Clinical Coverage Guidelines: Evaluation of Central Auditory Function and Central Auditory Processing Disorder

Current Effective Date: 08/01/12  
Original Effective Date: 06/01/08  
Policy Number: OCA: 3.82  
Product Applicability:  
☑ MassHealth  ☐ Commonwealth Care  ☐ Commercial

This Policy only applies to MassHealth members.

Summary:  
The evaluation of central auditory processing disorder (CAPD) may be considered medically necessary in children who are usually between the ages of 7 and 21 when the evaluation is not part of the child’s individualized education plan (IEP) and the clinical guidelines listed below are met. CAPD testing is not a covered benefit for Commonwealth Care and Commercial members.

Description of Item or Service:  
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 (CNS) as demonstrated by poor performance in speech perception.

Clinical Guideline Statement:

1. The evaluation of CAPD requires prior authorization and may be considered medically necessary in children who are usually between the ages of 7 and 21 when standard audiometry testing have been normal and the results are documented; AND

2. The child is exhibiting ONE of the following behavioral characteristics:  
   a. Difficulty understanding spoken language in competing messages, noisy backgrounds, or in reverberant environments; OR
   b. Misunderstanding messages; OR

This guideline provides information on BMC HealthNet Plan claims adjudication processing guidelines. The use of this guideline is not a guarantee of payment and will not determine how a specific claim(s) will be paid. Reimbursement is based on member benefits and eligibility, medical necessity review, where applicable, coordination of benefits, adherence to Plan policies, clinical coding criteria, and the BMC HealthNet Plan agreement with the rendering or dispensing provider. Reimbursement policies may be amended at BMC HealthNet Plan’s discretion. BMC HealthNet Plan will always use the most recent CPT and HCPCS coding guidelines. All Plan policies are developed in accordance with state, federal and accrediting organization guidelines and requirements, including NCQA.
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

3. The evaluation of CAPD is not necessary as part of the child’s individual education plan (IEP) or if the school district’s decision has been appealed and turned down and that an independent professional (audiologist, pediatrician, psychologist, psychiatrist) has concluded that this testing is still required to enhance the child’s education; AND

4. The evaluation of CAPD is necessary to improve the child’s health and functioning outside of the school environment; AND

5. The Plan will authorize a maximum of two (2) evaluations for CAPD per lifetime and no more than one (1) evaluation per year.

Limitations:

1. CAPD testing is excluded and not covered for CommonWealth Care and Commercial Plan members.

2. The school districts are responsible for the evaluation of suspected or established developmental issues that may affect the learning or functional abilities of a school aged child and develop an IEP. CAPD testing as part of the IEP is the financial obligation of the school district particularly if the testing is being requested as part of the special education work-up. The Plan will authorize a maximum of two (2) evaluations for CAPD per lifetime and no more than one (1) evaluation per year for MassHealth members.

Definitions:

Central Auditory Processing (CAP): The efficiency and effectiveness by which the CNS utilizes auditory information.
**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 such other assessments as may be required in accordance with a child's diagnosis.

**Applicable Coding:**
Applicable coding is listed below, subject to codes being active on the date of service. Because the American Medical Association (AMA), Centers for Medicare & Medicaid Services (CMS), and the U.S. Department of Health and Human Services may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes may not be all inclusive. These codes are not intended to be used for coverage determinations.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description</th>
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<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>
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**Clinical Background Information:**
Central Auditory Processing (CAP) refers to the efficiency and effectiveness by which the CNS utilizes auditory information. CAPD refers to difficulties in the perceptual processing of auditory information (listening skills) in the CNS as demonstrated by poor performance in speech perception. CAPD is an auditory deficit; therefore an audiologist is the professional who diagnoses CAPD. Children with 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 disorder, specific language impairments, pervasive developmental disorder and developmental delay. Children with CAPD may have the following characteristics: trouble paying attention, problems carrying out more than one direction, poor listening skills, need more time to process information, low academic performance, behavior problems, language difficulty and difficulty with reading, comprehension, spelling, and vocabulary.

CAPD testing represents a challenge because of the wide range of behaviors associated with the disorder. The following auditory tests may be included in the evaluation of CAPD by an audiologist:

1. Auditory discrimination tests

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2. Auditory temporal processing and patterning tests

3. Dichotic speech tests

4. Monaural low-redundancy speech tests

5. Binaural interaction tests

6. Electroacoustic measures

7. Electrophysiologic measures

Testing for CAPD may be accepted by some practitioners but there are limitations with an evidence based approach due to the many different batteries of tests utilized, the lack of a gold standard test for comparison and the unknown overall health impact. According to the National Institute on Deafness and other Communication Disorders (NIDCD) much research is still needed to understand CAPD and the best approach to any treatment interventions. There are no established or gold 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:


Bellis TJ. Understanding Auditory Processing Disorders in Children.


Policy History:
Original Effective Date: 06/01/08

Date of Review/Revision:
01/27/09: Annual review, no changes.
01/26/10: Annual review, no changes, updated references.
01/01/11: Annual review, no changes, updated references.
01/01/12: Annual review, no changes, updated references.
06/01/12: Annual review, updated references, and revised the introductory paragraph in Applicable Coding section.

Last Review Date: 06/01/12

Next Review Date: 06/01/13

Approval Dates:
Regulatory Approval: N/A

This guideline provides information on BMC HealthNet Plan claims adjudication processing guidelines. The use of this guideline is not a guarantee of payment and will not determine how a specific claim(s) will be paid. Reimbursement is based on member benefits and eligibility, medical necessity review, where applicable, coordination of benefits, adherence to Plan policies, clinical coding criteria, and the BMC HealthNet Plan agreement with the rendering or dispensing provider. Reimbursement policies may be amended at BMC HealthNet Plan’s discretion. BMC HealthNet Plan will always use the most recent CPT and HCPCS coding guidelines. All Plan policies are developed in accordance with state, federal and accrediting organization guidelines and requirements, including NCQA.
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Internal Approval:
02/19/08: MPCTAC
02/26/08: UMC
03/12/08: QIC
01/27/09: MPCTAC & UMC
02/25/09: QIC
01/26/10: MPCTAC
02/24/10: QIC
01/19/11: MPCTAC
02/23/11: QIC
01/18/12: MPCTAC
02/08/12: QIC
06/20/12: MPCTAC
07/25/12: QIC

Authorizing Entity:
QIC

IMPORTANT NOTE: Not all services are covered for all products or employer groups. This medical policy expresses the Plan’s determination of whether certain services or supplies are medically necessary, experimental or investigational or cosmetic. The Plan has reached these conclusions based upon the regulatory status of the technology and a review of clinical studies published in peer-reviewed medical literature. Even though this policy may indicate that a particular service or supply is considered covered or not covered, this conclusion is not based upon the terms of a member’s particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all services that are determined to be medically necessary will necessarily be covered services under the terms of a member’s benefit plan. Members and their providers need to consult the applicable benefit plan document (e.g., Evidence of Coverage) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this medical policy and the benefit plan document, the provisions of the benefit plan document will govern. In addition, this policy and the benefit plan document are subject to applicable state and federal laws that may mandate coverage for certain services and supplies.