

FEP 8.03.13 Sensory Integration Therapy and Auditory Integration Therapy

Effective Date: July 15, 2018

Related Policies:
8.03.10 Cognitive Rehabilitation

Sensory Integration Therapy and Auditory Integration Therapy

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.

FDA 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.

POLICY STATEMENT

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

BENEFIT APPLICATION

Experimental or investigational procedures, treatments, drugs, or devices are not covered (See General Exclusion Section of brochure).

RATIONALE

Summary of Evidence

For individuals who have developmental disorders who receive SIT, the evidence includes randomized controlled trials, 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 randomized controlled trials 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

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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.

SUPPLEMENTAL INFORMATION

Practice Guidelines and Position Statements

Sensory Integration Therapy

American Academy of Pediatrics

A 2012 policy statement by the American Academy of Pediatrics on sensory integration therapy (SIT) 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.”¹⁷ 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

In 2009, the American Occupational Therapy Association (AOTA) stated that “AOTA recognizes SI [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 improve a child’s “ability to access the general education curriculum” and to participate in school-related activities.¹⁸

In 2011, AOTA published evidence-based occupational therapy practice guidelines for children and adolescents with challenges in sensory processing and sensory integration.¹⁹ 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 evidence to recommend SIT for academic and psychoeducational performance (eg, math, reading, written performance).

Auditory Integration Therapy

American Speech-Language-Hearing Association

In 2004, the American Speech-Language-Hearing Association issued a report on auditory integration therapy.²⁰ The Association concluded that “Despite approximately one decade of practice in this country, this method has not met scientific standards for efficacy and safety that would justify its inclusion as a mainstream treatment for these disorders.”

American Academy of Pediatrics

In 1998, the Academy issued a statement on auditory integration therapy and facilitated communication for autism spectrum disorder, which concluded: “Currently available information does not support the claims of proponents that these treatments are efficacious. Their use does not appear warranted at this time, except within research protocols.”²¹

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U.S. Preventive Services Task Force Recommendations

Not applicable.

Medicare National Coverage

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

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POLICY HISTORY

Date	Action	Description
June 2012	New Policy	Sensory integration therapy and auditory integration therapy is considered investigational .
December 2013	Update Policy	Policy updated with literature review, new references added, policy statement unchanged.
March 2015	Update Policy	Policy updated with literature review through September 23, 2014. References 1-2, 9-10, 14, and 20-21 added. Policy statement expanded to include investigational statement for auditory integration therapy. Title changed to reflect inclusion of auditory integration therapy.
June 2018	Update Policy	Policy updated with literature review through January 8, 2018; references 7-8 added. Policy statement unchanged.

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