

Sensory Integration Therapy and Auditory Integration Therapy

Policy # 00174

Original Effective Date: 08/24/2005

Current Effective Date: 11/01/2025

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers sensory integration (SI) therapy and auditory integration therapy to be **investigational**.*

Background/Overview

The goal of sensory integration therapy 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.

Auditory integration therapy (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 auditory integration therapy 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. Auditory integration therapy 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.

Sensory Integration Therapy and Auditory Integration Therapy

Policy # 00174

Original Effective Date: 08/24/2005

Current Effective Date: 11/01/2025

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)

Sensory integration therapy is a procedure and, as such, is not subject to regulation by the U.S. FDA. No devices designed to provide auditory integration therapy have been cleared for marketing by the FDA.

Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to regulations, other plan medical policies, and accredited national guidelines.

Sensory integration therapy has been proposed as a treatment of developmental disorders in individuals with established dysfunction of sensory processing, particularly autism spectrum disorder. Sensory integration therapy may be offered by occupational and physical therapists who are certified in sensory integration therapy. Auditory integration therapy 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 sensory integration therapy, the evidence includes systematic reviews of randomized controlled trials (RCTs) and case series. 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 RCTs. Although some of these trials demonstrated improvements for subsets of outcomes measured, they had small sample sizes, heterogeneous patient populations, and variable outcome measures. A RCT of 138 children ages 4 to 11 years published in 2022 found that sensory integration therapy for children with autism and sensory processing difficulties did not demonstrate clinical benefit above standard care. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have developmental disorders who receive auditory integration therapy, the evidence includes systematic reviews of RCTs. 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 auditory integration therapy in the treatment of autism have found limited evidence to support its use. No comparative studies identified evaluated

Sensory Integration Therapy and Auditory Integration Therapy

Policy # 00174

Original Effective Date: 08/24/2005

Current Effective Date: 11/01/2025

use of auditory integration therapy for other conditions. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Supplemental Information

Practice Guidelines and Position Statements

Guidelines or position statements will be considered for inclusion in 'Supplemental Information' if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

American Academy of Pediatrics

A 2012 policy statement by the American Academy of Pediatrics on sensory integration therapy for children with developmental and behavioral disorders stated that "occupational 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 American Academy of Pediatrics indicated that these limitations should be discussed with parents, along with instructions on how to evaluate the effectiveness of a trial period of sensory integration therapy.

In 2020, a clinical report by the American Academy of Pediatrics was published on the identification, evaluation, and management of children with autism spectrum disorder (ASD). Regarding sensory integration therapy, the report stated "Although sensory-based therapies are among the most commonly requested therapies by caregivers, the evidence supporting their general use remains currently limited". Regarding auditory integration therapy, the report stated "Evidence to date does not support the use of auditory integration training, in which an individual listens to altered sounds through headphones in an effort to change auditory or other processing".

American Occupational Therapy Association

The 2015 American Occupational Therapy Association (AOTA) guidelines stated: "American Occupational Therapy Association (AOTA) recognizes sensory integration as one of several theories and methods used by occupational therapists and occupational therapy assistants working with children in public and private schools...to "enhanc[e] a person's ability to participate in life through engagement in everyday activities....When children demonstrate sensory, motor, or praxis deficits that interfere with their ability to access the general education curriculum, occupational therapy using a sensory integration approach is appropriate."

In 2011, the American Occupational Therapy Association (AOTA) 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 sensory

Sensory Integration Therapy and Auditory Integration Therapy

Policy # 00174

Original Effective Date: 08/24/2005

Current Effective Date: 11/01/2025

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

American Speech-Language-Hearing Association

In 2002, the American Speech-Language-Hearing Association Work Group on Auditory Integration Therapy concluded that auditory integration therapy has not met scientific standards for efficacy that would justify its practice by audiologists and speech-language pathologists.

U.S. Preventive Services Task Force Recommendations

Not applicable.

Medicare National Coverage

There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

Ongoing and Unpublished Clinical Trials

A search of ClinicalTrials.gov in January 2025 did not identify any studies that would likely influence this review.

References

1. Sinha Y, Silove N, Hayen A, et al. Auditory integration training and other sound therapies for autism spectrum disorders (ASD). *Cochrane Database Syst Rev*. Dec 07 2011; 2011(12): CD003681. PMID 22161380
2. Schaaf RC, Burke JP, Cohn E, et al. State of measurement in occupational therapy using sensory integration. *Am J Occup Ther*. 2014; 68(5): e149-53. PMID 25184475
3. Mailloux Z, May-Benson TA, Summers CA, et al. Goal attainment scaling as a measure of meaningful outcomes for children with sensory integration disorders. *Am J Occup Ther*. 2007; 61(2): 254-9. PMID 17436848
4. Parham LD, Cohn ES, Spitzer S, et al. Fidelity in sensory integration intervention research. *Am J Occup Ther*. 2007; 61(2): 216-27. PMID 17436844

Sensory Integration Therapy and Auditory Integration Therapy

Policy # 00174

Original Effective Date: 08/24/2005

Current Effective Date: 11/01/2025

5. Weitlauf AS, Sathe N, McPheeters ML, et al. Interventions Targeting Sensory Challenges in Autism Spectrum Disorder: A Systematic Review. *Pediatrics*. Jun 2017; 139(6). PMID 28562287
6. Case-Smith J, Weaver LL, Fristad MA. A systematic review of sensory processing interventions for children with autism spectrum disorders. *Autism*. Feb 2015; 19(2): 133-48. PMID 24477447
7. Camino-Alarcón J, Robles-Bello MA, Valencia-Naranjo N, et al. A Systematic Review of Treatment for Children with Autism Spectrum Disorder: The Sensory Processing and Sensory Integration Approach. *Children (Basel)*. Oct 09 2024; 11(10). PMID 39457187
8. May-Benson TA, Koomar JA. Systematic review of the research evidence examining the effectiveness of interventions using a sensory integrative approach for children. *Am J Occup Ther*. 2010; 64(3): 403-14. PMID 20608272
9. Randell E, Wright M, Milosevic S, et al. Sensory integration therapy for children with autism and sensory processing difficulties: the SenITA RCT. *Health Technol Assess*. Jun 2022; 26(29): 1-140. PMID 35766242
10. Corbett BA, Shickman K, Ferrer E. Brief report: the effects of Tomatis sound therapy on language in children with autism. *J Autism Dev Disord*. Mar 2008; 38(3): 562-6. PMID 17610057
11. Mudford OC, Cross BA, Breen S, et al. Auditory integration training for children with autism: no behavioral benefits detected. *Am J Ment Retard*. Mar 2000; 105(2): 118-29. PMID 10755175
12. Porges SW, Bazhenova OV, Bal E, et al. Reducing auditory hypersensitivities in autistic spectrum disorder: preliminary findings evaluating the listening project protocol. *Front Pediatr*. 2014; 2: 80. PMID 25136545
13. Zimmer M, Desch L, Rosen LD, et al. Sensory integration therapies for children with developmental and behavioral disorders. *Pediatrics*. Jun 2012; 129(6): 1186-9. PMID 22641765
14. Hyman SL, Levy SE, Myers SM, et al. Identification, Evaluation, and Management of Children With Autism Spectrum Disorder. *Pediatrics*. Jan 2020; 145(1). PMID 31843864
15. Occupational Therapy for Children and Youth Using Sensory Integration Theory and Methods in School-Based Practice. *Am J Occup Ther*. 2015; 69 Suppl 3: 6913410040p1-6913410040p20. PMID 26713950
16. 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.
17. American Speech-Language-Hearing Association, Working Group in AIT. Auditory Integration Training [Technical Report:]. 2004; <https://www.asha.org/policy/ps2004-00218/>.

Policy History

Original Effective Date: 08/24/2005

Current Effective Date: 11/01/2025

08/03/2005 Medical Director review

08/16/2005 Medical Policy Committee review

Sensory Integration Therapy and Auditory Integration Therapy

Policy # 00174

Original Effective Date: 08/24/2005

Current Effective Date: 11/01/2025

08/24/2005	Managed Care Advisory Council approval
09/05/2007	Medical Director review
09/19/2007	Medical Policy Committee approval. Addition of FDA and or other governmental regulatory approval. Policy statement unchanged.
09/03/2009	Medical Policy Committee review
09/16/2009	Medical Policy Implementation committee approval. Coverage eligibility unchanged.
09/09/2010	Medical Policy Committee review
09/15/2010	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
09/01/2011	Medical Policy Committee review
09/14/2011	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
10/11/2012	Medical Policy Committee review
10/31/2012	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
10/03/2013	Medical Policy Committee review
10/16/2013	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
10/02/2014	Medical Policy Committee review
10/15/2014	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
10/08/2015	Medical Policy Committee review
10/21/2015	Medical Policy Implementation Committee approval. Auditory interrattion therapy added as investigational and added to the title.
10/06/2016	Medical Policy Committee review
10/19/2016	Medical Policy Implementation Committee approval. No change to coverage.
01/01/2017	Coding update: Removing ICD-9 Diagnosis Codes
10/05/2017	Medical Policy Committee review
10/18/2017	Medical Policy Implementation Committee approval. No change to coverage.
10/04/2018	Medical Policy Committee review
10/17/2018	Medical Policy Implementation Committee approval. No change to coverage
10/03/2019	Medical Policy Committee review
10/09/2019	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
10/01/2020	Medical Policy Committee review
10/07/2020	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
10/07/2021	Medical Policy Committee review
10/13/2021	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

Sensory Integration Therapy and Auditory Integration Therapy

Policy # 00174

Original Effective Date: 08/24/2005

Current Effective Date: 11/01/2025

10/06/2022	Medical Policy Committee review
10/11/2022	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
10/05/2023	Medical Policy Committee review
10/11/2023	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
10/03/2024	Medical Policy Committee review
10/08/2024	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
10/02/2025	Medical Policy Committee review
10/08/2025	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

Next Scheduled Review Date: 10/2026

Coding

The five character codes included in the Louisiana Blue Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT®)‡, copyright 2024 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physician.

The responsibility for the content of Louisiana Blue Medical Policy Coverage Guidelines is with Louisiana Blue and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in Louisiana Blue Medical Policy Coverage Guidelines. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Any use of CPT outside of Louisiana Blue Medical Policy Coverage Guidelines should refer to the most current Current Procedural Terminology which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply.

CPT is a registered trademark of the American Medical Association.

Sensory Integration Therapy and Auditory Integration Therapy

Policy # 00174

Original Effective Date: 08/24/2005

Current Effective Date: 11/01/2025

Codes used to identify services associated with this policy may include (but may not be limited to) the following:

Code Type	Code
CPT	97533
HCPCS	No codes
ICD-10 Diagnosis	All related diagnoses

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
 1. Consultation with technology evaluation center(s);
 2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
 3. Reference to federal regulations.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: If the Patient's health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

NOTICE: Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.