

Cochlear Implant Sound Processor Replacement / Upgrade

AHSA Application Assessment Tool

The purpose of this document is to ensure that all required information is provided to the health fund to enable a funding decision to be made by the individual health fund.

Applicants should be aware that each AHSA member fund will have their own policies regarding funding of replacement cochlear implant Sound processors and based on individual fund policies will make the funding decision.

Applicants are advised that all areas of this form must be completed prior to health fund consideration of the request. Completion of all aspects of the document will streamline processes and avoid delays in assessment of application. If any sections are incomplete, the form will be returned to the provider.

Please note:

- Upgrades and replacements will not be considered whilst the member's current Sound processor is still under warranty.
- Completion of the warranty period is not a valid reason for replacement of a Sound processor.
- To be considered for funding, a clinical reason for the upgrade or evidence that the current sound processor is no longer functioning, repairable or able to be supported must be provided.
- The availability of improved technology is not sufficient reason for upgrading of a Sound processor.

This document has been prepared in consultation with Industry

Section 1: To be completed by the provider

Patient name:		Patient date of birth:	
Health fund:		Membership number:	
Signature of member or guardian (and guardian name):			
Name of provider (and signature)(doctor or audiologist):			
Contact information for provider			
Phone:			
Fax:			
Email:			
Details of new Sound processor			
Name:			
Model number:			
Prostheses rebate code:			
For which ear is the new Sound processor required?		Left Ear	Right Ear
Please specify dates of implants and Sound processors previously funded. If the applicant has bilateral implants and Sound processors, please supply details for each:		Left Ear	Right Ear
Current Sound processor			
Name:			
Model number:		Left Ear	Right Ear
Purchase date of current Sound processor:		Left Ear	Right Ear
Is the Sound processor sought as an:		Specify category of application	
<ol style="list-style-type: none"> 1. Upgrade 2. Replacement 3. Back up or spare processor device (please note this will only be considered in extenuating circumstances) 			
Is the member's current Sound processor still functioning to specifications?		Yes	No
If so what is the reason for the request for upgrade?			
Provide details of any repairs to the member's current Sound processor (including date): (attach additional sheet if required and also attach service reports)			

Have there been any difficulties with FM connection (for school children). Please specify.	N/A Yes No
Provide outline of reasons for upgrade or replacement.	

Reasons for upgrade or replacement may include:

1. Current Sound processor is unable to be repaired (Please provide supporting documentation from Supplier e.g. Service Report).
2. Current Sound processor is unable to be supported by manufacturer or clinic (e.g. parts no longer available).
Please provide supporting documentation from Supplier
3. The new Sound processor is able to offer clear clinical benefits.

The absence of a particular feature on the current Sound processor will not be used as the basis for providing an up-graded Sound processor, unless it can be demonstrated that the recipient is being disadvantaged by the absence of the feature.

Please provide details (specific to the applicant) of clinical benefits which will be gained from the new device.

Section 2: To be completed by the health fund

Health fund:

Contact Name & Title:

Contact Phone number:

Contact fax number:

Device approved:

Yes

No

Approved by (signature):

Date Approved:

If approved, benefit payable = \$