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)*

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