

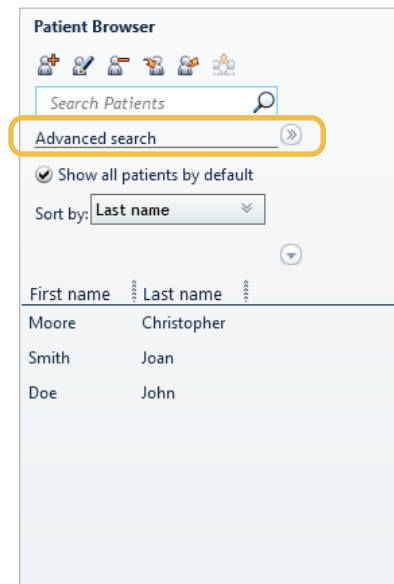
Clinician's quick guide

Finding upgrade eligible Baha® and Osia® System patients in Noah® 4

This guide outlines how to use Noah System 4 to identify Baha and Osia patients who may be eligible for a replacement sound processor.

How to use the patient search function:

1. Navigate to Advanced search. Hint: Be sure to clear any previous searches using Clear All button.
2. Select Devices: Enter a fitting end date to find all the patients that were fit before this date. For example, July 1, 2021, would return all sound processors that were fit more than 5 years before July 1, 2026.
3. Select Cochlear as the manufacturer.
4. Click Search.
5. In the patient browser you can now see a list of recipients who may be eligible for an upgrade.
6. Use File/Export Options and select “Use demographic data only” to export this data in accordance with your organization’s data privacy guidelines.



Patient Browser

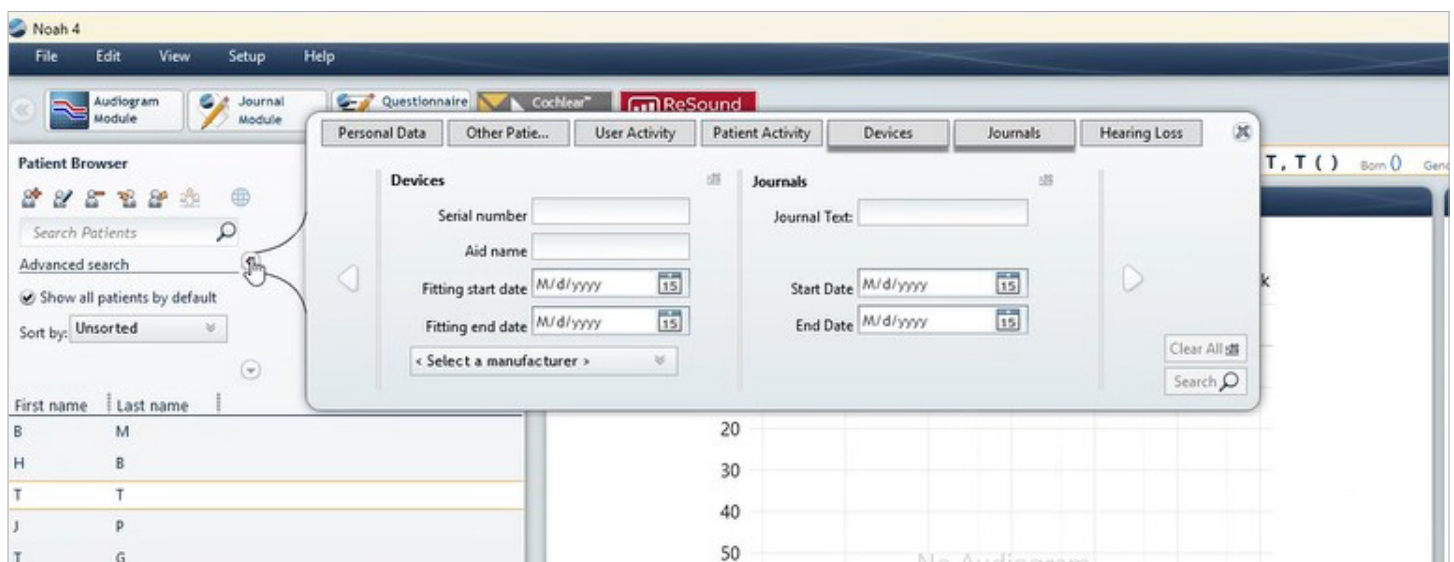
Search Patients

Advanced search

☒ Show all patients by default

Sort by: Last name

First name	Last name
Moore	Christopher
Smith	Joan
Doe	John



Noah 4

File Edit View Setup Help

Audiogram Module Journal Module Questionnaire Cochlear ReSound

Patient Browser

Search Patients

Advanced search

☒ Show all patients by default

Sort by: Unsorted

First name	Last name
B	M
H	B
T	T
J	P
T	G

Devices

Serial number

Aid name

Fitting start date M/d/yyyy 15

Fitting end date M/d/yyyy 15

< Select a manufacturer >

Journals

Journal Text

Start Date M/d/yyyy 15

End Date M/d/yyyy 15

Clear All

Search

No Audiogram

Replacement sound processor insurance guidance

Medically necessary (general criteria)

Replacement or upgraded sound processors are 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
 - Microphone is broken
2. Activities of daily living (ADLs) are not being met
Examples include:
 - Inadequate hearing while operating a vehicle or bicycle
 - Difficulty engaging on phone or video calls
 - Hearing loss preventing full participation 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

For Cochlear to assist in supporting 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 a replacement processor was discussed and deemed 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 material is intended for health professionals. If you are a consumer, please seek advice from your health professional about treatments for hearing loss. Outcomes may vary, and your health professional will advise you about the factors which could affect your outcome. Always read the instructions for use. Not all products are available in all countries. Please contact your local Cochlear representative for product information.

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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