

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	Auditory Processing Disorder (APD) Testing
Policy Number	2.01.39
Category	Contract Clarification
Original Effective Date	08/22/02
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Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit. • If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit. • If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit. • If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY STATEMENT

Based upon our criteria and assessment of the peer-reviewed literature, auditory processing disorder (APD) testing is considered **not medically necessary**, as it does not improve patient outcomes, and there is insufficient evidence to support the validity of the diagnostic tests utilized in diagnosing an auditory processing disorder.

Refer to Corporate Medical Policy #8.01.13 Speech Pathology and Therapy

Refer to Corporate Medical Policy #2.01.27 Evoked Potentials

POLICY GUIDELINES

- I. When APD testing is necessary in order for a patient to return to work, coverage is provided under the New York State Vocational and Educational Services for Individuals with Disabilities (VESID) Program.
- II. Coverage is not available for services provided by school districts, as stipulated in the child's Individual Education Plan (IEP). APD testing denied by the school district and not covered in a child's IEP will be reviewed by the Health Plan for medical necessity in accordance with member's subscriber contract.

DESCRIPTION

Auditory processing refers to the perceptual processing of auditory information in the central nervous system (CNS) and the neurobiologic activity that underlies that processing and gives rise to electrophysiologic auditory potentials.

Auditory processing disorder, or APD, is also known as auditory comprehension deficit, auditory perceptual disorder, central auditory processing disorder, central auditory dysfunction, or central auditory disorder. APD refers to difficulties in the perceptual processing of auditory information in the CNS. Children and adults who have APD have difficulty using auditory information to communicate and learn. The individual with APD has difficulty listening to or comprehending auditory information despite, in most instances, having normal peripheral hearing sensitivity. APD can occur as a result of

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injury to, or a disease process in, the CNS. It may be due to neuro-maturational factors. APD is not a specific problem or disease; rather, it is a set of problems that occur in different learning tasks.

The diagnosis of APD is a challenge to a clinical audiologist, due to the wide range of behaviors and factors associated with APD. To audiologists, APD includes problems with the following auditory tasks/skills:

- I. Sound localization and lateralization: ability of an individual to know where a sound has occurred in space;
- II. Auditory discrimination: ability to distinguish one sound from another;
- III. Auditory pattern recognition: ability to determine similarities and differences in patterns of sounds;
- IV. Temporal aspects of audition (resolution, masking, integration, ordering): ability to sequence sounds, integrate a sequence of sounds into words other meaningful combinations, and perceive sounds as separate when they quickly follow one another;
- V. Auditory performance decrements: ability to perceive speech or other sounds when another signal is present; or
- VI. Auditory performance with degraded acoustic signals: ability to perceive a signal in which some of the information is missing.

Audiologists diagnose APD using standardized tests of these skills, administered in a carefully controlled acoustic environment, with very sophisticated, calibrated equipment. Because standard and traditional audiologic tests are not sensitive to APD, researchers have developed behavioral tests that are used to identify disorders of the central auditory nervous system. A battery of tests used in APD include, but are not limited to, the following:

- I. Auditory Continuous Performance test (ACPT);
- II. Auditory Figure-Ground test (AFG);
- III. Binaural Fusion test;
- IV. Binaural Separation test;
- V. Competing Words test (CW);
- VI. Dichotic Digits test;
- VII. Duration Tone Patterns test;
- VIII. Filtered Speech/Words test (FW);
- IX. Frequency Tone patterns test;
- X. Phonemic Synthesis test;
- XI. Pitch Pattern Sequence test (PPS);
- XII. SCAN test (combines AFG, FW, CW);
- XIII. Staggered Spondaic Word test (SSW);
- XIV. Synthetic Sentence Identification Test (SSI); and
- XV. Wichita Auditory Processing test.

Electrophysiologic procedures (e.g., brainstem-evoked potential, P300) have also been used in diagnosing APD.

Individual school districts in New York State are responsible for the evaluation of suspected or established developmental issues that may affect the learning or functional abilities of children aged five to 21 years through the district's Committee on Special Education.

The evaluation of children younger than three years of age who are suspected of having a developmental delay may be performed through the Early Intervention Program, which is administered by County Health Departments.

RATIONALE

Although APD testing may be accepted among some practitioners, an evidence-based approach to testing is limited, due to the many different tests utilized, the lack of a "gold standard" test for comparison, the heterogeneous nature of patients who have been tested (based both on age and symptoms), and the uncertain impact on the overall health of the patient.

The American Speech Language Hearing Association (ASHA) technical report addressing APD states that additional research is needed in auditory processing and its disorders. The authors have reached the following conclusions:

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- I. There is a pressing need for the development of testable models of APDs that are based on psychophysical principles that meet acceptable psychometric standards, that have been validated on known dysfunction of the central auditory nervous system, and that can be made available through commercial venues for practicing clinicians.
- II. There is a need to develop more efficient screening tools as well as screening and diagnostic measures appropriate for multicultural/multilingual populations. The role of physiologic testing in the diagnostic process and differential diagnostic criteria must be examined further.
- III. Relationships among performance on various categories of central auditory diagnostic tests and higher order language, learning, or communication sequelae need to be examined in a systematic manner. Studies of these relationships will need to take into account the heterogeneity of both APD and learning, language, or related disorders through the use of appropriately sized subject groups and advanced statistical procedures.

The National Institute on Deafness and Other Communication Disorders noted the importance of realizing that research is still needed to understand auditory processing problems, related disorders, and the best interventions for each child or adult.

In August 2010, the American Academy of Audiology published clinical practice guidelines regarding central auditory processing disorders. The guidelines include the following statements:

Audiologists, related professionals, and clinical scientists generally agree that some of the tests for (C)APD in current clinical use lack rigorous psychometric design, construction, and validation. ... Concerns have been raised regarding the utility of tests normed on groups suspected of having (C)APD for the identification of dysfunction of the central auditory pathways, with several clinical researchers arguing that their utility is limited at best. ... Nonetheless, there continues to be a need to develop new and more precise measures of central auditory function with documented validity, reliability, and efficiency, and with appropriate normative data.

ASHA recommends that diagnosis of APDs, as well as language disorders that may accompany APDs, should be made utilizing clinical presentation and a team approach with both audiologists and speech language pathologists who have an understanding of the strengths and weaknesses of the individual tests identified for use.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.*
- ***CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.***
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

CPT Codes

Code	Description
92571 (NMN)	Filtered speech test
92572 (NMN)	Staggered spondaic word test
92576 (NMN)	Synthetic sentence identification test
92620 (NMN)	Evaluation of central auditory function, with report; initial 60 minutes
92621 (NMN)	each additional 15 minutes
92651 (NMN)	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report
92652 (NMN)	for threshold estimation at multiple frequencies, with interpretation and report
92653 (NMN)	neurodiagnostic, with interpretation and report

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HCPCS Codes

Code	Description
No specific code	

ICD10 Codes

Code	Description
F80.0-F80.9	Developmental disorder of speech and language (code range)
F81.81	Disorder of written expression
F81.89	Other developmental disorders of scholastic skills
H93.211- H93.299	Abnormal auditory perceptions (code range)
Z13.4	Encounter for screening for certain developmental disorders in childhood
Z86.59	Personal history of other mental and behavioral disorders

REFERENCES

American Academy of Audiology. Clinical practice guidelines. Diagnosis, treatment and management of children and adults with central auditory processing disorder. 2010 Aug 24 [http://audiology-web.s3.amazonaws.com/migrated/CAPD%20Guidelines%208-2010.pdf_539952af956c79.73897613.pdf] accessed 10/06/23.

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*Key Article

KEY WORDS

APD, Auditory perceptual disorder, Auditory processing disorder, Central auditory disorder, Central auditory dysfunction, Central auditory processing disorder, CAPD

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based upon our review, neither a National nor Local Medicare coverage determination has been identified for auditory processing disorder testing.