, from https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589942134