

## **Implantable Bone Conduction Hearing Systems** **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 Implantable Bone Conduction 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 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 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 an: 1. Upgrade 2. Replacement 3. Back up or spare Sound processor (please note this will only be considered in extenuating circumstances)	Specify category of application		
Is the current Sound processor still functioning?	Yes	No	
If so what is the reason for the upgrade?			
Provide details of any repairs to the current Sound processor (including date): (attach additional sheet if required and also attach manufacturer's service reports)			

Have there been any difficulties with FM connection (for school children). Please specify.	N/A Yes No
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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, manufacturer has announced obsolescence of sound processor model).  
Please provide supporting documentation from Supplier.
3. The Sound processor device 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.

Evidence of speech perception improvements with the additional feature are to be provided. It is expected that a baseline speech perception sentence / word test will be completed (i.e.) without the additional feature turned on and then a minimum of three sentence tests should be completed with the specific feature turned on. The speech perception test should be age appropriate and completed in the same environment. Results of each test should be provided and the percentage change in perception identified. For an improvement to be recognized and validate an upgrade on a clinical basis there should be an improvement of 7 – 10% in speech perception testing.

***It is accepted that this test will not be able to be completed for small children – (< 7 years old). For children under 7 years old, audiologists should provide a detailed explanation of clinical reasons for the upgrade/replacement***

Please provide a summary of speech perception sentence / word test outcomes.

**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 = \$