Policy: MP177  
Section: Medical Benefit Policy  
Subject: Sensory Integration Therapy

I. Policy: Sensory Integration Therapy

II. Purpose/Objective:  
To provide a policy of coverage regarding Sensory Integration Therapy

III. Responsibility:  
A. Medical Directors  
B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards of good medical treatment practiced by the general medical community.
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.
**Medical Necessity**

Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

(i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.

(ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.

(iii) The service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

**Definitions:**

Sensory integration therapy (SIT) is intended to improve one’s ability to process and integrate sensory information and provide a basis for improved independence and participation in daily life activities. Performed by an occupational/physical therapist, the therapy combines sensory stimulation with purposeful muscle activities, which is thought to provide the patient with opportunities to engage in activities rich in tactile, vestibular, and proprioceptive sensations. It is believed that this process will result in improved behavior and academic performance.

**Exclusions:** The Plan does NOT provide coverage for Sensory Integration Therapy for any indication including but not limited to various communication, behavioral, emotional and learning disorders (unless otherwise mandated under Act 62)* because it is considered experimental, investigational or unproven. The Geisinger Technology Assessment Committee evaluated this technology and concluded that there is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this test on health outcomes when compared to established tests or technologies.

There is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of Suit Therapy (including but not limited to the Adeli Suit and TheraTogs®) for the treatment of any condition, including but not limited to sensory integration disorders and other neuromuscular conditions.

The available studies of sensory integration are of poor design, poorly controlled and with methodological flaws making the outcomes inconclusive. These trials fail to demonstrate that sensory integration therapy provides long term improvement in individuals with neurological development and behavioral development issues. Additionally, there is no data from well-designed studies that indicate sensory integration for other medical conditions improves patient outcomes. The evidence is insufficient to determine the effects on net health outcomes and therefore is considered investigational.

The use of SIT lacks support from many professional organizations. The American Academy of Pediatrics’ position statement on “Sensory integration therapies for children with developmental and behavioral disorders” states, “parents should be informed that the amount of research regarding the effectiveness of sensory integration therapy is limited and inconclusive”. The American Academy of Child and Adolescent Psychiatry (AACAP)’s practice parameter states,” Studies of sensory oriented interventions, such as auditory integration training, sensory integration therapy, and touch therapy/ massage, have contained methodologic flaws and have yet to show replicable improvements”. Therefore, the Plan does NOT provide coverage for Suit Therapy (unless otherwise mandated under Act 62)* because it is considered to be experimental, investigational or unproven.

- **A complete description of Suit Therapy is outlined in MP181 – Suit Therapy.**

*For additional information please see MP 232 - Autism Spectrum Disorder – Evaluation and Medical Management*

**Note:** A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in **MP 15 - Experimental Investigational or Unproven Services or Treatment.**
CODING ASSOCIATED WITH: Sensory Integration Therapy

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

97533  Sensory integrative technique to enhance sensory processing and promote adaptive responses to environmental demand, direct (one-to-one) patients contact by the provider, each 15 minutes.


LINE OF BUSINESS:
Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD’s and NCD’s will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:


This policy will be revised as necessary and reviewed no less than annually.

Devised: 04/12/06

Revised: 11/09 (Act 62 Language)

Reviewed: 10/07, 11/10, 11/11, 11/12, 11/13, 11/14, 11/15, 11/16, 10/17, 10/18