Protocol

Sensory Integration Therapy and Auditory Integration Therapy

(80313)

Medical Benefit		**Effective Date**: 04/01/16	**Next Review Date**: 01/20
Preauthorization	No	**Review Dates**: 04/07, 05/08, 05/09, 01/10, 01/11, 01/12, 01/13, 01/14, 01/15, 01/16, 01/17, 01/18, 01/19	

This protocol considers this test or procedure investigational. If the physician feels this service is medically necessary, preauthorization is recommended.

The following protocol contains medical necessity criteria that apply for this service. The criteria are also applicable to services provided in the local Medicare Advantage operating area for those members, unless separate Medicare Advantage criteria are indicated. If the criteria are not met, reimbursement will be denied and the patient cannot be billed. Please note that payment for covered services is subject to eligibility and the limitations noted in the patient's contract at the time the services are rendered.

Populations	Interventions	Comparators	Outcomes
Individuals: • With developmental disorders	Interventions of interest are: • Sensory integration therapy	Comparators of interest are: • Standard care	Relevant outcomes include: • Functional outcomes • Quality of life
Individuals: • With developmental disorders	Interventions of interest are: • Auditory integration therapy	Comparators of interest are: • Standard care	Relevant outcomes include: • Functional outcomes • Quality of life

DESCRIPTION

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.

SUMMARY OF EVIDENCE

For individuals who have developmental disorders who receive SIT, the evidence includes randomized controlled trials (RCTs), systematic reviews of these trials, 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 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 AIT, the evidence includes several RCTs and systematic reviews of these trials. 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 the effects of the technology on health outcomes.

POLICY

Sensory integration therapy and auditory integration therapy are considered **investigational**.

MEDICARE ADVANTAGE

Sensory integration therapy may be **medically necessary** for persons with acquired sensory problems resulting from head trauma, illness or acute neurologic events including cerebrovascular accidents.

Sensory integration therapy is **not medically necessary** for patients with progressive neurological conditions without potential for functional adaptation.

BACKGROUND

The goal of SIT is to improve how 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 SIT. Organizations like Western Psychological Services currently offer certification for SIT. The sessions are often provided as part of a comprehensive occupational therapy or cognitive rehabilitation therapy and may last for more than one year.

AIT also known as auditory integration 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 AIT have been developed, the most widely described is the Berard method, which involves two half-hour sessions per day separated by at least three 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 disorder, pervasive developmental disorder, and attention-deficit/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 Food and Drug Administration.

RELATED PROTOCOL

Cognitive Rehabilitation

Services that are the subject of a clinical trial do not meet our Technology Assessment Protocol criteria and are considered investigational. *For explanation of experimental and investigational, please refer to the Technology Assessment Protocol.*

It is expected that only appropriate and medically necessary services will be rendered. We reserve the right to conduct prepayment and postpayment reviews to assess the medical appropriateness of the above-referenced procedures. **Some of this protocol may not pertain to the patients you provide care to, as it may relate to products that are not available in your geographic area.**

REFERENCES

We are not responsible for the continuing viability of web site addresses that may be listed in any references below.

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