

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.

Patient name

DOB

CCS#

Nurse Case Manager

Contact #

County

CI Center Name and Contact

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