

## 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:** 6/2019  
**Next CAP Review:** 6/2020  
**Last Review:** 6/2019

#### Description of Procedure or Service

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**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.

**Auditory integration therapy** (AIT; also known as auditory enhancement training, audio-psychophonology) 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

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

#### Benefits Application

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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

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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

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Not applicable.

## When Sensory Integration Therapy and Auditory Integration Therapy is not covered

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Sensory Integration Therapy and Auditory Integration Therapy are considered investigational.

## Policy Guidelines

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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.

### American Academy of Pediatrics

A policy statement by the American Academy of Pediatrics (2012) onSIT for children with developmental and behavioral disorders stated 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.” The Academy indicated that these limitations should be discussed with parents, along with instruction on how to evaluate the effectiveness of a trial period of SIT.

### American Occupational Therapy Association

The AOTA (2011) published evidence-based occupational therapy practice guidelines for children and adolescents with challenges in sensory processing and sensory integration. The AOTA gave a level C recommendation for SIT for individual functional goals for children, for parent-centered goals, and for participation in active play in children with sensory processing disorder, and to address play skills and engagement in children with autism. A level C recommendation is based on “...weak evidence that the intervention can improve outcomes, and the balance of the benefits and harms may result either in a recommendation that occupational therapy practitioners routinely provide the intervention ... or in no recommendation because the balance of the benefits and harm is too close to justify a general recommendation.” Specific performance skills evaluated were motor and praxis skills, sensory-perceptual skills, emotional regulation, and communication and social skills. There was insufficient

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evidence to recommend SIT for academic and psychoeducational performance (eg, math, reading, written performance).

## **Billing/Coding/Physician Documentation Information**

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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.bcbssc.com](http://www.bcbssc.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**

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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

Specialty Matched Consultant Advisory Panel - 9/2002

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.03.13, 12/18/2002

Specialty Matched Consultant Advisory Panel - 8/2004

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.03.13, 12/27/2005

Specialty Matched Consultant Advisory Panel - 8/2006

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.03.13, 12/13/2007

Specialty Matched Consultant Advisory Panel - 8/2008

Myers SM, Johnson CP; American Academy of Pediatrics Council on Children with Disabilities. Management of children with autism spectrum disorders. *Pediatrics*. 2007 Nov;120(5):1162-82. Retrieved 8/12/10 from <http://pediatrics.aappublications.org/cgi/reprint/peds.2007-2362v1>

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.03.13, 10/06/09

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.03.13, 10/4/11

Specialty Matched Consultant Advisory Panel – 7/2012

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.03.13, 10/11/12

Specialty Matched Consultant Advisory Panel – 7/2013

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.03.13, 10/10/13

Specialty Matched Consultant Advisory Panel – 7/2014

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.03.13, 11/13/14

Specialty Matched Consultant Advisory Panel – 7/2015

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.03.13, 3/10/2016

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.03.13, 3/9/2017

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Zimmer M, Desch L. Sensory integration therapies for children with developmental and behavioral disorders. *Pediatrics*. Jun 2012;129(6):1186-1189. PMID 22641765

Watling R, Koenig KP, Davies PL, et al. Occupational therapy practice guidelines for children and adolescents with challenges in sensory processing and sensory integration. Bethesda, MD: American Occupational Therapy Association Press; 2011.

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.03.13, 3/14/2019

## Policy Implementation/Update Information

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| 1/01     | Original policy issued.                                                                                                                                                                                                                                                                                    |
| 11/02    | Specialty Matched Consultant Advisory Panel review 9/2002. No changes.                                                                                                                                                                                                                                     |
| 8/26/04  | Specialty Matched Consultant Advisory Panel review 8/4/2004. No changes to criteria. Updated Benefit Application and Billing/Coding sections for consistency. References added.                                                                                                                            |
| 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. |
| 9/22/08  | Specialty Matched Consultant Advisory Panel review 8/28/2008. No changes to policy statement. References added.(btw)                                                                                                                                                                                       |
| 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)                                                                                                                                                                                 |
| 8/16/11  | Specialty Matched Consultant Advisory Panel review 7/27/11. No changes to policy. (adn)                                                                                                                                                                                                                    |
| 8/7/12   | Specialty Matched Consultant Advisory Panel review 7/18/12. Removed Related Policy entitled Cognitive Rehabilitation. No changes to policy. (sk)                                                                                                                                                           |
| 12/11/12 | Reference added. Medical Director review. No change to Policy Statement. (sk)                                                                                                                                                                                                                              |
| 7/30/13  | Specialty Matched Consultant Advisory Panel review 7/17/13. No changes to policy. (sk)                                                                                                                                                                                                                     |
| 1/28/14  | Reference added. No change to Policy statement. (sk)                                                                                                                                                                                                                                                       |
| 8/12/14  | Specialty Matched Consultant Advisory Panel review 7/29/14. No change to Policy statement. (sk)                                                                                                                                                                                                            |
| 3/10/15  | Reference added. Policy statement expanded to include investigational statement for auditory integration therapy. Title changed to reflect inclusion of auditory integration therapy. (sk)                                                                                                                 |
| 9/1/15   | Specialty Matched Consultant Advisory Panel review 7/29/15. (sk)                                                                                                                                                                                                                                           |
| 8/30/16  | Minor revisions to Description section and Policy Guidelines section. Specialty Matched Consultant Advisory Panel review 7/27/16. Policy statement unchanged. (an)                                                                                                                                         |
| 7/28/17  | Minor changes to Description section. Policy Guidelines section updated. Specialty Matched Consultant Advisory Panel review 6/28/2017. No change to policy statement. (an)                                                                                                                                 |
| 7/27/18  | Specialty Matched Consultant Advisory Panel review 6/27/2018. No change to policy statement. (an)                                                                                                                                                                                                          |
| 7/30/19  | Updated Description section and Policy Guidelines. References added. Specialty Matched Consultant Advisory Panel review 7/10/2019. (eel)                                                                                                                                                                   |

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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.