

Key Coverage Criteria

Replacement Sound Processor Insurance Guidance



Medically Necessary (General Criteria)

Replacement or upgraded sound processor is considered medically necessary when the device is out of warranty, and **at least one** of the following applies:

1 Device is not fully functioning

- Non-functional—device fails to power on
- Coil is frayed or broken
- Microphone is broken

2 Activities of daily living (ADLs) are not being met

Examples include:

- Hearing while operating a vehicle or bicycle
- Engaging on the phone/video calls
- Participating in group discussions at school or work

3 Reduction in performance

- Intermittent hearing – occurring X times per day for X duration – resulting in missed critical conversations or safety risks
- Diminished battery life – device stops functioning during the day leaving recipient without sound
- Poor sound quality

Some payers have guidelines that may limit the quantity or frequency with which a sound processor replacement will be covered. For example: one replacement sound processor every five years.



Required Documentation

To support a medically necessary replacement, the following must be submitted:

- 1 Clinical chart notes and documentation should be sent to upgrade@cochlear.com that:
 - clearly justifies the medical necessity for a replacement sound processor
 - shows that a replacement processor was discussed and determined to be necessary during the consultation
 - verifies the sound processor repair is no longer supported, if applicable
 - documents chart notes from visits with the audiologist, physician and/or physician's assistant
 - includes the provider's signature, either handwritten or electronic with a date/time stamp
- 2 Prescription (Rx) from a physician (*will be requested from Cochlear's Reimbursement team later in the process*)

This document is intended for informational purposes only and does not constitute medical, legal, or insurance advice. Coverage determinations are subject to the terms and conditions of the applicable health plan, including specific benefit exclusions and limitations. Final decisions regarding medical necessity and coverage are made by the health plan based on submitted documentation and applicable policies.

The criteria outlined herein are subject to change without notice and may vary by jurisdiction or insurance provider. Providers and recipients are responsible for ensuring that all required documentation is complete and accurate at the time of submission.

Use of this document does not guarantee approval or reimbursement for cochlear implant components or services.

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