

Sensory Integration Therapy

Policy Number: **M110207082**
 Effective Date: **5/1/2011**
 Sponsoring Department: **Health Care Services**
 Impacted Department(s): **Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐ Confidential ☐ Restricted ☒ Public

Applies to (Line of Business):

- ☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒ MediSource; ☒ MediSource Connect; ☒ Child Health Plus; ☒ Essential Plan
☒ Medicare, if yes, which plan(s): ☒ MAPD; ☐ PDP; ☒ ISNP; ☒ CSNP
☒ Commercial, if yes, which type: ☒ Large Group; ☒ Small Group; ☒ Individual
☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☐ No ☒

Purpose and Applicability:

To set forth the medical necessity criteria for **sensory integration therapy (SI)** for Medicare Advantage and MediSource, MediSource Connect, Child Health Plus and Essential Plan members. **Note: SI is considered experimental or investigational for Commercial and Self-Funded members.**

Policy:

Commercial and Self-Funded:

There is insufficient evidence in the form of well-designed, large-population, prospective, randomized, controlled trials to draw definitive conclusions regarding the effectiveness of sensory integration therapy and the impact of the therapy in healthcare outcomes.

Note: Sensory Integration therapy is performed by occupational or physical therapists who are certified in sensory integration therapy.

Medicare Advantage:

There is currently a Local Coverage Determination (LCD) and Local Coverage Article (LCA) for sensory integration therapy. Please refer to the links listed in the Reference section for Medicare Advantage members.

MediSource, Child Health Plus, MediSource Connect and Essential Plan:

MediSource, MediSource Connect, Child Health Plus and Essential Plan do not cover Sensory Integration Therapy.

Clinical Indications:

NOT COVERED for **Any** of the following:

- Commercial and Self-Funded members, sensory integration therapy is considered experimental/investigational
- MediSource, Child Health Plus, MediSource Connect and Essential Plan, sensory integration therapy is **not a covered benefit**

Pre-Authorization Required? Yes ☒ No ☐

Pre-authorization is required for this service.

Definitions

Sensory integration therapy (SI) is a technique performed to enhance sensory processing and promote adaptive responses to environmental demands. The goal of SI is to improve the way the brain processes and adapts to sensory information, as opposed to teaching specific skills. Individuals in need of sensory integrative treatments demonstrate a variety of problems, including sensory defensiveness, over-reactivity to environmental stimuli, attention difficulties, and behavioral problems.

References

Related Policies, Processes and Other Documents

N/A

Non-Regulatory references

Carter J, Musher K. Evaluation and treatment of speech and language disorders in children. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on February 7, 2024.)

Case-Smith J, Arbesman M. Evidence-based review of interventions for autism used in or of relevance to occupational therapy. Am J Occup Ther. 2008 Jul-Aug;62(4):416-29.

Hayes, Inc. Medical Technology Directory Report Sensory Based Treatments for Autism Spectrum Disorders; Lansdale PA; May 2011.

Hayes, Inc. Medical Technology Directory Report Sensory Integration Therapy for Non-Autistic Children; Lansdale, PA; March 2014.

Lombardi F, Taricco M, De Tanti A, et al. Sensory stimulation for brain injured individuals in coma or vegetative state. Cochrane Database Syst Rev. 2002;2002(2):CD001427.

Weissman L. Autism spectrum disorder in children and adolescents: Behavioral and educational interventions. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on February 7, 2024.)

Regulatory References

Centers for Medicare and Medicaid (CMS) [web site]. Billing and Coding: Outpatient Physical and Occupational Therapy Services (A56566). Available at: [Article - Billing and Coding: Outpatient Physical and Occupational Therapy Services \(A56566\)](#) Accessed December 9, 2025

Centers for Medicare and Medicaid (CMS) [web site]. Local Coverage Determination (LCD): Outpatient Physical and Occupational Therapy Services (L33631). Available at: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=33631&ver=51> Accessed December 9, 2025

New York State Department of Health, Division of Managed Care Response to Coverage Question (CovQuest). Email response. February 23, 2018.

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No ☐

Revision Date	Owner	Notes
4/1/2026	Health Care Services	Reviewed
8/1/2025	Health Care Services	Revised- Formatting only
4/1/2025	Health Care Services	Reviewed
4/1/2024	Health Care Services	Reviewed
4/1/2023	Health Care Services	Reviewed

4/1/2022	Health Care Services	Reviewed
4/1/2021	Health Care Services	Reviewed
4/1/2020	Medical Management	Revised
5/1/2019	Medical Management	Revised
5/1/2018	Medical Management	Revised
2/1/2018	Medical Management	Revised
3/1/2017	Medical Management	Revised
4/1/2016	Medical Management	Revised
4/1/2015	Medical Management	Revised
5/1/2014	Medical Management	Reviewed
6/1/2013	Medical Management	Revised
5/1/2012	Medical Management	Revised