

Policy: MP347

Section: Medical Policy

Subject: Central Auditory Processing Disorder

Applicable Lines of Business

Commercial	X	CHIP	X
Medicare	X	ACA	X
Medicaid	X		

I. Policy: Central Auditory Processing Disorder

II. Purpose/Objective:

To provide a policy of coverage regarding Central Auditory Processing Disorder

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.

Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- 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.

DESCRIPTION:

Central auditory processing disorder (CAPD), also known as auditory processing disorder (APD), refers to the efficiency and effectiveness by which the central nervous system (CNS) utilizes auditory information in the perceptual processing of auditory information. The diagnosis, management, and even the existence of an auditory-specific perceptual deficit is controversial.

EXCLUSIONS:

The Plan does **NOT** provide coverage for diagnostic testing and therapy including on-line computer-based training (unless otherwise mandated under Act 62)* for the management of central auditory processing disorder because it is **experimental, investigational or unproven** due to lack of scientific evidence to support the validity of any diagnostic tests and treatment.

Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

*For additional information please see MP 233 - 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:

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.

- 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
- 92508 group, two or more individuals
- 92521 Evaluation of speech fluency (eg, stuttering, cluttering)
- 92522 Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)
- 92523 Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)
- 92524 Behavioral and qualitative analysis of voice and resonance
- 92551 – 92588 Audiological function tests with medical diagnostic evaluation
- 92620 Evaluation of central auditory function, with report; initial 60 minutes
- 92621 each additional 15 minutes
- 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
- 92508 Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
- 92522 Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)
- 92523 Evaluation of speech sound production with evaluation of language comprehension and expression (eg, receptive and expressive language)
- 92524 Behavioral and qualitative analysis of voice and resonance
- 92553 Pure tone audiometry (threshold); air and bone
- 92556 Speech audiometry threshold with speech recognition
- 92557 Comprehensive audiometry threshold and speech recognition
- 92620 Evaluation of central auditory function, with report; initial 60 minutes
- 92621 Evaluation of speech fluency (eg, stuttering, cluttering)
- 92700 Unlisted procedure

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:

American Speech-Language Hearing Association. Position Statement. (Central) Auditory Processing Disorders—The Role of the Audiologist. 2005.

American Speech-Language Hearing Association. Technical report. Central Auditory Processing Disorders. April 2005.

American Speech-Language-Hearing Association. Working Group on Auditory Processing Disorders. (Central) auditory processing disorders. Technical report. 2005 <http://www.asha.org/policy/>

American Academy of Audiology. Clinical practice guidelines. Diagnosis, treatment and management of children and adults with central auditory processing disorder. 2010 Aug 24

Heine C, O'Halloran R. Central Auditory Processing Disorder: a systematic search and evaluation of clinical practice guidelines. J Eval Clin Pract. 2015 Dec 21.

Moore, DR, Ferguson, MA, Edmondson-Jones, AM, et al. Nature of auditory processing disorder in children. Pediatrics 2010; 126:e382

Beck DL, Clarke JL, Moore DR. Contemporary issues in auditory processing disorders: 2016. Hearing Review. 2016;23(4):22.

Iliadou V, Kiese-Himmel C. Common misconceptions regarding pediatric auditory processing disorder. Front Neurol. 2018;8:732.

Chowsilpa S, Bamiou D-E , Koohi N. Effectiveness of the auditory temporal ordering and resolution tests to detect central auditory processing disorder in adults with evidence of brain pathology: A systematic review and meta-analysis. Front Neurol. 2021;12:656117

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

Devised: 8/21

Revised:

Reviewed: 8/22

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.

