Most Common Cancellation Reasons and How to Address Them

Presenter: Stephanie Noeller, AuD, CCC-A

You I'd like to welcome you to the Most Common Cancellation Reasons and How to address them by Dr. Stephanie Noeller, Cochlear Recipient Solutions Manager for Cochlear North America. During today's course we'll be explaining the guidelines for reimbursement of replacement sound processors, recognizing common barriers for replacement sound processors and how to avoid them, and explain how to provide documentation to support player requirements for clinical documentation required for replacement sound processors.

Today's course's limitations and risks can be found here and also in your handout. Go ahead and refer to them at another time. Hello everybody and welcome. Thank you for joining today. So as Melissa mentioned, we will be discussing how to navigate the replacement sound processor landscape and our most common cancellation reasons and how to address them.

I am Stephanie Noeller. I work for Cochlear Americas as a Recipient Solutions Manager and as a Recipient Solutions Manager, I both help new recipients in their onboarding process and education and I also help professionals through that upgrading process when patients are ready for new technology.

At Cochlear we always like to start with our mission. So I'm not going to read this for you, but feel free to read it through yourself. But our most important thing is that we help people hear and be heard always.

So today's learning objectives are going to include these three items here. And I just want to thank you all again so much for joining us today. And in today's 30 minute session we will touch on our sound processors as this is the foundation for understanding our top reasons for cancellation. We will also be going through the webinar and sharing best practices that associate with those top three cancellation reasons which are lack of supported clinical documentation, need to reestablish care and patient follow up. And one thing to note here is that we will use the term replacement and upgrade in this deck interchangeably.

And please note that the terminology for recipients placing an order is upgrade while we use the term replacement when speaking to a professional or to insurance.

So let's dive into our first objective. We will be reviewing the coverage criteria and insurance requirements for replacement sound processors.

What you'll notice on this slide is that the five years Useful Life Rule is no longer the standard across the industry for approval of a replacement sound processor. With the exception of traditional Medicare plans, commercial insurance payers require specific and measurable evidence that the replacement processor is medically necessary rather than simply requesting an upgrade on the previous five year Useful Life rule. Clinical documentation to show medical necessity bridges the gap between clinical need and payer approval across all three coverage types shown on this slide Using a streamlined approach to all orders, the following considerations must be met for determining eligibility of replacement processors. First, eligibility generally applies once the current device is out of warranty. This is an important baseline requirement.

Coverage decisions are typically not considered while a processor is still under repair. Warranty warranties for first processors are five years, and upgraded sound processors carry a three year warranty at Cochlear. From there, at least one of these criteria over here on the right hand side of our slide, must be met. First, the sound processor no longer meets the patient's needs, particularly when it impacts their ability to support activities of daily living or what we call ADLs. This might include difficulty hearing in everyday environments or noise, challenges with communication, or declining performance that affects independence or safety.

Second, another qualifying situation is when the device is broken or no longer supported by Cochlear, which is typically seen in device retirement. Most recently, our Nucleus 7 sound processor was retired,

so this may be relevant to a large population. Now, in these cases, it's important to clearly describe how the sound processor is broken, for example whether the damage affects functionality or usability. Examples can also include battery life issues or intermittency. And finally, eligibility can also apply if the device has been lost or stolen.

These situations should be documented clearly to support medical necessity of replacement, and we'll talk through this a little bit more in detail later in our presentation. Overall, the key takeaway from this slide is that once a device is out of warranty, any of these clinical or functional issues may support eligibility for a medically necessary replacement sound processor as long as it's well documented.

So what documentation is needed for insurance authorization? First, a prescription for the replacement sound processor must be submitted. This prescription must be signed by an eligible provider, such as a medical doctor, physician's assistant, or nurse practitioner in accordance with the state requirements. This can be an ENT provider or it can even be a patient's primary care physician. In addition, clinical chart notes are required.

These notes must clearly document the reason for replacement and examples were noted in our previous slide and can include a written request to dispense the device due to medical necessity and be authenticated with a dated electronic or ink signature.

So this all sets us up for discussing our top reasons for cancellation of a replacement sound processor order and as reimbursement requirements evolve, insurance payers continue to strictly apply specific criteria when reviewing replacement sound processor requests. Understanding the most common reasons for cancellation can help support alignment with payer guidelines and reduce back and forth between our clinics and Cochlear so let's walk through these reasons together, starting with the lack of supportive clinical documentation.

Lack of supportive clinical documentation is our primary reason for order cancellation.

Why is this our top reason? So the reimbursement landscape has evolved significantly over the past several years. In the past, a standalone letter of medical necessity or LMN was typically sufficient to support coverage. Now, instead of an lmn, insurance requires that medical necessity be clearly documented within the patient's clinical chart note. This shift means that clinical notes are now the primary evidence that payers use to determine coverage and medical need for an upgrade.

As a result, documentation must be more detailed, specific, and clinically grounded than ever before. This aligns with current payer expectations and clinical chart notes must include three essential elements. The first element is the reason for the replacement and it must be clearly documented and tied to medical or functional need. This includes explaining why the existing device no longer meets the patient's clinical requirements or hearing demands. Second, there must be a written request to dispense the device due to medical necessity.

The documentation should clearly indicate that the replacement is required for medical reasons not based on preference, aesthetics, or access to newer technology. Third, the chart note must include an electronic or ink signature with a date from the prescribing provider, and that validates the medical decision making of recommending this replacement sound processor.

Now, before we discuss replacement eligibility, it's important to establish a clear, consistent definition of medical necessity first and foremost. Once again, the patients must be out of warranty. In most cases, a recipient is only eligible for medically necessary replacements once their current sound processor is out of warranty. And after end of warranty is accomplished, the patient must meet one or more of the following criterias. Criteria number one is that the current processor no longer meets the patient's needs.

So first, a processor must qualify for a replacement if it no longer meets the needs of the patient's medical or functional needs. This includes limitations that impact activities of daily living once again, such as communication, safety awareness, work, or school participation. Now, criteria number two can be a broken and unsupported current sound processor. So if the device is broken and no longer supported by Cochlear, meaning it's retired or obsolete, it may qualify for replacement. In these cases, it's critical to clearly document how the processor is broken and why repair or continued use is no longer feasible.

A Lost or Stolen Device so finally, if a device may be considered medically necessary for replacement if it has been lost or stolen, proper documentation is required to support these situations. In summary, medical necessity is established by confirming the device is out of warranty and demonstrating a clear functional, medical or practical need that prevents the patient from adequately hearing with their current sound processor.

On this slide, we're grounding medical necessity in what matters most to payers or functional impact on a patient's daily life. So you can see many, many examples on this slide for how a patient's life might be impacted for safety or quality of life, social and entertainment purposes, or how they're hearing in their workplace or their school. Insurance determinations and approvals are not entirely driven by device age or the availability of new technology. They're based on whether the patient can safely and effectively perform essential activities of daily living with their current device or if a replacement is warranted. This is why strong documentation focuses on what the patient cannot do today because of current processor limitations.

By clearly linking hearing challenges to real world functional limitations, we create the strongest justification for replacement approval. These challenges aren't inconveniences, they represent real safety risks and quality of life concerns that should be clearly documented. When documentation

captures these impacts, it shows how current processor limitations affect not just hearing, but connection, participation and emotional health of the patient. Documenting these challenges demonstrates how hearing technology limitations can have economic and educational consequences. So the key takeaway of this slide is that effective documentation ties hearing performance to functional outcomes, and I'm going to say that again because I feel like that's very impactful is effective documentation ties hearing performance to functional outcomes.

So by clearly connecting processor limitations to daily activities. As you're seeing on this slide across safety, social engagement, work and school, we position replacement requests in a way that aligns with payer criteria. This is the evidence based language that payers understand and accept for replacement sound processors.

So what are some documentation best practices when you're writing a chart? Note number one Best practice is Please use the term replacement sound processor in documentation when communicating with payers. Please refer to the device as a replacement sound processor and no longer refer to it as an upgrade. Payer claim systems use keyword based rules and the term upgrade signals an elective improvement rather than medical necessity and this often triggers additional scrutiny or automatic denial. When speaking directly with patients, it is appropriate to describe the technology as an upgrade to help them understand the functional improvements, but this language should not be used for payer facing documentation.

Number two Best practice is clearly state that you are ordering the device. Documentation must explicitly state that the clinician is ordering the replacement sound processor for the patient. Ambiguous language such as recommended or discussed can lead to delays or denials because it does not establish an intent to supply medically necessary equipment. Number three best practice Link the replacement to unmet needs and daily life impact. Explain why the current processor is no longer

meeting the patient's needs and how this affects activities of daily living.

Payers expect concrete functional examples so, for example, the patient reports difficulty hearing safety warnings in a manufacturing workplace, creating occupational risk. The patient's current sound processor lacks directional microphone technology needed for effective speech recognition in noisy environments. Now our number four best practice for clinical documentation writing is tie in speech and noise complaints to specific technology advancements. If the patient requires improved speech understanding in noise, explicitly connect that need to advancements available in current replacement technology. For example, new technology can include improved directional microphones, noise reduction, or improved signal processing.

This reinforces medical need rather than discretionary enhancements. And our number five documentation best practice is obsolescence alone is not sufficient documentation. Stating that a device is obsolete is not enough to support coverage when standing alone. Quantity limits may apply and payers require justification that goes beyond age and require retirement alone. Documentation should clearly explain why the existing processor cannot adequately support the patient's hearing needs Today, let's go through some examples of some good clinical chart notes that Cochlear has received for replacement sound processors.

Just to give you an idea of what payers are looking for and accepting, this is an example of a chart note here from a phone interaction that followed a device replacement request initiated by a patient's family. Cochlear subsequently contacted the clinician to request an updated note. Feel free to read through this note on your own. I'll walk through an example of what are some of the key items that we're looking for in this note to be adequate. So this example is particularly effective because it includes a clear clinician recommendation for device replacement.

It highlights the impact the current device is having on the recipient's education. It outlines performance expectations associated with the latest technology and documents the specific issues identified with the existing device.

Now our next example is an in person interaction that a clinician placed the order for the patient. Feel free to read through this once again on your own as I highlight some of our key points of what made this a successful chart note. Again, this example describes an in person appointment with an audiologist followed by a replacement order request. And the key points that I want to highlight here is that the reason for submitting a replacement request is highlighted in this chart note along with the challenges that the patient's current sound processor are currently providing and the resulting impact on the patient's life. The Reference to or attachment of relevant testing was also included and the benefits of newer technology, including both improved hearing performance and lifestyle advantages, are also included in this chart note One last example to read through here again on your own as I highlight some of the important pieces here that help make this chart note successful is that this example is a chart note from an email interaction that followed a device replacement request.

Again, Cochlear subsequently contacted the clinician to request an updated note. This note highlights the impact the current sound processor is having on the recipient's hearing. It outlines performance expectations associated with latest technology and documents the specific issues identified with the existing device. Now, I want you to note that any clinical documentation you are submitting can be from a phone interaction, an email interaction, remote check interaction. It can be anything where you've contacted the patient or been in touch with the patient and feel comfortable writing up a chart note describing medical necessity for a replacement device.

These chart notes do not have to all be written from in person interactions to save time and improve efficiency.

Now let's talk through our second most common reason for replacement processor order cancellation reestablishment of care.

So some important things to note when re establishing care are included on this slide here. Clinical chart notes do need to support the replacement reason, so keep that at the forefront of your mind when a patient is reestablishing care, you need to provide a reason to support a replacement sound processor in your clinical notes, so just ensure you're asking the right questions when speaking to this patient. This slide serves as a reminder that although a patient may have engaged with the clinic within the past 24 months or so, the interaction must directly support the reason for the replacement request. If a patient was previously performing well when they were seen in the clinic, please reconnect to confirm and align on the device's current status to support the need for a replacement sound processor. Feel free to read through this example note here at the bottom of the slide and we use the word upgrade in this paragraph example.

Since it was a replacement sound processor order initiated by a recipient, we call out at the beginning of the webinar that the usage of replacement is with professionals and upgrade can be used with pat needs.

So again, one of our most common challenges we're seeing is that a patient's order gets canceled because they do need to reestablish care. This can happen for a variety of reasons such as needing a sign off from an md, nurse practitioner or a physician's assistant. And maybe those providers don't feel comfortable signing off on that prescription unless the patient has been seen within a certain time frame. Or maybe this patient is needing to reconnect with audiology to obtain that updated clinical chart note that we've been talking about. While there isn't a single industry wide standard, many insurance providers require evidence that the patient has remained actively engaged in their care, and in most cases this means that the patient has had some interaction with their care team within the past 24

months.

As noted on this slide, it is important to recognize that payers generally accept multiple forms of clinical interaction to support this requirement. This can include in person visits, telehealth encounters, phone calls, and documented electronic communications such as email or patient portal messages, and these may all be used to generate a compliant chart. Note provided that the interaction is clinically relevant and appropriately documented to support medical necessity for the replacement.

And last but not least, let's talk through our third most common cancellation reason for replacement sound processor orders, which is patient follow up.

Listed here on this slide are all required documentation to initiate a replacement sound processor order. A common challenge that we're seeing when initiating a replacement sound processor order is that one required piece of documentation is often missing or we're waiting on a patient approval related to an out of pocket cost. Even a small gap can delay the order and slow down the overall process. For the patient to initiate a replacement sound processor order, several documents are required and listed here on this slide. These include the assignment of benefits, completed order details, the order form, documentation supporting medical necessity for replacement, insurance plan details, and details of their clinical team, including the audiologist and medical doctor or surgeon.

Chart notes and a prescription are required from the clinician to process the order, and these can be submitted at the time of the order placement, which actually helps keep the process moving forward more efficiently and more quickly. If those documents are not provided up front, Cochlear will request them later, but this can extend processing times. It's also important to note that many of these documents do not require direct patient involvement. If there are any challenges contacting the patient, their audiologist can often complete or support the required documentation on the patient's behalf. While sending this information up front may seem daunting or time consuming, it may save clinicians

and patients up to weeks of back and forth.

If Cochlear only has to follow up with the patient for as minimal information as possible. For example the assignment of benefits. If everything else can be provided up front, that will help with processing times as well as connecting with the patient so they don't feel overwhelmed filling out these forms on the back end now that concludes our presentation content and here's a list of our references. Thank you all for joining today and listening in to review the three most common cancellation reasons for a replacement sound processor order and I look forward to seeing if there are any outstanding questions in our Q and A.

All right, let's see Any other questions, Hannah? Thank you, Stephanie. There were some questions that were submitted and we would like to review them for the larger group. So the question states one of the resources that we will be sharing following this webinar is the Activities of Daily Living form in which the participant asks if we use the Activity Daily Activities form, do we include the PDF when sending chart notes or should we write a summary of the responses in our chart notes or both? The answer that we stated was sending both is recommended.

All documentation will be submitted to the insurance company for review.

That is one that we wanted to review. And another question came through that said that they have submitted a note stating the patient emailed them letting them know that their processor was intermittent and not providing sound and the response back from that email was that the email was not considered appropriate for the chart note. While the email the answer to that question was while an email encounter alone would not be sufficient for the insurance company, the email in addition to the supporting visits prior would be accepted. Additionally, the email encounter can be included and amended in the most recent signed visit. I do want to reinforce that one a little bit too.

While the email itself is great, we still need the recommendation of you as a clinician to say that this is medically necessary for the patient and and provide a reason why. So while the recipient is saying that their processor is intermittent and that is good to see, having you as the audiologist say that this is recommended and giving the reason why, going back to their activities of daily living and how it can affect how they're functioning day to day makes it an even more strong clinical chart note. So that's probably why it got bounced back as well as we want to see your actual medical recommendation.

Wonderful. Well, thank you everybody for joining today. I do hope that this was a helpful webinar. Feel free. If you are a Cochlear implant provider, reach out to your local recipient Solutions managers or teams for any additional questions you may have following this webinar as well, and we're happy to support any additional individual upgrade cases that you may have.