

Cochlear Implant Request Checklist

State: Please ensure that the following items are included in the packet and submitted all together for each individual patient. If items are missing, the request will be returned.

<hr/> Patient name	<hr/> DOB	<hr/> CCS#
<hr/> Nurse Case Manager	<hr/> Contact #	<hr/> County
<hr/> CI Center Name and Contact	<hr/> Contact #	

I. Reason for Request:

- Cochlear Implant Evaluation

- Cochlear Implantation Surgery
 - Unilateral

 - Bilateral, simultaneous

 - Bilateral, sequential

 - Second implant on an existing user

Other (be specific):

II. Supporting Documentation Attached:

CI Evaluation

- CI Evaluation Request Form (NL _____, attachment 1)
- Audiogram: aided & unaided (most current)
- If ABR is submitted: include estimated hearing level (eHL)
- Audiology report to include
 - Hearing loss history (Hx): onset, etiology if known
 - Hearing aid Hx: manufacturer, models, consistency of HA use
 - Communication history: modes used by patient and caregivers
 - Family compliance history: with appointments and hearing aid use
- Optional: Individual Educational Plan (IEP)

CI Surgery: Initial

- CI Team Evaluation Results¹ & Surgical Request Form (NL _____, attachments 1, 2)
- Audiogram: aided & unaided (most current)
- If ABR is submitted: include estimated hearing level (eHL)
- Audiology report with:
 - Hearing loss history (Hx): onset, etiology if known
 - Hearing aid Hx: manufacturer, model, function and consistency of use
- Speech perception test: if testable
 - If not: auditory-based questionnaire: score & interpretation
- Speech and language evaluation (by SLP)
- If psychological or developmental evaluation not done: include information on the patient's development and behavior and the family's psychosocial status as it pertains to their ability to participate in post-CI habilitation/rehabilitation
- MRI and/or CT²
- ENT report

CI Surgery: Second – in addition to what is applicable above

- Cochlear implant: consistency of use
- Hearing aid on the un-implanted side: consistency of use
- Speech and language evaluation (by SLP): pre-CI and current language age equivalents

¹ Must include parental expectation for the CI and **specific** plan for post-CI therapy

² Must include information about the cochlear nerves