Keeping Recipients Connected: Clinical Considerations for Replacement Sound Processors

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What's in This Handout

Key Takeaways

Key Takeaway	Clinical Implication
Document equipment status in History and Recommendations	Share what the patient reports in History and restate the identified issues in Recommendations so the device's functional status appears in more than one place in the record.
State medical necessity in the Recommendations	Provide justification statements supporting medical necessity for the replacement within the Recommendations section; clinicians can and should state that replacement is medically necessary.
Be proactive about warranties	Remind patients of warranty expiration dates, keep a note in the chart, and have patients set phone reminders to check equipment before the warranty ends.
Delegate non-billable tasks	Use audiology assistants or other support staff for troubleshooting, chart-note support, loaner inventory, and order facilitation so audiologists can work at the top of their license.
Set realistic ordering expectations	Counsel patients that orders typically take 6–10 weeks and ask them to follow up if they have not heard anything in about a month; mark urgent orders when a patient is out of sound.
Use Ready to Wear for the right candidates	Ready to Wear reduces non-billable time, but is not ideal for patients out of sound for more than a day or two or for some legacy users who need more transition support.

Course Content

Learner Outcomes

- After this course, participants will be able to implement techniques for more efficient clinical documentation.
- After completing this course, participants will be able to identify and effectively delegate non-billable tasks to clinical support staff.
- After this course, participants will be able to know strategies for keeping recipients from being without sound.

Review of the Hearts for Hearing Program

Hearts for Hearing advocates for, educates about, and innovatively provides comprehensive, life-changing hearing healthcare for all ages. The program serves a large population of cochlear implant recipients across all ages.

- 33 audiologists, including 21 pediatric/CI audiologists (16 in Oklahoma City, 5 in Tulsa).
- 5 full-time pediatric audiology assistants, plus 1 part-time.
- AuD to audiology assistant ratios: Tulsa has 2 assistants to 7 audiologists (CI and all hearing aids); Oklahoma City has 3.5 assistants to 16 audiologists (CI, pediatric hearing aids, and bimodal patients).
- Additional staff: 2–3 AuD students annually, a CI coordinator, and an audiology administrative assistant.

The term "audiology assistant" may apply differently depending on state licensure; the role could be filled by a hearing aid dispenser, hearing aid tech, office manager, patient care coordinator, another professional, or a student.

Recipient Replacement Sound Processor Overview

The program's replacement sound processor activity reflects a higher volume of orders driven by the obsolescence of the Nucleus 7.

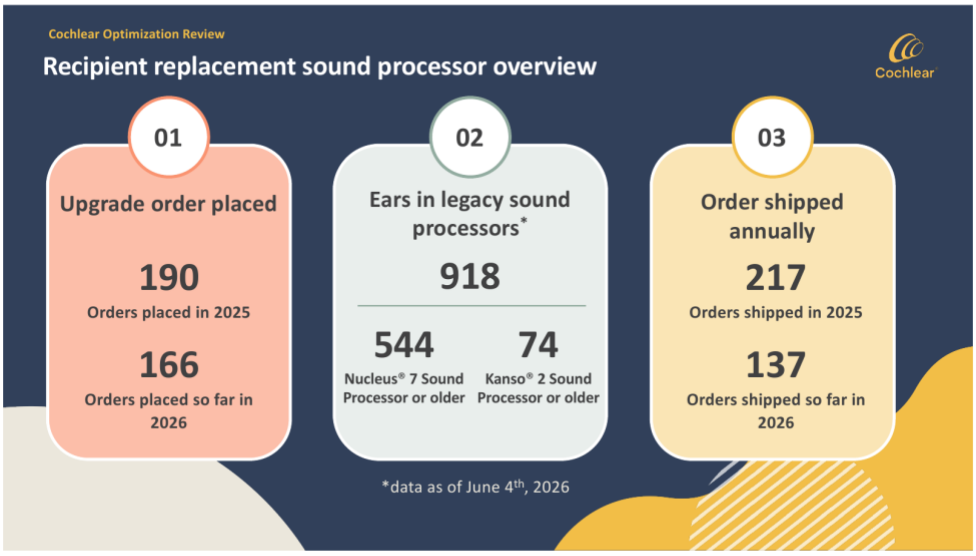

Figure 1. Program overview of replacement sound processor orders placed, legacy processors in use, and orders shipped.

Appointment Overview

After the first year of implant use, patients move from annual visits to a follow-up every other year, with proactive touchpoints built around equipment needs and the warranty term.

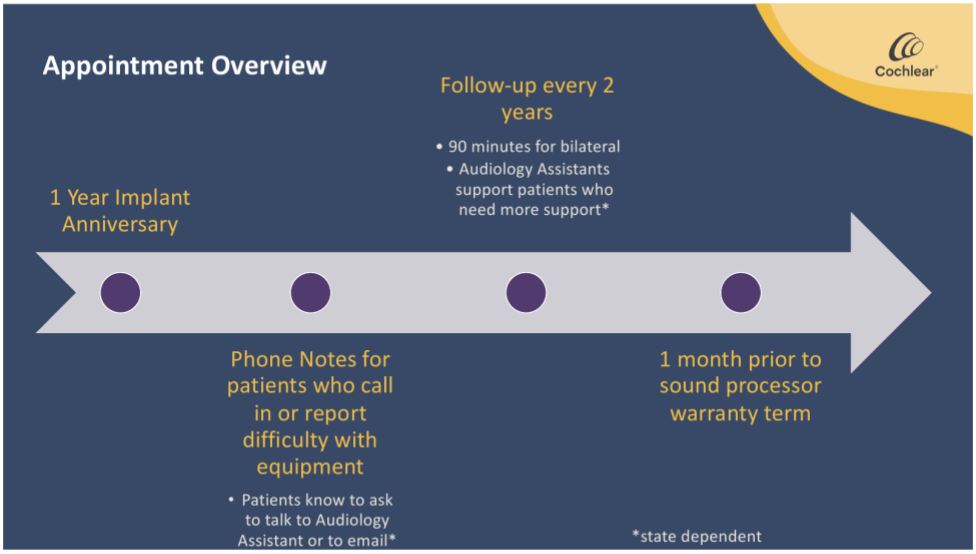

Figure 2. Proactive appointment timeline from the one-year implant anniversary through the warranty term.

Keeping Recipients in Sound: Expectation Setting Between Appointments

- Remind patients of their warranty expiration dates (a note can be kept in the chart, similar to hearing aid warranties).
- Guide families and patients to set reminders before the end of warranty to check or replace parts that are excessively worn, such as loose cables or coils.
    - Discuss backup cables.
- Discuss what happens once equipment warranties expire; patients can be referred to the company to discuss extended warranties.
- Keep the assignment of benefits (AOB) up to date; keep it on file and send to Cochlear if supporting an order.
- Set expectations for communications from Cochlear, including DocuSign emails (and checking the spam folder).

Implementation Techniques for Effective Clinical Documentation

Documentation can come in several forms, including a visit note or a chart note/phone note. Depending on the EMR system, clinicians may be able to add an “Addendum” to a note or create a new chart note that documents the problems the recipient is having with the device. Audiology assistants can help write this type of documentation for the audiologist to sign off.

Documenting Functionality of the Recipient's Sound Processor

- History: Share what the patient reports.
- Procedures: Document any observable issues such as poor sound quality, loose connections, cable/coil issues, and diminished battery life.
- Recommendations: Restate issues identified by the patient and/or observed during the visit, and document medical necessity.

Q1	**Quiz Hint:** Clinicians should document the status of the recipient's sound processor in both the History section (what the patient reports) and the Recommendations section (restating the identified issues) — not in one section alone.

Examples for History

History documentation can capture three categories of concern:

Activities of daily living not being met	External equipment not fully functional	Reduction in performance
• Listening in background noise (participating in conversation and work or school) • Listening on the telephone	• Cable/coil is fraying or intermittent • Device will not power on or consistently stay on • Microphones are damaged	• Intermittent hearing occurring several times per day, resulting in missed critical conversations or safety risks • Diminished battery life; device stops functioning during the day, leaving the recipient without sound and unable to communicate • Poor sound quality

Recommendation Statements

Within the Recommendations, provide justification statements supporting medical necessity for the replacement. The example below shows how a narrative phone note documents the patient's reported issues, the device obsolescence, the discussed replacement, and the medical-necessity rationale.

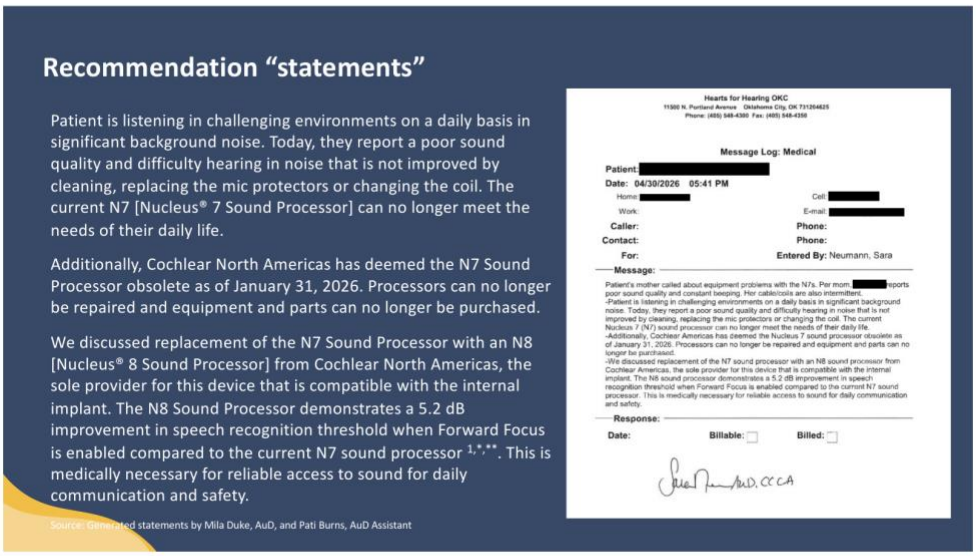

Figure 3. Sample medical message log documenting medical necessity for a sound processor replacement.

A lost-device statement follows the same principle. For example: a patient has lost the right Cochlear Nucleus 8 Sound Processor; it is medically necessary to replace it because the patient is without sound on the right side, which affects the ability to localize and hear in background noise.

Source: Generated statements by Mila Duke, AuD, and Pati Burns, AuD Assistant.

Q2	**Quiz Hint:** Statements related to the medical necessity for a device replacement belong in the Recommendations section of the report.

Pearls for Documentation

- State that it is medically necessary to replace the equipment so the patient can function as expected with their cochlear implants — clinicians can and should do this.
- Insurance providers tend to have less experience with hearing loss compared to other specialties, so documenting medical necessity clearly and repeatedly is important.

Working Through the Ordering Process (Counseling)

- Discuss realistic expectations around the replacement process and communicate what may be needed based on the patient's insurance.
- Next steps: orders typically take 6–10 weeks; if the patient has not received communication within a month, they should reach out.
- If devices are not working and the patient is out of sound, they should reach out to Cochlear right away so the order can be marked urgent.
- Provide options for the patient to check on order status.

Q3	**Quiz Hint:** Clinicians should recommend that patients follow up regarding order status if they have not heard anything in about one month.

After the Order Is Complete: Ready to Wear

Devices can be shipped to the patient “ready to wear,” which reduces non-billable time and the wait to get the patient into clinic. Clinicians are encouraged to identify ideal candidates by considering:

- Are they without sound?
- Do they need to return loaned equipment?
- Do they tend to be transient, with concern that the device may not be received or may ship to the wrong address?
- Will this patient need additional support to make the transition (for example, N5 to N8 or other legacy users)?
- Ask the patient what they prefer.

Realistic Expectations with Ready to Wear

- Counsel on potential differences with the new processor.
    - Encourage 2 full weeks of use before contacting the clinic for an appointment with the audiologist.
    - If adding a new program option, remind the patient to try all of their programs.
- Counsel on battery expectations (the device may need a “Save to head”).

Delegation of Non-Billable Tasks

Delegating non-billable tasks is how to work at the top of your license and decrease the paperwork burden. Non-billable tasks include orders, order tracking, emails, troubleshooting with patients, documentation submission, scheduling, coordination, and equipment maintenance.

What Audiology Assistants Do

- Troubleshooting by phone or email.
- Supporting updated chart notes with signature.
- Interfacing with patients to keep them in sound.
- Managing loaner inventory and donated equipment.
- Managing when something breaks.

Q4	**Quiz Hint:** Having an audiologist see recipients every 6 months just to check equipment is NOT an effective strategy for reducing unbillable time. Effective strategies include scheduling hands-on support with audiology assistants, encouraging patients to call the assistant when they replace a part, and routinely discussing warranty dates.

Patient Support Flow

Front office staff and patients know to ask for an audiology assistant, who triages the call and escalates to an audiologist only when necessary.

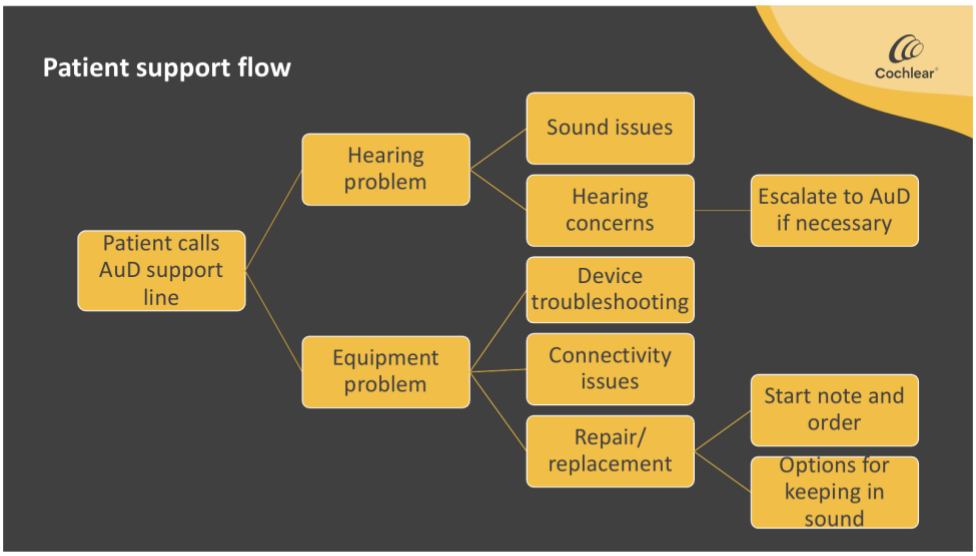

Figure 4. Patient support flow showing triage of hearing versus equipment problems.

Q5	**Quiz Hint:** To keep recipients engaged and following up about warranties, tell them to follow up a month before their warranty ends — either with the audiologist or an assistant.

Three Action Items to Make Your Life Easier

- Create a template of quick phrases.
- Identify an individual to help with unbillable tasks.
- Create or find ways to communicate with patients around equipment expectations (appointment plans).

Conclusion

- A proactive, well-documented approach — documenting in multiple sections, consistently stating medical necessity, setting warranty expectations, and delegating non-billable work — helps make replacement sound processors a manageable task and keeps recipients in sound.

Notes

Quiz Summary

The following quiz hints appeared throughout the course content. Use this section as a quick study reference.

Q1	**Quiz Hint:** Clinicians should document the status of the recipient's sound processor in both the History section (what the patient reports) and the Recommendations section (restating the identified issues) — not in one section alone.
Q2	**Quiz Hint:** Statements related to the medical necessity for a device replacement belong in the Recommendations section of the report.
Q3	**Quiz Hint:** Clinicians should recommend that patients follow up regarding order status if they have not heard anything in about one month.
Q4	**Quiz Hint:** Having an audiologist see recipients every 6 months just to check equipment is NOT an effective strategy for reducing unbillable time. Effective strategies include scheduling hands-on support with audiology assistants, encouraging patients to call the assistant when they replace a part, and routinely discussing warranty dates.
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References

Cochlear Limited. (n.d.). *Nucleus 8 whitepaper* (D1913968).

Note: ForwardFocus can only be enabled by a hearing implant specialist. It should only be activated for users 12 years and older who are able to reliably provide feedback on sound quality and understand how to use the feature when moving to different or changing environments. It may be possible to have decreased speech understanding when using ForwardFocus in a quiet environment.

Speech perception testing in noise (S0N0/CI) was conducted with the Nucleus 8 Sound Processor with ForwardFocus ON compared to the Nucleus 7 Sound Processor with ForwardFocus ON.

Additional Information

Presenter Bio

Sara Neumann, AuD, is an audiologist with Hearts for Hearing.

Presenter Disclosure

Financial:

- Receives a salary as a full-time employee of Hearts for Hearing.
- Receives compensation for giving this presentation from Cochlear.
- Receives compensation as a course instructor for the Institute for Cochlear Implant Training (ICIT).
- MEDEL Audiology Advisory Board.
- Research funding from: Cochlear Corporation; Sonova (Advanced Bionics and Phonak); Objective Hearing; and Envoy Medical.

Non-financial: None.

Additional Information (continued)

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