Cochlear™ Nucleus® 7 Sound Processor

**Letter of Medical Necessity & Prescription for Services – Obsolete**

Patient Name:

Date of Birth:

Implant Date:

Diagnosis Code: SELECT DX CODE

 Date Last Seen By Physician (If Applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RE: Predetermination/Preauthorization of Benefits for THE Nucleus® 7 Cochlear™ Sound Processor**

This letter concerns the above patient, to whom we provide audiological/otolaryngological services. My patient’s current processor is no longer functioning and is outside of the manufacturer’s warranty. The manufacturer has deemed the patient’s current processor as obsolete and is unable to repair or provide replacement parts.

SELECT BILATERAL/UNILATERAL

[*ADD IN REASON FOR REPLACEMENT-Please update with your own verbiage*](#_top)  *Ex: Does the patient’s sound processor have any kind of damage or intermittency? Ex: The patient’s sound processor is non-functional and the patient is currently out of sound. Or this patient’s sound processor is experiencing intermittency which is leaving my patient without consistent sound. This poses a significant safety concern and reduces the patient’s quality of life.*

The recommended CP1000 Cochlear™ Nucleus® 7 replacement sound processor (L8619) is considered medically necessary to achieve functional improvement in their auditory performance, minimize safety risk concerns, and improve the patient’s quality of life. Same generation or future technology may be substituted in cases where similar technology is available and requested.

My patient will continue to need the cochlear implant and external sound processor for their lifetime and requires magnet strength of SELECT MAGNET STRENGTH.

The Nucleus® 7 Sound Processor comes with a 3 year manufacturer’s warranty that will cover repairs. The Nucleus 7 Sound Processor (L8619) is necessary for safe, effective and uninterrupted use of this patient’s cochlear implant.

If enabled by a clinician, this sound processor is capable of Remote Check, which is incorporated into the Nucleus Smart App and consists of five interactive steps that are sent securely to the clinician. These steps include implant site photos, questions about changes in medical history and a measure of hearing performance, audiogram consisting of aided audiometric thresholds with the cochlear implant, speech in noise reception threshold, and a questionnaire about training needs and patient's participation in listening-related activities. Providing a remote means for monitoring or troubleshooting can help ensure patients' continued safety and ongoing benefit from the cochlear implant system.

My patient is implanted with a Cochlear brand implant which is only compatible with Cochlear products and as such, it must be purchased from them:

Cochlear Americas

10350 Park Meadows Drive

Lone Tree, CO 80124

Phone: (800) 633-4667

If you have questions or need additional information, please feel free to contact me at:

Insert Clinic Name and Address

AUDIOLOGIST SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_ \_

PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_ \_\_

PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_