

Eli's Rehab Report

Therapists Using Sensory Integrative Techniques Benefit From New Code

When CPT 2001 deleted code 97770, the two codes that were formed from it, 97532 (development of cognitive skills to improve attention, memory, problem solving, [includes compensatory training], direct (one-on-one) patient contact by the provider, each 15 minutes; see first article) and [CPT 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), emerged.

Although it may have been easier for billing and coding staff to have assigned just one blanket code for both, therapists are pleased about the new sensory integration (SI) code, which acknowledges that SI techniques are vastly different from cognitive skills development. Those who will be assigning the new code can benefit from the expertise of therapists who have been using SI techniques in practice for years.

Which Diagnoses Are Likely to Require SI Training?

Sensory integrative techniques are used with patients who have difficulty processing sensory information to make adaptive responses. SI is most often used in pediatric settings, although it is effective for other patients as well, says **Sue Knox, PhD, OTR, BCP, FAOTA**, director of Therapy in Action, a private outpatient pediatric occupational therapy and physical therapy clinic in Tarzana, Calif. SI is most often used for children with gross and fine motor coordination difficulties, with diagnoses such as autism (299.0), developmental delays, learning disorders, cerebral palsy (343.0-343.9) and many other problems. In our facility, we use SI training every day.

Knox says these patients benefit from performing exercises in a large gym designed for climbing, swinging and other movement activities. Our goals are to increase coordination and improve patient responses to stimuli, so we use a lot of activities that seem like play to the patient, Knox says. For example, if we were trying to improve a child's motor skills, we may have them throw something at a target while they're on a swing, or perform other activities while they jump on a trampoline.

Using SI in a Rehab Setting

Teri Wiss, OTR, director of Development Is Childs Play, a private outpatient therapy clinic in Cupertino, Calif., says that the best place to perform SI training is in a gym or other large room because many SI patients have trouble understanding where they are in relation to the rest of the world, and having them move through an open space is the perfect way to help them understand these issues.

Take, for example, a patient with autism, Wiss says. One of the classic definitions of autism is that the patient is in his or her own little world. So they may come in with poor awareness of others in their environment, and therefore be a safety risk for themselves and others. If they were on a playground, they might know there were other people around, but might have no awareness of the fact that if they walked in front of a child on a swing, they'd get hurt. So we have to boost their ability to respond to these situations.

First, Wiss says, a therapist performs an evaluation (97001 for physical therapists; 97003 for occupational therapists) and determines the type of training that would be best suited for the patient. Unlike ADL [activities of daily living, or 97535], which might be used if a pediatric patient needed to learn how to use a swing under special circumstances [such as a patient who has limited use of his hands], SI training would actually help the child improve responsiveness to sensory input, so we might have them on some type of suspended equipment to help improve vestibular proprioceptive

processing as a first step toward showing them where they are in the context of the environment.

Frequency of Training

Wiss says that SI training is most often used as a regular part of the patients therapy program, which usually occurs in one-hour sessions at her facility, Although not all of the session involves SI training. We might only bill the SI code as one or two 15-minute units per session, and wed work on other skills for the rest of the patients therapy.

Knox says she is cautiously approaching the use of the new code. Were hesitant to use it because we dont know how our insurers will respond to it. A lot of payers shy away from paying SI treatments, so we try to stress that we are performing occupational therapy for coordination.

For more information about transitioning the new cognitive skills code into your practices billing routine, see the shaded box titled "More Information on Billing the New Time-based Therapy Codes" in the first article "Clinical Examples Can Help Clarify New Cognitive Skills Development Code."