

New Considerations for Recommending a Cochlear Implant Evaluation

New information for guiding your patients along their hearing journey.

Every patient's hearing loss journey is unique, and each patient may require a different treatment option. The continuum of care for hearing loss isn't a linear pathway so being aware of all technologies to manage your patient's hearing loss can help you find the best solution for them.

Hearing loss is seen by many to be a communication disorder, it is now known to have much wider-ranging consequences that can significantly impact a person's quality of life. Age-related hearing loss has been shown to also lead to increased accidental falls, hospitalizations, loneliness, anxiety and social isolation.¹ A multi-faceted approach to the treatment of hearing for patients is needed from a collaborative network of providers to meet the needs of your patients.

Innovations in hearing health care have made the way for over-the-counter (OTC) hearing devices and personal sound-amplification products (PSAPs) enabling patients access outside of the traditional clinical practice. However, hearing care providers are the best professionals to speak to the different hearing solutions for their patients. As a hearing care provider, you have the unique ability to differentiate your practice by counseling on all hearing loss treatment options and providing comprehensive services to support optimal performance.

If hearing aid technology is not providing your patient the ability to hear and understand speech, a cochlear implant may be the next step. Traditionally, cochlear implants have been considered a treatment option as a last resort and only for those who have lost all of their hearing. Health benefits and improved hearing outcomes² support the need to shorten the duration of hearing loss and consider cochlear implantation before hearing loss progresses to profound. For patients with hearing losses greater than or equal to 60 dB HL (pure tone average 0.5, 1k, 2kHz) and speech understanding less than or equal to 60%,³ referral for a cochlear implant evaluation should be pursued.

When to Consider a Cochlear Implant Evaluation for Adults*

Audibility	Speech Understanding
Pure Tone Average (0.5, 1k, 2 kHz)	Unaided Word Recognition Score
GREATER THAN OR EQUAL TO	LESS THAN OR EQUAL TO
60dB³	60%³
(in the better ear)	(in the better ear)

Many adult cochlear implant users continue to wear a hearing aid on their non-implanted ear, commonly referred to as bimodal hearing. A bimodal configuration can provide your patients a richer and more natural hearing experience.⁴ If you recognize there is an opportunity to treat patients bimodally, there is value offered in patient experience and an opportunity to expand business. Offering cochlear implants can not only expand your business but can be a differentiator. Cochlear implant manufacturers can provide reimbursement information about their technology when billing for services like evaluations, programming and follow-up care.

The Cochlear Provider Network (CPN) enables independent dispensing audiology/ENT practices to expand their services to include cochlear implants and become part of a medical network that helps people with hearing loss achieve optimal outcomes.

**To learn more about the
Cochlear Provider Network visit
www.cochlear.us/THJ**

* This provides a recommendation of when an adult may be referred for a cochlear implant evaluation, but does not guarantee candidacy based on indications. For the approved Cochlear Nucleus Indications, please refer to the important information booklet or physician's guides.

1. Deal JA, Reed NS, Kravetz AD, et al. Incident Hearing Loss and Comorbidity: A Longitudinal Administrative Claims Study. JAMA Otolaryngol Head Neck Surg. 2019;145(1):36-43. doi:10.1001/jamaoto.2018.2876.

2. Derinsu U, Yüksel M, Geçici CR, Çiprut A, Akdeniz E. Effects of residual speech and auditory deprivation on speech perception of adult cochlear implant recipients.

3. Zwolan TA, Schwartz-Leyzac KC, Pleasant T. Development of a 60/60 guideline for referring adults for a traditional Cochlear implant candidacy evaluation. Otol Neurotol 2020;41:895-900.

4. Gifford R, Dorman M, McKarns S, Spahr AJ. Combined electric and contralateral acoustic hearing: word and sentence recognition with bimodal hearing. J Speech Lang Hear Res. 2007;50:835-843.