Corporate Medical Policy

Sensory Integration Therapy and Auditory Integration Therapy

**File Name:** sensory_integration_therapy_and_auditory_integration_therapy

**Origination:** 1/2001

**Last CAP Review:** 6/2018

**Next CAP Review:** 6/2019

**Last Review:** 6/2018

**Description of Procedure or Service**

**Sensory integration therapy** has been proposed as a treatment of developmental disorders in patients with established dysfunction of sensory processing, particularly autism spectrum disorders. Sensory integration therapy may be offered by occupational and physical therapists who are certified in sensory integration therapy.

The goal of sensory integration therapy 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. Two organizations currently offer certification for sensory integration therapy; Sensory Integration International and Western Psychological Services. The sessions are often provided as part of a comprehensive occupational therapy or cognitive rehabilitation therapy and may last for more than 1 year.

**Auditory integration therapy** (AIT; also known as 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. AIT 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.

***Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.***

**Policy**

Sensory Integration Therapy and Auditory Integration Therapy are considered investigational. BCBSNC does not provide coverage for investigational services or procedures.
Sensory Integration Therapy and Auditory Integration Therapy

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When Sensory Integration Therapy and Auditory Integration Therapy is covered

Not applicable.

When Sensory Integration Therapy and Auditory Integration Therapy is not covered

Sensory Integration Therapy and Auditory Integration Therapy are considered investigational.

Policy Guidelines

For individuals who have developmental disorders who receive sensory integration therapy, the evidence includes multiple randomized controlled trials (RCTs) and systematic reviews of these trials. Relevant outcomes are functional outcomes and quality of life. Due to the individualized approach to sensory integration therapy and the large variations in patients' disorders, large multicenter RCTs are needed to evaluate the efficacy of this intervention. The most direct evidence on sensory integration therapy outcomes derives from several small randomized trials. Although some of these trials demonstrated improvements for subsets of outcomes measured, they had small sample sizes, heterogeneous patient populations, and variable outcome measures. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have developmental disorders who receive auditory integration therapy, the evidence includes multiple RCTs and systematic reviews of these trials. Relevant outcomes are functional outcomes and quality of life. For auditory integration therapy, 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 auditory integration therapy for other conditions. The evidence is insufficient to determine the effects of the technology on health outcomes.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: 97533

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources
Sensory Integration Therapy and Auditory Integration Therapy

BCBSA TEC Evaluation, February, 2000; Tab 22
BCBSA Medical Policy Reference Manual, 4/30/00; 8.03.13
BCBSA Medical Policy Reference Manual, 10/15/00; 8.03.13

Policy Implementation/Update Information

1/01 Original policy issued.
8/28/06 Specialty Matched Consultant Advisory Panel review 8/1/2006. Added "Sensory integration may be considered a part of cognitive rehabilitation therapy." to "Description of Procedure or Service" section. No changes to policy statement. Rationale added to "Policy Guidelines" section. References added.
6/22/10 Policy Number(s) removed (amw)
10/26/10 Description section revised. Specialty Matched Consultant Advisory Panel review 9/30/10. Policy accepted as written. (adn)
**Sensory Integration Therapy and Auditory Integration Therapy**

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<th>Date</th>
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<tr>
<td>8/16/11</td>
<td>Specialty Matched Consultant Advisory Panel review 7/27/11. No changes to policy. (adn)</td>
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<tr>
<td>8/7/12</td>
<td>Specialty Matched Consultant Advisory Panel review 7/18/12. Removed Related Policy entitled Cognitive Rehabilitation. No changes to policy. (sk)</td>
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<td>12/11/12</td>
<td>Reference added. Medical Director review. No change to Policy Statement. (sk)</td>
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<td>Reference added. Policy statement expanded to include investigational statement for auditory integration therapy. Title changed to reflect inclusion of auditory integration therapy. (sk)</td>
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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.