

Medical Coverage Policy | Sensory Integration Therapy and Auditory Integration Therapy



EFFECTIVE DATE: 01|01|2026

POLICY LAST REVIEWED: 09|17|2025

OVERVIEW

Sensory integration therapy (SIT) has been proposed as a treatment of developmental disorders in individuals with established dysfunction of sensory processing, particularly autism spectrum disorder. SIT may be offered by occupational and physical therapists who are certified in SIT. Auditory integration therapy (AIT) uses gradual exposure to certain types of sounds to improve communication in a variety of developmental disorders, particularly autism.

Note: This policy is applicable to Commercial Products only.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Commercial Products

Sensory integration therapy and auditory integration therapy, as a treatment for children and adults with autism, mental retardation, or learning disabilities is considered not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable ~~medical and~~ not medically necessary benefits/coverage.

BACKGROUND

The goal of SIT is to improve the way the brain processes and adapts to sensory information, as opposed to teaching specific skills. Therapy usually involves activities that provide vestibular, proprioceptive, and tactile stimuli, which are selected to match specific sensory processing deficits of the child. For example, swings are commonly used to incorporate vestibular input, while trapeze bars and large foam pillows or mats may be used to stimulate somatosensory pathways of proprioception and deep touch. Tactile reception may be addressed through a variety of activities and surface textures involving light touch. The sessions are often provided as part of a comprehensive occupational therapy or cognitive rehabilitation therapy and may last for more than one year.

The most direct evidence related to outcomes from SIT comes from randomized trials and systematic reviews of these trials. Although certain studies demonstrated some improvements on subsets of the outcomes measured, the studies were limited by small sample sizes, heterogeneous patient populations, and variable outcome measures. As a result, the evidence is not sufficiently robust to draw conclusions about the effects of, and the most appropriate patient populations for, SIT.

Auditory integration therapy (also known as AI training, auditory enhancement training, audio-psycho-phonology) involves having individuals listen to music modified to remove frequencies to which they are hypersensitive, with the goal of gradually increasing exposure to sensitive frequencies. Although several methods of auditory integration therapy have been developed, the most widely-described is the Berard

method, which involves 2 half-hour sessions per day separated by at least 3 hours, over 10 consecutive days, during which patients listen to recordings. AI training has been proposed for individuals with a range of developmental and behavioral disorders, including learning disabilities, autism spectrum disorders, pervasive developmental disorder, attention deficit and hyperactivity disorder. Other methods include the Tomatis method, which involves listening to electronically-modified music and speech, and Samonas Sound Therapy, which involves listening to filtered music, voices, and nature sounds.

The largest body of evidence related to the use of AI therapy is in the treatment of autism. A 2011 Cochrane review found that studies of auditory integration therapy failed to demonstrate meaningful clinical improvements. No subsequent comparative studies of auditory integration therapy were identified.

CODING

Commercial Products

The following CPT code(s) is considered not medically necessary for Commercial Products:

97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes.

RELATED POLICIES

Prior Authorization of Physical and Occupational Therapy Services

PUBLISHED

Provider Update, May, November 2025

Provider Update, June 2024

Provider Update, May 2023

Provider Update, August 2022

Provider Update, July 2021

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