

MEDICAL POLICY



SUBJECT: AUDITORY PROCESSING DISORDER (APD) TESTING	EFFECTIVE DATE: 08/22/02 REVISED DATE: 08/28/03, 08/26/04, 10/27/05, 10/26/06, 10/24/07, 10/23/08 ARCHIVED DATE: 10/28/09 EDITED DATE: 10/28/10, 12/08/11, 12/06/12, 12/12/13 PAGE: 1 OF: 4
POLICY NUMBER: 2.01.39 CATEGORY: Miscellaneous	
<ul style="list-style-type: none">• <i>If the member's subscriber contract excludes coverage for a specific service it is not covered under that contract. In such cases, medical policy criteria are not applied.</i>• <i>Medical policies apply to commercial and Medicaid products only when a contract benefit for the specific service exists.</i>• <i>Medical policies only apply to Medicare products when a contract benefit exists and where there are no National or Local Medicare coverage decisions for the specific service.</i>	

POLICY STATEMENT:

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

Refer to Corporate Medical Policy #3.01.06 regarding Developmental Evaluations.

Refer to Corporate Medical Policy #8.01.13 regarding Speech Pathology and Therapy.

Refer to Corporate Medical Policy #10.01.09 regarding Early Intervention Services.

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 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 refers to difficulties in the perceptual processing of auditory information in the CNS. Children and adults who have an 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 injury to or a disease process in the central nervous system. 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.

Auditory processing disorder is also known as auditory comprehension deficit, auditory perceptual disorder, central auditory processing disorder, central auditory dysfunction, or central auditory disorder.

The wide range of behaviors and factors make the diagnosis of APD a challenge to the clinical audiologist. 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

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VI. Auditory performance with degraded acoustic signals: ability to perceive a signal in which some of the information is missing.

Audiologists diagnosis 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 testing APD include, but are not limited to, the:

- 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 a child age 5 to 21 years through the district's Committee on Special Education. Evaluation of children less than 3 years of age suspected of having a developmental delay may be performed through the Early Intervention Program, administered by County Health Departments.

RATIONALE:

Although APD testing may be accepted amongst some practitioners, an evidence-based approach to testing is limited due to the many different batteries of tests utilized, the lack of a gold standard test for comparison, the heterogeneous nature of patients that 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 additional research is needed in auditory processing and its disorders. The authors indicate:

- 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 states it is important to realize research is still needed to understand auditory processing problems, related disorders, and the best interventions for each child or adult.

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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.”

CODES: Number Description

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).

<u>CPT:</u>	92506	Evaluation of speech, language, voice, communication, and/or auditory processing
	92571 (NMN)	Filtered speech test
	92572 (NMN)	Staggered spondaic word test
	92576 (NMN)	Synthetic sentence identification test
	92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
	92586	limited
	92620 (NMN)	Evaluation of central auditory function, with report; initial 60 minutes
	92621 (NMN)	each additional 15 minutes

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HCPCS: No specific code

<u>ICD9:</u>	315.2	Specific delays in development, other specific learning difficulties
	315.3-.39	Developmental speech or language disorder
	388.4-.44	Abnormal auditory perception
	V40.1	Problems with communication (including speech)
	V79.3	Developmental handicaps in early childhood

<u>ICD10:</u>	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

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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.