

## Corporate Medical Policy

### Sensory Integration Therapy

**File Name:** sensory\_integration\_therapy  
**Origination:** 1/2001  
**Last CAP Review:** 7/2011  
**Next CAP Review:** 7/2012  
**Last Review:** 7/2011

#### 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, e.g., children with autism, attention deficit hyperactivity disorder (ADHD), brain injuries, fetal alcohol syndrome, and neurotransmitter disease. 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 (SII), a non-profit branch of the Ayres Clinic in Torrance, Calif, and Western Psychological Services, a private organization that has a collaborative arrangement with University of Southern California (USC) to offer sensory integration training through USC's Department of Occupational Science and Therapy. The sessions are often provided as part of a comprehensive occupational therapy or cognitive rehabilitation therapy and may last for more than 1 year.

Related policy: Cognitive Rehabilitation

**\*\*\*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 is 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 design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

# Sensory Integration Therapy

## When Sensory Integration Therapy is covered

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Not applicable.

## When Sensory Integration Therapy is not covered

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Sensory Integration Therapy is not covered. It is considered investigational.

## Policy Guidelines

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A recent literature search found no new clinical trials that would change the policy statement. Currently there is insufficient evidence that sensory integration therapy is effective. A lack of well-designed clinical trials prevents conclusions that this treatment improves health outcomes.

## 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.bcbsnc.com](http://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

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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

# Sensory Integration Therapy

## 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)

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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.