Medical Policy

Central Auditory Function Evaluation to Diagnose Central Auditory Processing Disorder

Policy Number: OCA 3.82
Version Number: 13
Version Effective Date: 06/01/17

Product Applicability

<table>
<thead>
<tr>
<th>All Plan Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well Sense Health Plan Δ</td>
</tr>
<tr>
<td>New Hampshire Medicaid</td>
</tr>
<tr>
<td>NH Health Protection Program</td>
</tr>
<tr>
<td>Boston Medical Center HealthNet Plan Δ</td>
</tr>
<tr>
<td>MassHealth</td>
</tr>
<tr>
<td>Qualified Health Plans/ConnectorCare/Employer Choice Direct</td>
</tr>
<tr>
<td>Senior Care Options</td>
</tr>
</tbody>
</table>

Notes:
+ Disclaimer and audit information is located at the end of this document.
Δ As required by state regulations and/or benefit coverage, different Plan definitions are specified for BMC HealthNet Plan products and Well Sense Health Plan products. See the applicable Definitions section for the Plan member.

Policy Summary

The evaluation of central auditory functioning to diagnose central auditory processing disorder (CAPD) is considered medically necessary for an adult or pediatric member when applicable Plan criteria are met. The evaluation is medically necessary when it is not part of a member’s individualized education plan (IEP) when one is appropriate for the member, it is a covered benefit for the member, and the Plan’s medical criteria are met (as specified in the Medical Policy Statement section of this Plan policy). Prior authorization is required for Plan covered services. See the member’s applicable benefit document available at www.bmchp.org for a member enrolled in a BMC HealthNet Plan product or www.wellsense.org for a member enrolled in a Well Sense Health Plan product. The Plan will coordinate medically necessary services with school-based services, whenever possible.

Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.
It will be determined during the Plan’s prior authorization process if the evaluation is considered medically necessary for the requested indication. See Plan policy, Medically Necessary (policy number OCA 3.14), for the product-specific definitions of medically necessary treatment. Review the Autism Spectrum Disorders Medical Diagnosis and Treatment (policy number OCA 3.724) medical policy for clinical criteria and prior authorization requirements for medically necessary autism-associated services.

**Description of Item or Service**

**Central Auditory Processing Evaluation to Diagnosis Central Auditory Processing Disorder (CAPD):**
Series of tests used to evaluate central auditory function and diagnosis CAPD for an individual. Test results are used to describe the nature and extent of the disorder for purposes of developing management and intervention programs for affected individuals. There are two (2) major categories of tests: (1) behavioral tests and (2) electrophysiologic tests (using a single stimulus or multiple stimuli in one or both ears). The provider selects the appropriate battery of central auditory function tests after evaluating the patient with routine hearing tests. Central auditory function tests are used to differentiate central from peripheral hearing loss and occasionally to identify the site of a lesion in the central nervous system.

**Medical Policy Statement**

The evaluation of a member’s central auditory function to diagnose central auditory processing disorder (CAPD) is considered medically necessary when the following applicable criteria are met and documented in the member’s medical record (even when prior authorization is not required). Prior authorization may or may not be required based on the frequency of the evaluation, as specified below in item A and item B.

**A. Prior Authorization is REQUIRED:**

Prior authorization is required for an evaluation when another evaluation for central auditory function occurred within the last 12 consecutive calendar months (by any treating provider). ALL of the following criteria must be met, as specified below in items 1 through 8:

1. Standard audiometry test results have been normal; AND

2. The member is 7 years of age or older on the date of service; AND

3. The member’s behavioral characteristics include at least ONE (1) of the following, as specified below in items a through l:

   a. Difficulty understanding spoken language in competing messages, noisy backgrounds, or in reverberant environments; OR
b. Misunderstanding messages; OR

c. Inconsistent or inappropriate responding; OR

d. Frequent requests for repetitions such as saying “what” and “huh” frequently; OR

e. Taking longer to respond to oral communication situations; OR

f. Difficulty paying attention; OR

g. Being easily distracted; OR

h. Difficulty following complex auditory directions or commands; OR

i. Difficulty localizing sound; OR

j. Difficulty learning songs or nursery rhymes; OR

k. Poor musical and singing skills; OR

l. Associated reading, spelling, and learning problems; AND

4. For members between the ages of 7 and 21 on the date of service, the evaluation of CAPD is NOT included as part of the member’s individual education plan (IEP) OR if the school district’s decision has been appealed and the appeal has been turned down, if applicable; AND

5. An independent professional (i.e., audiologist, pediatrician, psychologist, psychiatrist) has concluded that this testing is still required to enhance the child’s education; AND

6. The evaluation of CAPD is necessary to improve the member’s health and functioning outside of the school or work environment; AND

7. The service is covered for the member (as specified in the Limitations section of this policy and the member’s applicable benefit documents available at www.bmchp.org or www.wellsense.org); AND

8. The member has had a prior evaluation of central auditory function within the last 12 consecutive calendar months (by any treating provider) from this requested date of service, but the member has NOT exceeded more than two (2) evaluations for CAPD per lifetime;∞ OR

∞ Note: A Plan member enrolled in a MassHealth product would NOT have a lifetime benefit maximum for this service but would require prior authorization after the member received two (2) evaluations for CAPD.

Central Auditory Function Evaluation to Diagnose Central Auditory Processing Disorder

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B. **Prior Authorization is NOT required:**

Prior authorization is NOT required when ALL of the following criteria are met, as specified below in items 1 through 3:

1. The member has not had an evaluation of central auditory functioning in the last 12 consecutive calendar months (by any treating provider); AND

2. The member has not exceeded the maximum of two (2) evaluations for CAPD per lifetime; AND

3. ALL criteria specified above in items A1 through A8 are met and documented in the member’s medical record (even when prior authorization is not required).

∞ Note: A Plan member enrolled in a MassHealth product would NOT have a lifetime benefit maximum for this service but would require prior authorization after the member received two (2) evaluations for CAPD.

**Limitations**

The evaluation of central auditory processing to diagnosis CAPD requires Plan Medical Director review if the member is younger than age 7 on the date of service. Review the member’s appropriate benefit document for guidelines on benefit coverage and limitations (when applicable) available at www.bmchp.org for a BMC HealthNet Plan member and available at www.wellsense.org for a Well Sense Health Plan member.

**Definitions for BMC HealthNet Plan Products △**

**Central Auditory Function/Central Auditory Processing (CAP):** The efficiency and effectiveness with which the central nervous system utilizes auditory information.

**Central Auditory Processing Disorder (CAPD):** Also known as auditory perception problem, auditory comprehension deficit, central auditory dysfunction, central deafness and word deafness, CAPD refers to difficulties in the perceptual processing of auditory information (listening skills) in the central nervous system as demonstrated by poor performance in speech perception.

**Early Intervention Programs (EIP):** As defined by the Massachusetts Department of Public Health (DPH) 2013 Early Intervention Services Operational Standards, EIPs are an integrated developmental service available to children up to age three (3) years old who have developmental concerns due to identified disabilities or whose typical development is at risk due to certain birth or environmental circumstances. The purpose of the DPH-certified services is to provide comprehensive, integrated services to eligible children and their families which are educational, therapeutic, and social in nature.
Any individual concerned about a child’s development may refer the child for an evaluation. By law, evaluations must begin within 45 days of a referral.

**Individualized Education Plan (IEP):** In the event that a child qualifies for specially designed education or related services, schools are required to develop an IEP that includes an evaluation and care plan, and also determines an appropriate placement based on the child’s unique needs and disability. Types of assessments may include but are not limited to medical assessments, psychological assessments, home assessments, and/or other assessments as may be required in accordance with a child’s diagnosis.

**Individualized Family Services Plan (IFSP):** As defined by the Massachusetts Department of Public Health (DPH) 2013 Early Intervention Services, IFSPs are working documents produced for children who qualify for Early Intervention (EI). IFSPs are developed in collaboration with the child’s family and by an EI team that may include speech, occupational and physical therapists, developmental educators, social workers, psychologists, and nurses. In addition, EI teams may also include contracted consultants who specialize in areas such as nutrition, adaptive equipment, and/or behavior management.

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**Definitions for Well Sense HealthNet Plan Products**

**Central Auditory Function/Central Auditory Processing (CAP):** The efficiency and effectiveness with which the central nervous system utilizes auditory information.

**Central Auditory Processing Disorder (CAPD):** Also known as auditory perception problem, auditory comprehension deficit, central auditory dysfunction, central deafness and word deafness, CAPD refers to difficulties in the perceptual processing of auditory information (listening skills) in the central nervous system as demonstrated by poor performance in speech perception.

**Early Intervention Programs (EIP):** Early Intervention is a nationwide program under Part C of the Individuals with Disabilities Education Act of 2004 (IDEA). Family Centered Early Supports and Services (FCESS) is the New Hampshire (NH) early intervention system. FCESS serves children from birth to age three (3) that have a developmental delay, an established condition, or are at substantial risk for a developmental delay. FCESS is delivered by designated non-profit and specialized service agencies located throughout the state under contract to the NH Department of Health and Human Services Bureau of Developmental Services. FCESS can include ONE (1) or more of the Early Supports and Services (ESS) listed below, as specified in items 1 through 13:

1. Family support, education and counseling;
2. Vision services;
3. Hearing services;
4. Health and nursing services;
5. Medical, diagnostic and evaluation services;
6. Nutrition counseling and assessment;
7. Occupational therapy;
8. Physical therapy;
9. Special equipment;
10. Special instruction;
11. Speech and language therapy;
12. Transportation services; AND/OR
13. Service coordination.

The goal of FCESS is to support families in helping their children grow and develop, including helping families achieve their own family goals. Early Support and Services (ESS) are provided in a child’s natural environment (typically the home or child care setting) by qualified professionals such as physical therapists, occupational therapists, speech pathologists, and early childhood developmental specialists. Anyone who has a concern about a child’s development can make a referral to a designated agency. These agencies, responsible for providing EI services, have 45 days to complete an evaluation, determine eligibility and, if the child is eligible, develop an Individualized Family Support Plan (IFSP).

**Individualized Education Plan (IEP):** In the event that a child qualifies for specially designed education or related services, schools are required to develop an IEP that includes an evaluation and care plan, and also determines an appropriate placement based on the child’s unique needs and disability. Types of assessments may include but are not limited to medical assessments, psychological assessments, home assessments, and/or other assessments as may be required in accordance with a child’s diagnosis. According to New Hampshire law RSA 186-C:29, “Medicaid providers, managed care providers, or private providers receiving full or partial payment through Medicaid shall not require a parent to provide a copy of a child’s individualized education program as a prerequisite to determining if a child is eligible for Medicaid-funded services that are not being provided as part of a child's individualized education program.” Managed Care Organizations (MCOs) are allowed to request from schools an accounting of what services are being billed to the State Medicaid Program. It is Well Sense’s expectation that community therapists will, in good faith, coordinate treatment planning with school-based services wherever practicable, in order to minimize duplication of services and increase the overall success of the therapeutic plan.
**Individualized Family Services Plan (IFSP):** An IFSP is a legal document serving as an agreement between the Family Centered Early Supports and Services (FCESS), the New Hampshire (NH) early intervention system, and the child’s parent(s). IFSPs are developed collaboratively by the child’s family, the Early and Support Services (ESS) Service Coordinator, other therapists/providers who will provide services to the child, and anyone else the parent(s) wish to be involved. Parent(s) signature of the IFSP is required before the FCESS can provide services to the child.

**Applicable Coding**

The Plan uses and adopts up-to-date Current Procedural Terminology (CPT) codes from the American Medical Association (AMA), International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) diagnosis codes developed by the World Health Organization and adapted in the United States by the National Center for Health Statistics (NCHS) of the Centers for Disease Control under the U.S. Department of Health and Human Services, and the Health Care Common Procedure Coding System (HCPCS) established and maintained by the Centers for Medicare & Medicaid Services (CMS). Because the AMA, NCHS, and CMS may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes included in this Plan policy is for informational purposes only, may not be all inclusive, and is subject to change without prior notification. Whether a code is listed in the Applicable Coding section of this Plan policy does not constitute or imply member coverage or provider reimbursement. Providers are responsible for reporting all services using the most up-to-date industry-standard procedure and diagnosis codes as published by the AMA, NCHS, and CMS at the time of the service.

Providers are responsible for obtaining prior authorization for the services specified in the Medical Policy Statement section and Limitation section of this Plan policy, even if an applicable code appropriately describing the service that is the subject of this Plan policy is not included in the Applicable Coding section of this Plan policy. Coverage for services is subject to benefit eligibility under the member’s benefit plan. Please refer to the member’s benefits document in effect at the time of the service to determine coverage or non-coverage as it applies to an individual member. See Plan reimbursement policies for Plan billing guidelines.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description: Codes Covered When Medically Necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>92620</td>
<td>Evaluation of central auditory function, with report; initial 60 minutes</td>
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<tr>
<td>92621</td>
<td>Evaluation of central auditory function, with report; each additional 15 minutes</td>
</tr>
</tbody>
</table>

**Clinical Background Information**

Children and adults with central auditory processing disorder (CAPD) do not recognize subtle differences between sounds and words and have difficulty using auditory information to communicate and learn. The cause of CAPD is often unknown and may be associated with conditions such as dyslexia, attention deficit disorder, autism, autism spectrum disorders, specific language impairments, pervasive developmental disorder, developmental delay, head injury, cerebrovascular accident, and/or

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dementia. Individuals with CAPD may have ONE (1) or more of the following characteristics, as specified below in items 1 through 8:

1. Trouble paying attention;
2. Problems carrying out instructions with more than one direction;
3. Poor listening skills;
4. Require more time to process information;
5. Low academic performance;
6. Behavior problems;
7. Language difficulty; AND/OR
8. Difficulty with reading, comprehension, spelling, and vocabulary.

According to the American Academy of Audiology, age is a primary consideration in the evaluation of children. Interpretation of results of behavioral measures of central auditory function in children under age 7 years (developmental age) is difficult; some of the skills a child needs to be evaluated for auditory processing disorder don't develop until the developmental age of 7. While it is more common to screen for CAPD with children, it may also be useful to test adults exhibiting characteristics of CAPD or experiencing hearing complaints that exceed expectations based on pure tone test results and/or do not benefit from amplification with hearing aids, as anticipated; these symptoms may suggest possible central nervous system disease/dysfunction, including head injury, cerebrovascular accident, or dementia. Central auditory nervous system dysfunction is prevalent among older adults and is a component of presbycusis.

CAPD testing represents a challenge because of the wide range of behaviors associated with the disorder. CAPD is an auditory deficit; therefore an audiologist is the type of professional who diagnoses CAPD. The following auditory tests may be included in the evaluation of CAPD by an audiologist, as specified below in item 1 through 7:

1. Auditory discrimination tests;
2. Auditory temporal processing and patterning tests;
3. Dichotic speech tests;
4. Monaural low-redundancy speech tests;

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5. Binaural interaction tests;
6. Electroacoustic measures; AND/OR
7. Electrophysiologic measures.

Testing for CAPD may be accepted as a valid diagnostic tool by some practitioners, but there are limitations with testing that do not support it as an evidence-based approach; there are many different series of tests utilized, there is a lack of a gold standard test for comparison, and the overall health impact of CAPD is unknown. According to the National Institute on Deafness and other Communication Disorders (NIDCD), much research is still needed to understand CAPD and the best approaches to any treatment interventions. There are no established or benchmark standard therapies or treatments for individuals who have been diagnosed with CAPD. Several interventions are currently under investigation, but well-designed studies are needed to evaluate these treatment strategies.

References


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<table>
<thead>
<tr>
<th>Original Approval Date</th>
<th>Original Effective Date* and Version Number</th>
<th>Policy Owner</th>
<th>Original Policy Approved by</th>
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<tr>
<td>Regulatory Approval: N/A</td>
<td>06/01/08 Version 1</td>
<td>Medical Policy Manager as Chair of Medical Policy, Criteria, and Technology Assessment Committee (MPCTAC)</td>
<td>MPCTAC, Quality Improvement Committee (QIC), and Utilization Management Committee (UMC)</td>
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<td>Internal Approval: 02/19/08: MPCTAC</td>
<td>02/26/08: UMC</td>
<td>03/12/08: QIC</td>
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</tbody>
</table>

*Effective Date for the Well Sense Health Plan Product(s): 08/01/15
*Effective Date for Qualified Health Plans/ConnectorCare/Employer Choice Direct Product(s): 08/01/15

Central Auditory Function Evaluation to Diagnose Central Auditory Processing Disorder

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### Policy Revisions History

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Summary of Revisions</th>
<th>Revision Effective Date and Version Number</th>
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</tr>
</thead>
<tbody>
<tr>
<td>01/27/09</td>
<td>No changes.</td>
<td>Version 2</td>
<td>01/27/09: MPCTAC 01/27/09: UMC 02/25/09: QIC</td>
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<tr>
<td>01/26/10</td>
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<td>Version 3</td>
<td>01/26/10: MPCTAC 02/24/10: QIC</td>
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<tr>
<td>01/01/11</td>
<td>Updated references.</td>
<td>Version 4</td>
<td>01/19/11: MPCTAC 02/23/11: QIC</td>
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<tr>
<td>01/01/12</td>
<td>Annual review, no changes, updated references.</td>
<td>Version 5</td>
<td>01/18/12: MPCTAC 02/08/12: QIC</td>
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<tr>
<td>06/01/12</td>
<td>Updated references and revised the introductory paragraph in Applicable Coding section.</td>
<td>Version 6</td>
<td>06/20/12: MPCTAC 07/25/12: QIC</td>
</tr>
<tr>
<td>06/01/13</td>
<td>Review with effective date 08/01/13. Moved definition of central auditory processing disorder (CAPD) from the Description of Item or Service section to the Definitions section. Added new Description of Item or Service to describe the evaluation of central auditory processing to diagnosis CAPD. Updated Summary and References sections. Revised title and definition. Reformatted criteria in Medical Policy Statement and Limitations sections without changing criteria. Removed duplicate text from Clinical Background Information section and referenced applicable Plan policies.</td>
<td>08/01/13 Version 7</td>
<td>06/19/13: MPCTAC 07/18/13: QIC</td>
</tr>
<tr>
<td>05/01/14</td>
<td>Review for effective date of 07/01/14. Clarified Medical Policy Statement section without changing criteria. Updated Clinical Background Information and References sections.</td>
<td>07/01/14 Version 8</td>
<td>05/21/14: MPCTAC 06/11/14: QIC</td>
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<td>04/01/15</td>
<td>Review for effective date 08/01/15. Updated Summary, Description of Item or Service, Definitions, Clinical Background Information, and References sections. Revised criteria in the Medical Policy Statement and Limitations sections, expanding testing beyond age 21 for MassHealth members and removing the prior authorization requirement when frequency guidelines are not exceeded and medical criteria are met and documented in the</td>
<td>08/01/15 Version 9</td>
<td>04/15/15: MPCTAC 05/13/15: QIC</td>
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</tbody>
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Central Auditory Function Evaluation to Diagnose Central Auditory Processing Disorder

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### Policy Revisions History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action Description</th>
<th>Revision Date</th>
<th>Authorizing Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/01/15</td>
<td>Review for effective date 08/01/15 and replacing version 10. Clarified text in the Medical Policy Statement section without changing criteria.</td>
<td>08/01/15: Version 10</td>
<td>06/17/15: MPCTAC 07/08/15: QIC</td>
</tr>
<tr>
<td>05/01/16</td>
<td>Review for effective date 07/01/16. Updated references.</td>
<td>07/01/16: Version 12</td>
<td>05/18/16: MPCTAC 06/08/16: QIC</td>
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<td>05/01/17</td>
<td>Review for effective date 06/01/17. Updated References and Reference to Applicable Laws and Regulations sections.</td>
<td>06/01/17: Version 13</td>
<td>05/17/17: MPCTAC</td>
</tr>
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### Last Review Date

05/01/17

### Next Review Date

05/01/18

### Authorizing Entity

MPCTAC

### Other Applicable Policies

Medical Policy - *Autism Spectrum Disorders Medical Diagnosis and Treatment*, policy number OCA 3.724

Medical Policy - *Functional Therapy for a Member Age 20 or Younger in the Outpatient Setting, Including Occupational Therapy, Physical Therapy, and/or Speech Therapy*, policy number OCA 3.531
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(Well Sense Health Plan products)
Medical Policy - Medically Necessary, policy number OCA 3.14
Medical Policy - Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation for a Member 21 Years of Age or Older in the Outpatient Setting, policy Number OCA 3.542 (Well Sense Health Plan products)
Medical Policy - Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation for a Member 20 Years of Age or Younger in the Outpatient Setting, policy number OCA 3.55 (BMC HealthNet Plan products)
Medical Policy - Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation for a Member 21 Years of Age or Older in the Outpatient Setting, policy number OCA 3.551 (BMC HealthNet Plan products)
Reimbursement Policy - Early Intervention, policy number 4.3
Reimbursement Policy - Early and Periodic Screening, Diagnosis and Treatment, policy number WS 4.15

Reference to Applicable Laws and Regulations

Code of Federal Regulations. 42 CFR 440.40. Nursing facility services for individuals age 21 or older (other than services in an institution for mental disease), EPSDT, and family planning services and supplies.

Code of Massachusetts Regulations. 114.3 CMR 17.00. Division of Health Care Finance and Policy. Medicine.

Code of Massachusetts Regulations. 114.3 CMR 39.00. Rehabilitation Center Services, Audiological Services, Restorative Services.


General Court of New Hampshire Chapter He-W 500 Medical Assistance Section 546 Early and Periodic Screening, Diagnosis and Treatment Services. Accessed at: http://www.gencourt.state.nh.us/rules/state_agencies/he-w500.html


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General Court of New Hampshire Chapter He-W 500 Medical Assistance Section 568. Physical Therapy, Occupational Therapy and Services for Individuals with Speech, Hearing and Language Disorders. Accessed at: http://www.gencourt.state.nh.us/rules/state_agencies/he-w500.html


Massachusetts General Laws Chapter 71B (Chapter 766 or The Children with Special Needs Law).

Massachusetts General Laws Chapter 721 Early Intervention.


Disclaimer Information:*  
Medical Policies are the Plan’s guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member’s benefit document, and when appropriate, coordinates with the Member’s health care Providers to consider the individual Member’s health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan’s service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member’s benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical

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necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.