Medical Coverage Policy | Sensory Integration Therapy and Auditory Integration Therapy

EFFECTIVE DATE: 01|01|2026
POLICY LAST REVIEWED: 05|20|2026

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 not medically necessary benefits/coverage.

BACKGROUND
The purpose of SIT in individuals who have developmental disorders is to provide a treatment option that is an alternative to or an improvement on existing therapies. 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 purpose of AIT in individuals who have developmental disorders is to provide a treatment option that is an alternative to or an improvement on existing therapies. AIT (also known as auditory integration (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.

Regulatory Status
SIT is a procedure and, as such, is not subject to regulation by the U.S. Food and Drug Administration. No devices designed to provide AIT have been cleared for marketing by the FDA.

For individuals who have developmental disorders who receive SIT, the evidence includes systematic reviews of randomized controlled trials (RCTs) and case series. Relevant outcomes are functional outcomes and quality of life. Due to the individualized approach to SIT and the large variations in patients' disorders, large multicenter RCTs are needed to evaluate the efficacy of this intervention. The most direct evidence on SIT outcomes derives from several RCTs. Although some of these trials demonstrated improvements for subsets of outcomes measured, they had small sample sizes, heterogeneous patient populations, and variable outcome measures. An RCT of 94 children ages 6 to 8 years with ADHD found that Ayres Sensory Integration® therapy delivered over 10 weeks produced improvements in sensorimotor skills, executive functioning, attention, emotional regulation, and participation. However, expectation asymmetry and inflation of non-specific effects stemming from use of a waitlist control may overestimate these benefits. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have developmental disorders who receive AIT, the evidence includes systematic reviews of RCTs. Relevant outcomes are functional outcomes and quality of life. For AIT, the largest body of literature relates to its use in autism spectrum disorder. Several systematic reviews of AIT in the treatment of autism have found limited evidence to support its use. No comparative studies identified evaluated use of AIT for other conditions. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

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, July 2026
Provider Update, May, November 2025
Provider Update, June 2024
Provider Update, May 2023
Provider Update, August 2022

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