**SENSORY AND AUDITORY INTEGRATION THERAPIES, FACILITATED COMMUNICATION**
**HS-093**

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# Sensory and Auditory Integration Therapies, Facilitated Communication

**Policy Number: HS-093**

**Original Effective Date: 3/16/2009**

**Revised Date(s): 3/31/2010; 3/31/2011**

## DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

## APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

## BACKGROUND

*Sensory Integration Therapy*

Sensory integration (SI) is a theory of neuropsychological development and function that investigators have attempted to validate for the past 25 years. First postulated by Ayres in the 1960s, SI is defined as the ability of an individual to appropriately organize sensory input for perceiving, responding, or learning. Children with SI dysfunction are theorized to have a disorder in the reception and integration of sensory information from their environment, a condition that proponents of SI therapy believe contributes to up to 70% of learning disabilities. SI therapy seeks to improve perception and integration of sensory information and thereby help learning disabled children improve their sensorimotor skills. In theory, this will result in improved behavior and academic performance. The therapy designed to achieve these goals emphasizes vestibular, proprioceptive, and tactile stimulation for enhanced neurological development. During the course of an individual 60- to 90-minute therapy session, primitive forms of sensation are combined with motor activity. The therapy is usually administered by occupational therapists specifically trained in SI techniques and can be provided in one or three sessions per week for several months or years. Data from individual studies and results of two meta-analyses fail to provide evidence that SI therapy is an effective treatment or improves long-term outcomes for children with learning disabilities, Down syndrome, developmental delays, or putative SI disorders. The few studies that assessed SI therapy in children with cerebral palsy or autism provide insufficient evidence to evaluate SI therapy for these indications (Hayes, 2004).

*Statement from the American Academy of Pediatrics (2007) on Sensory Integration Therapy*

Sensory integration (SI) therapy often is used alone or as part of a broader program of occupational therapy for children with ASDs. The goal of SI therapy is not to teach specific skills or behaviors but to remediate deficits in neurologic processing and integration of sensory information to allow the child to interact with the environment in a more adaptive fashion. Unusual sensory responses are common in children with ASDs, but there is not good evidence that these symptoms differentiate ASDs from other developmental disorders, and the efficacy of SI therapy has not been demonstrated objectively. Available studies are plagued by methodologic limitations, but proponents of SI note that higher-quality SI research is forthcoming.

*Auditory Integration Therapy*

Auditory Integration Training (AIT) is proposed to reduce over-sensitivity to sound. It involves listening to music that has been computer modified to remove frequencies to which an individual demonstrates hypersensitivities and to reduce the predictability of auditory patterns. A special device is used to modify the music for the treatment sessions. The treatment program generally consists of 20 half-hour sessions during a 10-12 day period with two sessions daily. Auditory thresholds are determined via audiograms. The audiogram is reviewed for evidence of hyperacusis, an abnormal sensitivity to sound. A clinical history of sound sensitivities and behavior is also reviewed. Audiograms are repeated midway and at the end of the training session to document progress and to determine if further treatment sessions are necessary.

*Facilitated Communication*

Facilitated Communication (FC) is a manual prompting, by a trained facilitator, to provide assistance to a non-verbal person in typing out words using a typewriter, computer keyboard or other communication device. FC involves supporting the individual's hand to make it easier to indicate the letters that are chosen, essentially to develop a communicative statement. The patient is allegedly able to communicate through his or her hand to the hand of the facilitator, which then is guided to a letter, word or picture, spelling out words or expressing complete thoughts.

## POSITION STATEMENT

Given the lack of scientific evidence, the following therapies **are considered experimental and investigational** for the treatment of children with learning disabilities and developmental delays, including autism:

- Sensory integration therapy
- Auditory integration therapy
- Facilitated communication.

NOTE: Sensory Integration Therapy is covered for Georgia Medicaid as an adjunct therapy modality.

## CODING

### Non-Covered CPT© Code (Covered Georgia Medicaid)

**97533** Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands; direct (one-on-one) patient contact by the provider, each 15 minutes

**ICD-9-CM Procedure Code -** No applicable codes.

**HCPCS Level II Code -** No applicable codes

**Non-Covered ICD-9-Diagnosis Codes -** This list may not be all inclusive.

| | |
|---|---|
| **299.00 - 299.91** | Autistic Disorder; Current or Active state; Residual State |
| **307.9** | Communication disorder, Not Otherwise Specified |
| **309.3** | Adjustment disorder with disturbance of conduct |
| **312.0 - 312.9** | Disturbance of conduct - Aggressive; Unaggressive; Socialized |
| **313.0 - 313.9** | Disturbance of emotions specific to childhood and adolescence |
| **314.00 - 314.9** | Hyperkinetic syndrome of childhood – ADD; Hyperactivity; Hyperkinesis; Hyperkinetic |
| **315.00 - 315.9** | Specific delays in development – Reading disorder; Alexia; Dyslexia; Dyscalculia |
| **759.83** | Fragile X syndrome |
| **783.40 - 783.43** | Lack of expected normal physiological development in childhood |
| **V40.0 - V40.9** | Mental and behavioral problems |
| **V71.01 - V71.09** | Observation for suspected mental condition |

***Current Procedural Terminology (CPT) 2010 American Medical Association: Chicago, IL.®©**

## REFERENCES

**Peer Reviewed**

1. Hayes Directory. Sensory Integration Therapy for Children with Learning Disabilities or Developmental Delays. December 6, 2004.

**Government Agencies, Professional and Medical Organizations**

1. American Academy of Pediatrics. Management of Children with Autism Spectrum Disorders. Myers, SM, Johnson, CP. Pediatrics, Volume 120, Number 5, November, 2007.

**Other**

1. UnitedHealthcare Technology Assessment. Sensory Integration and Coordination Therapy. January 15, 2009.

## HISTORY AND REVISIONS

| Date | Action |
|---|---|
| 12/1/2011 | • New template design approved by MPC. |
| 3/31/2011 | • Approved by MPC. |