

Medical Coverage Policy | Sensory Integration Therapy and Auditory Integration Therapy



EFFECTIVE DATE: 08|04|2009
POLICY LAST UPDATED: 08|04|2016

OVERVIEW

Sensory integration therapy (SIT) has been proposed as a treatment of developmental disorders in patients 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.

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and 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 there is insufficient peer-reviewed scientific literature that demonstrates that the procedure/service is effective.

MEDICAL CRITERIA

None

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.

Treatment sessions are usually delivered in a one-on-one setting by occupational therapists with special training from university curricula, clinical practice, and mentorship in the theory, techniques, and assessment tools unique to sensory integration theory. The sessions are often provided as part of a comprehensive occupational therapy or cognitive rehabilitation therapy and may last for more than 1 year.

American Academy of Pediatrics (AAP) stated in their 2012 policy statement on SI therapies for children with developmental and behavioral disorders that “[o]ccupational therapy with the use of sensory-based therapies may be acceptable as one of the components of a comprehensive treatment plan. However, parents should be informed that the amount of research regarding the effectiveness of sensory integration therapy is limited and inconclusive.” AAP indicates that these limitations should be discussed with parents, along with instruction on how to evaluate the effectiveness of a trial period of SIT.

Auditory integration therapy (also known as AI training, auditory enhancement training, audio-psycho-phonology) is another method that relies on gradual exposure to sound to which individuals are sensitive, based on having individuals listen to music that has been modified to remove frequencies to which the individual is hypersensitive. Although several methods 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 and several earlier systematic reviews generally found that studies of AI therapy failed to demonstrate meaningful clinical improvements. Therefore, auditory integration therapy is considered not medically necessary as there is no proven efficacy.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable not medically necessary services.

CODING

BlueChip for Medicare and Commercial Products

The following CPT code is considered not medically necessary:

97533

RELATED POLICIES

None

PUBLISHED

Provider Update, October 2016

Provider Update, April 2015

Provider Update, December 2013

Provider Update, October 2012

Provider Update, September 2011

Provider Update, December 2010

Provider Update, September 2009

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