MODULE 8

IM REPORTS, INSURANCE & BILLING

40 MINUTES

START

GATHER NEEDED EQUIPMENT & MATERIALS

LEARNING OBJECTIVES:
- IM Reports
- Insurance & Billing

LOG YOUR ACTIVITY TIME HERE!
In each Module evaluation, you will be asked to log the amount of time it takes you to complete each course activity. This information will be used to ensure that the course CEUs have been calculated accurately. Please use this space provided to log your start time.

VIDEO START TIME
_____ AM/PM

ESTIMATED TOTAL TIME FOR THIS ACTIVITY IS 12 MINUTES

You will need the following to complete **Module 8:**
- Computer with good internet connection
- IM equipment (set up, connected to computer and ready to use)
- IM software (open software on your computer)
- IM training file (open your IM file) then minimize the IM software so you can begin the next module.
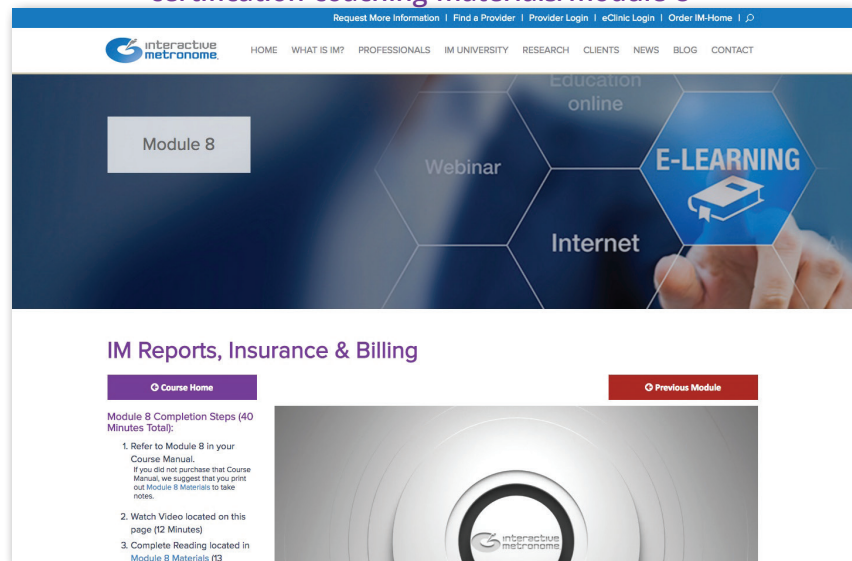- Pencil to take notes

WATCH THE VIDEO
12 minutes

Access the Module video here:
https://www.interactivemetronome.com/im-ondemand-certification-coaching-materials/module-8

Short Form Test Reports

Watch as April demonstrates where to locate reports and covers the main features of each. You will explore all of the reports further on your own upon completion of this video module.

➢ **SF Performance Analysis** (Appendix A-22)
➢ **SF Task Average Graph** (Appendix A-22)

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Slide 2

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Regular Training Reports

➢ **Session IAR Graph** (Appendix A-29)
➢ **Session Burst Graph** (Appendix A-29)
➢ **Session SRO % Graph** (Appendix A-30)
➢ **Best Task Average Graph** (Appendix A-30)
➢ **Variability Average Graph** (Appendix A-31)

These reports reflect performance on Exercises 1-13 in the IM software program and any custom exercises that you create.

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In-Motion Training Reports

➢ **Session IAR Graph** (Appendix A-29)
➢ **Session Burst Graph** (Appendix A-29)
➢ **Session SRO % Graph** (Appendix A-30)
➢ **Best Task Average Graph** (Appendix A-30)
➢ **Variability Average Graph** (Appendix A-31)

These reports are in the same format as those in Regular Training, but reflect performance during ambulation or cognitive exercises with use of the In-Motion trigger.

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General Reports

➢ **Total Minutes/Repetitions** (Appendix page A-31)
➢ **Session Calendar Report** (Appendix A-32)
➢ **Session Data Report** (Appendix A-28)*

*Session Data Report is probably the single most useful of all the reports to track IM settings and client performance from session to session for continuity of care.

Slide 5

Attend Over Time Reports

➤ **AOT Task MS Average Graph** (Appendix A-27)
➤ **AOT Variability Average Graph** (Appendix A-27)

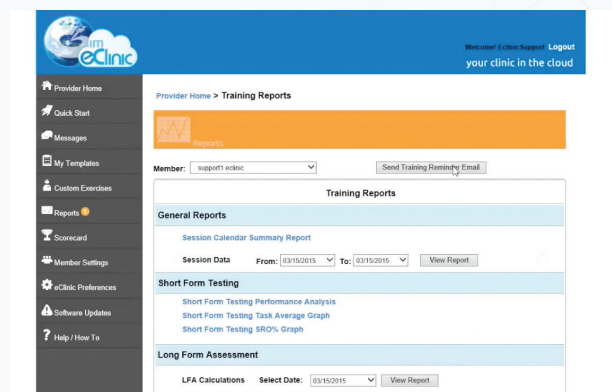These reports track your client's ability to consistently sustain attention over time.

Slide 6

Reports on the eClinic

*Go to Appendix Page A-39 thru A-43

Slide 7

Insurance Reimbursement

➤ **IM is a treatment modality & does not have its own CPT code**
➤ **Prescription & insurance authorization for SLP/PT/OT/ PSYCH eval and treat**
➤ **Bill customary charges:**
  ◆ Speech & language therapy
  ◆ Cognitive development
  ◆ Manual therapy
  ◆ Gait training
  ◆ Therapeutic activity
  ◆ Therapeutic exercise
  ◆ Neuromuscular reeducation
  ◆ Individual psychotherapy

Slide 8

IM Best Practice Resources & Training Goals
Appendix A-36 thru A-38

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IM Provider Educational Path

➢ **IM Certification**
➢ **Coaching Programs**
  ◆ Clinical Certification
  ◆ IM-Home Certification
➢ **Specialization**
  ◆ Pediatric
  ◆ Adult – Cognitive and/or Motor
  ◆ Fall Risk Reduction
  ◆ OnDemand Library

Clinical Certification Coaching*

IM Certification*
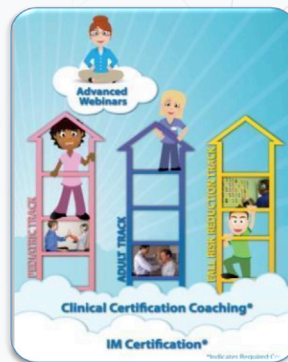
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COMPLETE THE ADDITIONAL READING
13 minutes

LOG YOUR TIME HERE!

VIDEO END TIME _____ AM/PM

**TOTAL ACTIVITY TIME
(IN MINUTES) _____ MIN.**

**ESTIMATED TOTAL TIME FOR THIS
ACTIVITY IS 12 MINUTES**

LOG YOUR ACTIVITY TIME HERE!

READING START TIME

_____ AM/PM

**ESTIMATED TOTAL TIME FOR THIS
ACTIVITY IS 13 MINUTES**

INTERPRETING IM DATA
TASK AVERAGE & VARIABILITY AVERAGE SCORES

The primary scores you are concerned with for IM Training are:

• **TASK AVERAGE (MS) –** Compares each one of your trigger hits to the reference beat… a measure of timing

• **VARIABILITY AVERAGE (MS) –** Compares the timing of one of your trigger hits to your next, to your next, to your next… a measure of rhythm

By comparing these scores from any IM Assessment or training exercise to the Indicator Table, you will have a ballpark idea of your client's current timing & rhythm. Research consistently shows that the more in sync a person is when

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they clap or tap to an auditory beat (referred to as auditory-motor synchronization), the better their speech, language, cognitive, sensory, motor and academic skills like reading and math. Conversely, those that have more difficulty with synchronizing tend to struggle in one or more of these areas.

INDICATOR TABLE

Age	6	7 to 8	9 to 10	11 to 12	13 to 15	16+
Extreme Deficiency	280+	270+	260+	240+	215+	200+
Severe Deficiency	175–279	170–269	160–259	155–239	150–214	147–199
Below Average	120–174	90–169	80–159	75–154	72–149	70–146
Average	90–119	65–89	55–79	45–74	43–71	41–69
Above Average	56–89	45–64	38–54	36–44	33–42	30–40
Exceptional	40–55	32–44	28–37	26–35	23–32	22–29
Superior	Below 40	Below 32	Below 28	Below 26	Below 23	Below 22

The goal of IM training is to improve the Task Average (MS) and Variability Average (MS) scores by lowering them to as close to zero (0ms) as possible. Task Average & Variability Average scores generally improve together simultaneously as your client becomes more accurate and rhythmical with auditory-motor synchronization.

Use the IM reports and graphs to document the progress made from session to session and from one assessment to the next. And, as mentioned previously, it is also important to administer other standardized and functional pre/post assessments to measure the impact of IM training on speech, language, cognitive, sensory, motor and/or academic skills.

SRO, BURSTS & IN-A-ROW (IAR) SCORES

Three additional scores give you an indication of your client's timing & rhythm. These scores will get higher and higher as your client achieves better timing & rhythm. Recently, researchers discovered that the CONSISTENCY of synchronization over the entire exercise is an important indicator of neural maturation. As these scores continually get higher and higher, your client is achieving greater CONSISTENCY and better timing & rhythm. This will result in better outcomes.

- **SRO** – Each time your client hits the trigger within the SRO Range you have set, he earns one SRO point. As your client makes more and more SRO hits and the SRO score goes up, it is an indication of improvement in timing. He is getting better at "targeting" the SRO zone! This is encouraging! CONSISTENCY often develops from here to the point where your client can then string together consecutive hits within the SRO Range to earn Bursts!

- **BURSTS** – A reward score for consistently synchronizing with the beat for a designated number of hits within the SRO Range.

  - The default Burst Threshold is 4. So, each time your client makes 4 consecutive hits within the SRO Range, he earns a burst.

  - You can adjust the SRO Range to as high as 50ms to make it easier to earn Bursts initially, then make it more challenging by lowering it to as low as 10ms to nudge your client's synchronization closer & closer to 0ms as he is ready.

  - You can adjust the Burst Threshold to as low as 2 to make it easier to earn Bursts initially, then make it more challenging by increasing it to as high as 15 to nudge your client's synchronization closer & closer to 0ms and to encourage CONSISTENCY!

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- **IN-A-ROW (IAR) –** This score captures the longest string of consecutive hits your client made within the SRO Range in a particular exercise. For example, an IAR score of 10 indicates your client made 10 consecutive SRO hits during that exercise! IAR is an indication of CONSISTENCY.

Sample IM Assessment & Training Reports are included in the appendix of this handbook for closer review.

ESTABLISHING GOALS FOR IM TRAINING

Ordinarily, you do not set long term or IEP goals for your client to improve on a training tool or assessment battery. Rather, long term goals are written in a way that measurable progress can be observed over time in some area of function in the real world. You should always establish goals before you start IM training. It is important to measure where your client is performing in regard to those goals before, at interim point(s), and the conclusion of IM training even if you are only doing so by using a functional assessment tool and are not performing objective, standardized measures. This information will allow you to communicate with your client and his family regarding meaningful outcomes.

AREAS OF IMPROVEMENT

Your long term goals for IM training should be written in functional and measurable terms that do not include IM language (since your long term goal is not to get better at IM). Improvement may be seen in multiple areas of speech, language, cognitive, sensory and motor function (results may vary from person to person):

COGNITIVE SKILLS
- **Executive functions**
  - self-awareness
  - self-initiation
  - self-monitoring
  - self-correction
  - self-control
  - planning and anticipation
  - organization and sequencing
  - prioritization & time-management
  - problem-solving & reasoning
- **Attention**
  - focused attention & concentration
  - selective attention to tune out distractions
  - alternating attention to switch from one thing to another appropriately
  - multi-tasking
- **Processing Speed**
- **Working memory**
- **Mental & physical stamina**

SPEECH & LANGUAGE SKILLS
- **Auditory processing and comprehension**
- **Expressive language**
  - Vocabulary
  - Mean length of utterance (MLU)
  - Word retrieval
  - Thought organization
- **Critical pre-reading skills**
- **Reading rate, fluency and comprehension**
- **Written expression & spelling**
- **There have been a few anecdotal reports of improved speech fluency**

BEHAVIORAL/SOCIAL SKILLS
- **Self-regulation & self-control**
  - Less impulsive
  - Less disinhibited
  - Less aggressive
- **Eye-contact & reciprocal communication**
- **Social initiation & turn-taking**
- **Interpreting nonverbal language**

SENSORY PROCESSING SKILLS
- **Sensory modulation**
  - Less tactile and vestibular defensiveness
  - Less sensory seeking activity
  - More calm
- **Sensory discrimination**
  - Body in space awareness
  - Proprioceptive sense
- **Sensory-based motor skills**
  - Motor planning and sequencing/praxis
  - Bilateral coordination
  - Postural control

MOTOR SKILLS
- **Fine & gross motor skills**
- **Balance**
- **Gait**
- **Coordination & motor control**
- **Posture**

IM providers that specialize in working with children on the Autism Spectrum, frequently report improvements in the following areas when IM training is included in a comprehensive therapy program that includes interventions for Sensory Processing Disorder:

- Increased synchrony and engagement with environment and functional activities.
- Increased associated engagement
  - Increased specific engagement especially with siblings and family members
  - Increased volitional task-specific eye contact and sustained focused eye engagement
- Increased attention, ability to follow functional related directions
- Increased timing and coordination of motor control (decreased clumsiness, improved posture and symmetry)
- Decreased anxiety
  - Improved ability to self-calm and implement self-calming strategies
- Decreased agitated and frustration-related behaviors
- Improved sensory-processing
  - Ability to give and receive hugs
  - Ability to tolerate handling and positional facilitation
  - Ability to tolerate unexpected changes to environment
  - Decreased startle response
  - Decreased oral motor defensiveness
  - Increased processing and perception of social cues
- Increased fluidity and content to speech
- Decreased perseverative behaviors, ticks, fidgets, compulsions.
- Improved classroom behaviors and academic achievement
- Parents describe a child as being 'more comfortable in their own skin.

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NOTE: *IM training outcomes vary depending upon the clinical degree of autistic behaviors. Very often the more profound the issues, the more rapidly improvements are noted. Also of note is the methodology of IM training: improvements are noted even with substantial modifications, total hand-over-hand assist and limited duration in IM training. Parents have reported changes even after the first IM session. Families are cautioned that, due to the nature of re-organizing and 'shaking up' a child's central nervous system that occurs during this powerful intervention, a child may appear to make initial gains and then a decline in skills prior to reaching ultimate goals (often referred to as the 'funk' period, as neurological change occurs through the process of neuroplasticity).*

DEVELOPING LONG-TERM GOALS

Your long term goals should focus on areas of function impacted by IM training outlined above. Here are some sample long term goals:

- June will communicate basic needs & wants effectively & independently.

- Dorothy will demonstrate safety & independence with self-care activities.

- Elizabeth will demonstrate focused, attentive behavior in the classroom over the course of the school day with fewer than 2 reminders.

- Joseph will demonstrate safe & independent wheelchair transfers.

DEVELOPING SHORT-TERM GOALS

Short-term goals are written so that progress toward the long-term goals can be measured in smaller increments. Key elements of short term goals include:

- Training task to be completed: IM training (auditory-motor synchronization)

- Target range for task average (MS)

- Characterize IM settings as Easy, Moderate, or Challenging for: Guide Sounds on/off, Tempo, Difficulty, SRO Range, Auditory/Training Visuals

- Expected level of assistance to perform: hands-on, verbal cues, modeling,…

- Functional outcome expected: ……in order to be able to _____.

Here are some examples of short-term goals:

- June will consistently achieve a score of less than 50ms on moderately challenging auditory-motor synchronization exercises without cues in order to improve ability to communicate basic needs & wants independently.

- Dorothy will consistently achieve a score of less than 80ms on moderately challenging auditory-motor synchronization exercises with fewer than 5 verbal cues in order to improve attention, self-monitoring, and sequencing to perform self-care activities safely with minimal assist.

- Elizabeth will consistently achieve a score of less than 30ms on challenging auditory-motor synchronization exercises with no more than 1 redirection per exercise in order to improve self-regulation & attention for improved academic performance.

- Joseph will consistently achieve a score of less than 150ms on easy level auditory-motor synchronization exercises with fewer than 12 cues/assists in order to improve motor control, coordination, attention & sequencing for safe wheelchair transfers with moderate assist.

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BILLING FOR IM ASSESSMENT & TRAINING

Interactive Metronome®, Inc does not regulate or make specific recommendations regarding what you should charge for your IM training sessions. What you bill for your time will vary and depend upon several factors including the geographic location of your practice and your area of specialty. Based on feedback from our existing network of IM providers, the average rate is between $60 and $150 per hour in the U.S. The hourly rate for IM training is typically congruent with customary billing practices of the provider.

If you are an allied health professional and you wish to bill a 3rd party payor (insurance) for your services, you should use CPT code(s) that apply to your discipline, your client's diagnosis and your treatment approach. Interactive Metronome® is considered a therapy modality that does not have its own assigned CPT code. You will incorporate IM training into your treatment just as you do with other non-specific therapy modalities (i.e., therapy ball, balance beam, treadmill, etc).

The prescription for your services should state "(Your discipline) Evaluate and Treat." You then have discretion as the therapist to determine what treatment modalities are appropriate based upon your client's individual needs. This may include Interactive Metronome®. For successful reimbursement, your treatment must be deemed medically necessary, your documentation must meet the standards of the 3rd party payor, and you must bill appropriately (i.e., correct CPT codes, modifiers, etc).

Due to the complex and evolving nature of coding for reimbursement, Interactive Metronome® does not provide specific billing codes. IM providers that bill their customary charges and document their treatment according to what is required to justify their services report they are reimbursed for their services. Allied health professionals who are IM providers report successfully using the following treatment codes for reimbursement of services that include Interactive Metronome®:

PT
Gait Training
Prosthetic Training
Orthotic Training
Therapeutic Exercises
Neuro-muscular Re-education
OT
Therapeutic Activities
Therapeutic Procedures
Cognitive Skills Development
Sensory Integration
Neuro-muscular Re-education
ST
Speech Therapy
Cognitive Skills Development
PSYCH
Individual psychotherapy

LOG YOUR ACTIVITY TIME HERE!

READING END TIME
_____ **AM/PM**

TOTAL ACTIVITY TIME (IN MINUTES)
_____ **MIN.**

ESTIMATED TOTAL TIME FOR THIS ACTIVITY IS 13 MINUTES

COMPLETE THE LABS
10 minutes

TAKE A CLOSER LOOK AT THE IM REPORTS

Sample IM reports are included in the Appendix of this handbook. Take a few moments to peruse & familiarize yourself with them.

PAGE REPORT

TAKE THE ONLINE POST-TEST & EVALUATION FOR MODULE 8
5 minutes

To view the course materials for this Module visit:
https://www.interactivemetronome.com/im-ondemand-certification-coaching-materials/module-8

STOP

CONTACT US WITH ANY QUESTIONS

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NOTES
LOG YOUR ACTIVITY TIME HERE!
LAB START TIME
_____ AM/PM

ESTIMATED TOTAL TIME FOR THIS ACTIVITY IS 10 MINUTES

LOG YOUR ACTIVITY TIME HERE!

LAB END TIME
_____ AM/PM
TOTAL ACTIVITY TIME (IN MINUTES) _____ MIN.
ESTIMATED TOTAL TIME FOR THIS ACTIVITY IS 10 MINUTES

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DON'T FORGET TO REFERENCE YOUR NOTES FOR THE TIME LOGGED ACTIVITIES IN THIS MODULE, WHICH WILL BE ASKED IN THE EVALUATION.

NOTES

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