

Policy Name:	Sensory and Auditory Integration Therapies
Effective Date:	6/19/2023

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member’s plan document for other specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Note: This policy is no longer scheduled for routine review of the scientific literature.

Sensory integration therapy is investigative and unproven and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Auditory integration therapy is investigative and unproven and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Description

Sensory integration may be defined as a developmental process involving the integration, organization, and interpretation of sensory stimulation from the environment. In addition to the auditory and visual senses, the tactile, vestibular, and proprioceptive functions are included. Sensory Integration Dysfunction, also known as Sensory Processing Disorder, is said to exist when sensory signals don’t get organized into proper responses, causing difficulty with processing and acting upon information received through the senses.

Sensory integration therapy (SIT) is a treatment modality offered by occupational, physical, and other therapists to address those children whose over-organized, under-organized, and disorganized reactivity to their sensory world is not well explained by the traditional coordination disorder. It is based on a theory of neuropsychological development and function developed by Dr. A. Jean Ayres in the 1960’s. The goal is to provide therapeutic sensory information that helps organize and assist in modulation and processing for a more organized response to sensory stimuli. During the course of an individual one-hour therapy session, primitive forms of sensation are combined with motor activity. The therapist makes use of textured mitts, soft brushes, carpets, scooter boards, ramps, swings, and bounce pads to provide stimulation to the senses. In addition, the use of suspended equipment allows for varied types of vestibular stimulation. The therapy is most often performed by occupational therapists specifically trained in SIT techniques and can occur one to three times a week over several months or years.

Auditory integration training (AIT) is based on the theory that symptoms in autism spectrum disorders are the result of abnormal sensitivity or insensitivity to certain frequencies of sound waves and sensory processing anomalies, which may be associated with a range of behavior, learning problems, emotional agitation, and pain in autistic individuals. AIT involves listening to specially modulated music through a specialized device to improve the processing of auditory stimuli.

It was first developed in France during the 1960's by Dr. Guy Berard, an otolaryngologist, and became popular in the United States in the early 1990's as a treatment for autism after the publication of a book in 1991, which claimed that the treatment had "cured" a child of autism. The sessions consist of listening to music that has been computer-modified.

Another French otolaryngologist, Alfred Tomatis, developed a system in the 1950's known as the "Tomatis Method" which uses electronically modified human voice and music to target diverse disorders including auditory processing problems, autism, ADHD, dyslexia, and dysphasia, among others.

The Samonas method, developed by a German sound engineer, Ingo Steinbach, purports to re-map and restore the brain's ability to process sound by using filtered music, voice, and nature sounds to treat learning disabilities, ADHD, and other conditions.

FDA Approval

Sensory and Auditory Integration Therapies are therapies, and therefore not regulated by the FDA. The Earducator™ device is marketed as an educational device and not subject to FDA regulation.

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:

- **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.

Original Effective Date: 7/1/2002

Re-Review Date(s): 5/25/2004
4/26/2011
4/21/2014
5/17/2017
2/28/2020 – administrative update; format
5/20/2020 – Clinical Review Reserve
4/19/2023