

**Policy: MP074**

**Section: Medical Benefit Policy**

**Subject: Interactive Metronome Training**

### Applicable Lines of Business

<b>Commercial</b>	<b>X</b>	<b>CHIP</b>	<b>X</b>
<b>Medicare</b>	<b>X</b>	<b>ACA</b>	<b>X</b>
<b>Medicaid</b>	<b>X</b>		

### 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

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- 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.**

**Medicaid Business Segment:**

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

**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](http://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

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

**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:**

Libkuman TM, Otani H, Steger N. "Training in Timing Improves Golf Scores", Journal of General Psychology, 129(1), 77-96, 2002.

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.

Shank TN, Harron W. A retrospective outcomes study examining the effect of interactive metronome on hand function. *J Hand Ther.* 2015;28(4):396-402

Trujillo L, Painter-Patton J. The Validation of the Interactive Metronome: A Pilot Study Prior to Implementation for Post Deployment Service Members. *J Neurol Neurosci.* 2016, 6:1

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, 5/19, 5/20, 5/21, 5/22, 5/23, 5/24

**CMS UM Oversight Committee Approval:** 12/23, 7/24

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.