

Policy: MP074

Section: Medical Benefit Policy

Subject: Interactive Metronome Training

I. Policy: Interactive Metronome Training

II. Purpose/Objective:

To provide a policy of coverage regarding Interactive Metronome Training

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

- (i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
- (ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
- (iii) The service or benefit will assist the Member to achieve or maintain maximum functional

capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

DEFINITION:

This therapy consists of a series of hand and foot exercises using a steady auditory reference rhythm to guide the patient toward more precise timing. It is theorized that this therapy improves the patients timing, focus and concentration.

EXCLUSIONS: The Plan does **NOT** provide coverage for *Interactive Metronome Training* for any indication (unless otherwise mandated under Act 62)* because it is considered **experimental, investigational or unproven**. There is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this treatment on health outcomes when compared to established treatments or technologies

*For additional information please see **MP 233 - Autism Spectrum Disorder – Evaluation and Medical Management**

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

CODING ASSOCIATED WITH: Interactive Metronome Training

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

97039 Unlisted modality
97799 Unlisted physical medicine/rehabilitation service or procedure

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LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:

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Shaffer RJ, Jacokes LE, et. al., "Effect of Interactive Metronome Training on Children With ADHD", American Journal of Occupational Therapy, 55(2):155-161, March/April 2001.

Koomar J, Burpee JD et. al., "Theoretical and Clinical Perspectives on the Interactive Metronome: A View From Occupational Therapy Practice", American Journal of Occupational Therapy, 55(2):163-166, March/April 2001.

Greenspan SI, Jacokes L, "Keep the Beat", Outcomes Innovation – A Publication of HealthSouth Corporation, Summer 2002.

Cassily JF, Jacokes LE, "The Interactive Metronome: A New Computer-Based Technology to Measure and Improve Timing, Rhythmicity, Motor Planning, Sequencing and Cognitive Capabilities. <http://www.interactivemetronome.com>

Cosper SM, Lee GP, Peters SB, Bishop E. Interactive Metronome training in children with attention deficit and developmental coordination disorders. Int J Rehabil Res. 2009;32(4):331-336.

Bartscherer ML, Dole RL. Interactive metronome training for a 9-year-old boy with attention and motor coordination difficulties. Physiother Theory Pract. 2005;21(4):257-269.

Shaffer RJ, Jacokes LE, Cassily JF, et al. Effect of interactive metronome training on children with ADHD. Am J Occup Ther. 2001;55(2):155-162.

This policy will be revised as necessary and reviewed no less than annually.

Devised: 1/03

Revised: 01/04 Coding; 1/06 (grammatical change), 07/09 (Autism wording)

Reviewed: 1/05; 1/07, 1/08, 6/10, 6/11, 6/12, 6/13, 6/14, 6/15, 5/16, 5/17, 5/18