

Otolaryngology-  
Head and Neck Surgery  
Cochlear Implant Center

2380 Sutter Street  
San Francisco, CA 94115  
Tel: (415) 353-2464  
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[CochlearImplant@ucsfmedctr.org](mailto:CochlearImplant@ucsfmedctr.org)  
[cochlearimplant.ucsf.edu](http://cochlearimplant.ucsf.edu)

[www.ucsfhealth.org](http://www.ucsfhealth.org)

University of California  
San Francisco

Dear Prospective Cochlear Implant Candidate:

Thank you for your inquiry to the UCSF Cochlear Implant Center. We hope the enclosed packet of information answers the majority of your questions regarding cochlear implants, as well as the evaluation process at UCSF Medical Center. Please contact the device manufacturers directly to request their material to review prior to your evaluation:

Advanced Bionics  
(877) 829-0026

[www.advancedbionics.com](http://www.advancedbionics.com)

Cochlear Americas  
(877) 883-3101

[www.cochlear.com](http://www.cochlear.com)

Med-El Corporation  
(888) 633-3524

[www.medel.com](http://www.medel.com)

As you are aware, the cochlear implant is a medical prosthesis designed to provide useful hearing to people who receive limited or no benefit from hearing aids. This technology is available for both children and adults. The internal cochlear implant component is surgically placed, and most health insurance providers, including Medicare and Medi-Cal, cover the procedure. The enclosed material details the evaluation and implantation process.

If you are interested in being evaluated for cochlear implantation, please complete the following 5 steps (check each as completed when done):

- Include a copy of your child's most recent hearing test.
- Have your family physician complete the attached vaccination form included
- Have your medical and audiological records sent directly to our office
- Provide a copy of the front and back of your insurance card(s)
- Complete and return the enclosed forms and questionnaires**

**Once we receive your completed paperwork we will contact you to schedule an evaluation.** Additionally, we encourage you to contact some cochlear implant users to discuss their experiences. To obtain contact information, please register on the Advanced Bionics, Cochlear Americas and Med-El websites. They will match you with some implant recipients.

If you have any questions, please do not hesitate to contact us at the numbers below:

Phone: (415) 514-6977

Fax: (415) 353-2603

Email: [Denaya.Butler@ucsf.edu](mailto:Denaya.Butler@ucsf.edu)

Mail: UCSF Cochlear Implant Center

Department of Otolaryngology – Head and Neck Surgery

Attn: Denaya Butler

2380 Sutter Street, 1<sup>st</sup> Floor

San Francisco, CA 94115

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San Francisco

## INTRODUCTION

The UCSF Cochlear Implant Center is housed in the Department of Otolaryngology – Head & Neck Surgery. The Department of Otolaryngology – Head & Neck Surgery has been actively involved in the development and design of cochlear implant systems for over thirty years. What began as an experimental idea in the minds of some of this department's greatest scientists, indeed in the field of Otolaryngology, has evolved into an FDA approved device used to improve the hearing for people who suffer from irreversible "nerve" hearing loss. The UCSF Cochlear Implant Program was created to serve the needs of adults and children who no longer benefit from hearing aids and desire access to the world of sound. Our team emphasizes working in partnership with the family and collaborating with schools, teachers, therapists and other providers. Our goal is for each recipient to hear and understand more speech through the cochlear implant than was possible with hearing aids. For children this means the opportunity to develop and enhance listening and speech skills and the potential to be mainstreamed with normal-hearing peers. For adults this goal translates into less social isolation and more satisfactory social exchanges as a result of the improved ease of communication possible with a cochlear implant.

Our program is staffed by experienced audiologists, surgeons, psychologists, aural rehabilitation therapists and surgical staff dedicated to the evaluation and care of cochlear implant candidates and recipients. UCSF has always been on the forefront of cochlear implant development, and making available the latest cochlear implant technology to its patients.

## TIMELINE OF APPOINTMENTS

### INITIAL EVALUATION PROCESS

1. **First audiology evaluation:** 120-minute evaluation by a Cochlear Implant Audiologist consisting of in-depth hearing tests of both ears and a discussion of the cochlear implant process
2. **Second audiology evaluation:** 120-minute evaluation consisting of possible additional testing, a discussion of device types and potentially device selection, question and answers about information discussed in consults, and a discussion of next steps in the evaluation process **(scheduled approximately 1 week after the first consult depending on provider availability)**
3. **CT/MRI imaging:** Imaging to be complete prior to the consultation with patient's perspective Cochlear Implant Surgeon. All efforts are made to coordinate this as a same day appointment with the patient's surgical consult. **\*\*This step can be completed anytime prior to the surgical consult; images/results from previous CT/MRI imaging may be submitted for review by the UCSF Otolaryngologist and may be used in lieu of the scheduling of a new appointment at UCSF Radiology\*\***
4. **Surgical consult:** meeting with a Cochlear Implant Surgeon to discuss surgical risks, an assessment of the imaging from CT/MRI, review vaccinations necessary prior to surgery (PREVNAR 13 and PNEUMOVAX 23) **(scheduled at the soonest next available date depending on provider availability, usually within 1 to 2 months of the audiology evaluation)**
5. **\*\*After evaluation supplemental appointments:** some patients MAY need to complete additional imaging, vaccinations, psychological screening, evaluation with a Speech and Language Pathologist, and/or surgical clearance with their Primary Care Physician/Cardiologist/Internist etc.

PRE-OPERATIVE APPOINTMENTS: Each patient is required to have an anesthesia review with the UCSF Prepare Clinic. The PREPARE Clinic is the anesthesia and surgical evaluation program. Prepare Clinic staff will ensure that the patient is ready for surgery and that all necessary testing is completed prior to the operation. **(Scheduled no more than 30 days prior to the selected surgical date)**

SURGERY: Approximately a three (3) hour surgery completed under general anesthesia (completely asleep). You will return home the same day. **(Scheduled SOLELY based on provider availability)**

POST-OPERATIVE APPOINTMENTS: There will be multiple post-operative appointments during the first 3 to 4 weeks after surgery

1. Post-op with Surgeon – **2 weeks following surgery date**
2. Device Orientation – **2 weeks following surgery date**
3. Device Activation – **3 weeks following surgery date**
4. Post-op with Surgeon – **1 month from the initial post-operative appointment unless otherwise stated by the surgeon**
5. Device Fine Tuning – **1 month from the date of the Device Orientation**
6. Checkup appointments at 3, 6, 9, and 12 months. Then follow-ups to resume on an as needed basis with an annual check-up for programming and device check.

**UCSF Cochlear Implant Center: Patient information**

<b>Patient Information</b>	<p><b>Patient Name</b> _____</p> <p>Address _____ <b>zip code:</b> _____</p> <p>Home Phone (____) _____ Work Phone (____) _____</p> <p>Email address: _____</p> <p>Date of Birth ____/____/____ Gender: M F Social Security # _____</p> <p><b>I request an interpreter for appointments</b> Y N Language _____</p>
<b>Responsible Party Information</b>	<p><b>Responsible Party Name</b> _____</p> <p>Responsible Party Employer _____</p> <p>Address _____ zip code: _____</p> <p>Phone (____) _____ Relationship to Patient _____</p> <p><b>Social Security #</b> _____ <b>Date of Birth</b> ____/____/____ <b>Sex: M F</b></p>
<b>Insurance Information</b>	<p><b>Health Insurance information (please attach a copy of your insurance cards)</b></p> <p><b>Company</b> _____</p> <p><b>Policy#</b> _____ <b>Group #</b> _____</p> <p><b>Address</b> _____ <b>Phone (____) -</b> _____</p> <p><b>Insured's Name</b> _____ <b>Insured's birth date:</b> ____/____/____</p> <p>Circle patient's relationship to insured: Self Spouse Child Other: _____</p> <p><b>Mental Health Insurance</b> _____ <b>Policy #</b> _____</p> <p><b>Address</b> _____ <b>Phone (____)</b> _____</p>
<b>Referring Physician</b>	<p><b>Referring Physician</b> _____</p> <p>Address _____</p> <p>Address _____</p> <p>Phone (____) _____ Fax (____) _____</p> <p><b>Primary Physician</b> _____</p> <p>Address _____</p> <p>Address _____</p> <p>Phone (____) _____ Fax (____) _____</p>



5. Has your child's hearing loss **changed** over time? ( ) Yes ( ) No

a. If yes, how has it change? \_\_\_\_\_  
\_\_\_\_\_

6. Please **describe** your child's hearing loss?

Check one:

- ( ) mild
- ( ) moderate
- ( ) severe
- ( ) very severe
- ( ) complete

Check one:

- ( ) both ears are the same
- ( ) one ear is slightly better than the other
- ( ) one ear markedly better than the other

7. Does your child wear a hearing aid now? ( ) No (please go to question 8)

( ) Yes ( ) Right Ear ( ) Left Ear ( ) Both Ears

When did your child **begin** wearing a hearing aid?

Right ear: \_\_\_\_\_ (year), at age \_\_\_\_\_ Left ear \_\_\_\_\_ (year), at age \_\_\_\_\_

What **Model** hearing aids are currently used?

Right ear: \_\_\_\_\_ Left ear: \_\_\_\_\_

**When** were these hearing aids purchased? \_\_\_\_\_

How many hours does your child wear his/her hearing aid(s) a day? \_\_\_\_\_

Does your child ask for his/her hearing aid(s) in the morning? ( ) Yes ( ) No ( ) Sometimes

Does your child take his/her hearing aid(s) off during the day, showing she/he does not wish to wear them? ( ) Yes ( ) No ( ) Sometimes

Does your child seem to benefit from the hearing aid(s)? ( ) Yes ( ) No ( ) A little

8. If your child is not using a hearing aid, has he or she ever worn a hearing aid? ( ) Yes ( ) No

If yes, **why** did your child stop wearing hearing aids? \_\_\_\_\_

If yes, **when** did your child stop wearing hearing aids? Right ear: \_\_\_\_\_ Left ear: \_\_\_\_\_

If no, why has your child never worn an aid? \_\_\_\_\_

9. Do you feel that your child has episodes of **vertigo/dizziness**? ( ) Yes ( ) No

If no, skip to question 10.

If yes, in which ear does it start? ( ) Right Ear ( ) Left Ear ( ) Unsure

10. Has your child had any ear surgeries? ( ) Yes ( ) No

If yes, please describe with date(s): \_\_\_\_\_

11. Has your child exhibited behavioral problems either at school or at home that has concerned you? ( )

Yes ( ) No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, please describe what steps were taken to address these problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Has your child ever been prescribed a medication for behavioral difficulties? ( ) Yes ( ) No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION/COMMUNICATION QUESTIONS:**

1. Is your child in school or an early intervention program? ( ) Yes ( ) No

Name of program: \_\_\_\_\_ Date of entry into program: \_\_\_\_\_

If no, is the child homeschooled? ( ) Yes ( ) No

If yes, please explain need for homeschooling: \_\_\_\_\_  
\_\_\_\_\_

If school program:

Grade: \_\_\_\_\_ Number of days in school: \_\_\_\_\_ Hours/days: \_\_\_\_\_

Name of school: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Teacher(s): \_\_\_\_\_

2. Please describe the type of placement:

( ) Parent-Infant Early Intervention Program

( ) Special Day Class for Deaf and Hard of Hearing (i.e. self-contained class)

( ) Partial mainstream (list classes: \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_)

with what resources:

( ) Oral interpreter ( ) Sign interpreter ( ) FM system

( ) Itinerant teacher ( ) Resource teacher/room

( ) Full mainstream with:

( ) Oral interpreter ( ) Sign interpreter ( ) FM system

( ) Itinerant teacher ( ) Resource teacher/room

3. Please indicate your level of satisfaction with your child's current educational placement:

( ) Fully satisfied ( ) Mostly satisfied ( ) Satisfied ( ) Dissatisfied ( ) Very dissatisfied

If **dissatisfied**, please explain: \_\_\_\_\_

4. Do you feel that your child's current educational program fully supports listening and talking for communication and learning? Sign may also be used in a Total Communication classroom.

( ) Yes ( ) No ( ) Not sure

5. Does your child receive speech-language services? ( ) Yes ( ) No  
 At school? ( ) Yes ( ) No How many minutes/session? \_\_\_\_\_ How often? \_\_\_\_\_/week  
 Name of school therapist: \_\_\_\_\_ Phone \_\_\_\_\_

Privately? ( ) Yes ( ) No How many minutes/session? \_\_\_\_\_ How often? \_\_\_\_\_/week  
 Name of school therapist: \_\_\_\_\_ Phone \_\_\_\_\_

6. Does your child receive home visits from an educator of the deaf or a speech and language specialist? ( ) Yes ( ) No  
 How often \_\_\_\_\_ ( ) No  
 Name of school therapist: \_\_\_\_\_  
 District: \_\_\_\_\_

7. Are you or members of your family receiving sign language instruction? ( ) Yes ( ) No  
 If yes, where and how often do you take classes? \_\_\_\_\_ How often? \_\_\_\_\_ times/week  
 Do you receive in-home sign language tutoring for your family? ( ) Yes ( ) No

8. Please list all intervention/education programs in which your child has been enrolled:

<u>Name of program/Type of communication used:</u>	<u>Age</u>	<u>Dates attended</u>
Parent-Infant Program	_____	_____
_____	_____	_____
Kindergarten Program	_____	_____
_____	_____	_____
Elementary Program	_____	_____
_____	_____	_____
Middle School Program	_____	_____
_____	_____	_____
High School Program	_____	_____
_____	_____	_____

9. Who cares for your child after school?

	<u>Communication used</u>
After-school program at school	( ) Oral ( ) Sign and speech ( ) Sign
Daycare	( ) Oral ( ) Sign and speech ( ) Sign
Parents	( ) Oral ( ) Sign and speech ( ) Sign
Relatives	( ) Oral ( ) Sign and speech ( ) Sign
Babysitter	( ) Oral ( ) Sign and speech ( ) Sign
Other _____	

10. How does the child usually communicate? ( ) Speech/Oral ( ) Sign ( ) Total Communication  
 ( ) Gestures ( ) Cued Speech ( ) Home signs



11. How do you communicate with your child? ( ) Speech/Oral ( ) Sign ( ) Total Communication  
 ( ) Gestures ( ) Cued Speech ( ) Home signs
12. Does your child use FM equipment? ( ) Yes ( ) No If yes, in what situations? Check all that apply.  
 ( ) In school  
 ( ) At home, watching TV, listening to music, computer  
 ( ) Church, lecture halls, plays, musicals  
 ( ) Restaurants, family outings, in the car

**EXPECTATION QUESTIONS:**

1. In what ways has hearing loss been a problem/challenge for you?  
 \_\_\_\_\_  
 \_\_\_\_\_
2. In what ways do you think a cochlear implant will most affect your life?  
 \_\_\_\_\_  
 \_\_\_\_\_
3. What are your family's expectations for your cochlear implant? \_\_\_\_\_
4. What is your estimate of how much time you will need to devote after CI surgery for auditory rehabilitation?  
 < 1 hr/week \_\_\_\_\_ 1-2 hrs/week \_\_\_\_\_ 3-4 hrs/week \_\_\_\_\_ 4+ hrs/week \_\_\_\_\_
5. What concerns do you have about the cochlear implant surgery?  
 \_\_\_\_\_
6. How do you feel about how the cochlear implant will look on your head and ear?  
 \_\_\_\_\_
7. What alternatives to cochlear implantation have you investigated?  
 \_\_\_\_\_
8. How do you think your life would be affected if you did not get a cochlear implant?  
 \_\_\_\_\_
9. Have you met anyone with a cochlear implant? Adult or child?  
 What was their experience with the implant? \_\_\_\_\_
10. What books or Internet sites have you read that have been helpful to learning about the CI process?  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Have you reviewed the following CI manufacturer's support programs available through their websites?  
 www.cochlearcommunity.com  
 advancedbionics.com/us/en/get\_connected/bea.html  
 www.hearingcompanions.com  
 Yes  No
12. The cochlear implant patient selection evaluation involves a number of assessments and generally takes three to four days over a period of weeks. Psychological evaluation is also a required part of the overall assessment and involves testing and interviews to determine motivation and expectation levels as well as a brief cognitive evaluation. Is this a problem for you?  
 Yes  No
13. Four weeks following surgery you will be required to return for the initial device fitting and speech processor programming. This takes approximately four hours over two days. Will you be able to attend these sessions?  
 Yes  No
14. The cochlear implant program requires that patients return for re-evaluation at 3-months, 6-months and 1-year following the initial device fitting. These evaluations generally take 2-3 hours and include psychological follow-up. Are you able to return at these intervals for re-assessment?  
 Yes  No
15. Part of the evaluation includes CT and MRI imaging of your inner ears.  
 Do you have any metal in your body?  Yes  No  
 Are you allergic to contrast dye?  Yes  No

**PARENT QUESTIONS:**

1. What is your occupation? \_\_\_\_\_ Hours/week employed? \_\_\_\_\_
2. What is the other parent's occupation? \_\_\_\_\_ Hours/week employed? \_\_\_\_\_  
 Single  Married  Divorced  
 Widowed  Separated  Living Together
4. What is your highest level of education completed?  
 Less than high school  High School graduate  
 Trade/Vocational school  Some college  
 College graduate  Graduate School or post-graduate
4. Other parent's highest level of education completed?  
 Less than high school  High School graduate  
 Trade/Vocational school  Some college  
 College graduate  Graduate School or post-graduate
5. What is your native language? \_\_\_\_\_ If English, skip to next question  
 If non-native English speaker, what language is used in the home? \_\_\_\_\_  
 Do you consider yourself fluent in English?  Yes  No  Somewhat  
 What language(s) do you expect your child to use? \_\_\_\_\_
6. The greatest challenges faced in raising my deaf child so far have been:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. We ask that all families participate in a pre-op program in the Child Life Department in order to prepare for surgery. This program describes what to expect before, during, and after the outpatient surgery and shows the child and family some of the equipment involved in the CI procedure. What particular concerns, if any, do you have about your child's cochlear implant surgery? ? ( ) Yes ( ) No  
If yes, list below:
- 
- 

8. Sometimes partents raising deaf children can develop feelings of stress, of being overwhelmed, of feeling isolated. Have you ever had counseling before to help cope with issues related to your child's deafness? ( ) Yes ( ) No ( ) Considered, but didn't go

9. Have you ever seen a counselor for other reasons, such as clinical depression, ADHD, anxiety, using drugs or alcohol to excess, domestic violence, parenting issues, marital or partner issues, learning problems? ( ) Yes ( ) No  
If yes, please provide details: \_\_\_\_\_

10. How have you explained (if your child is old enough) the cochlear implant to your child?
- 
- 

**TRUE OR FALSE:**

The following "quiz" is not a real test to be graded. It just allows the CI team to evaluate what further information you may need in making a decision about cochlear implantation.

1. \_\_\_\_A cochlear implant will let my child become like a hearing child. He/she won't be deaf anymore.
2. \_\_\_\_Cochlear implants require a long period of auditory training, both in and out of school.
3. \_\_\_\_I expect that my child will improve understanding of speech pretty quickly, in a few weeks.
4. \_\_\_\_When my child gets a cochlear implant, she/he won't need to look at people anymore to read their lips.
5. \_\_\_\_Cochlear implants are a miracle, they will give my child normal hearing.
6. \_\_\_\_Part of my responsibility in getting a cochlear implant for my child includes:
  - Keeping all follow-up appointments with the CI Center Team:
    - Audiologist
    - Surgeon
    - Speech/language therapist
    - Psychologist/Counselor
  - Practicing listening and speech with my child everyday
  - Keeping track in a notebook of my child's responses to different programs
  - Making sure my child wears his/her processor all waking hours
7. \_\_\_\_I won't need to read anymore about cochlear implants after my child has CI surgery.
8. \_\_\_\_I will need to learn about my child's equipment so that I can troubleshoot any problems.
9. \_\_\_\_I expect that my child will continue to learn to use his/her cochlear implant, learning to listen all his/her life.
10. \_\_\_\_I can expect changes after the cochlear implant, in how my child feels about him/herself and how he/she socializes with others.
11. \_\_\_\_If my child currently uses sign language, he/she will automatically stop after getting a cochlear implant.

12. \_\_\_\_\_My child won't need to use an FM anymore in school or at home after receiving a cochlear implant.

**APPOINTMENT GUIDELINES:**

1. The cochlear implant patient selection evaluation involves a variety of assessments and generally takes three to four days. Psychological evaluation is also a required part of the overall assessment and involves interviews and observation to determine motivation and expectation levels as well as a brief cognitive evaluation. Is this a problem for your family? ( ) Yes ( ) No
2. Four weeks following surgery you and your child will be required to return for the initial device fitting and speech processor programming. This takes approximately four hours over two days. Will you be able to attend with your child for these sessions? ( ) Yes ( ) No
3. The cochlear implant program requires that patients return for re-evaluation at 3-months, 6-months, and 1-year following the initial device fitting. These evaluations generally take 2-3 hours. Are you able to return with your child at these intervals for re-assessment? ( ) Yes ( ) No
4. What books or Internet sites or listservs have you read that have been helpful in learning about the CI process for children?  
\_\_\_\_\_
5. How did you and/or your family learn about the UCSF Cochlear Implant Center?  
\_\_\_\_\_
6. Would you like information on local hotels available at special rates? ( ) Yes ( ) No

**DOCUMENTS NEEDED:**

**IMPORTANT!** If your child is covered by California Children's Services (CCS) you **MUST** have your child's Pediatrician, Audiologist, or Speech Therapist complete the Cochlear Implant Evaluation Request Form included in this packet and fax it to (415) 353-2603.

- Letter from your child's pediatrician regarding his/her general health status describing any special conditions and indicating if there are any problems with going ahead with surgery
- Completed Vaccination Certificate Form (Pediatrician's office may fax to (415) 353-2603)
- Completed Release of Health Information Form (for teacher, SLP, audiologist)
- Copy of latest audiogram and/or report of hearing test
- All IFSP or IEP documents
- Any tests or reports from: Psychologists, Occupational Therapist, Physical Therapist, Speech-Language Pathologists

Name of Pediatrician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_@\_\_\_\_\_

**Note:** Failure to provide the above documents will delay application processing.

**Thank you so much for taking the time required to complete this questionnaire. It provides invaluable information for the CI team in the evaluation of your child.**

VACCINATION CERTIFICATE FORM  
FOR PEDIATRIC PATIENTS

Please have your primary care provider complete this form. Bring to your next appointment or mail or fax to:

UCSF Cochlear Implant Center  
Attention: Denaya Butler  
2380 Sutter St  
San Francisco, CA 94115  
Phone: (415) 514-6977 Fax: 415-353-2603

Patient name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PCV-13 (Prevnar)    1) Date received: \_\_\_\_\_ Lot number: \_\_\_\_\_  
                           2) Date received: \_\_\_\_\_ Lot number: \_\_\_\_\_  
                           3) Date received: \_\_\_\_\_ Lot number: \_\_\_\_\_  
                           4) Date received: \_\_\_\_\_ Lot number: \_\_\_\_\_

PPSV-23 (Pneumovax)    Date received: \_\_\_\_\_ Lot number: \_\_\_\_\_

Physician Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Physician's Signature: \_\_\_\_\_

Centers For Disease Control and Prevention Recommendations (September 2015):

Cochlear implantation pneumococcal vaccination requirements (9/2015 CDC updates)

Vaccination status	<2yo	2-6yo	6-18yo	19-65yo	>65yo
PCV13/PPSV23- naïve	Full PCV 13 series	One dose of PPSV23 To be given after 8 weeks after PCV13 given	PCV 13 followed by PPSV23 8 weeks later	PCV 13 followed 8 weeks later by PPSV23	PCV 13 followed by PPSV23 at least 8 weeks later.
Prior vaccination with PPSV23	N/A	No booster needed One dose of PCV13 needed at least 8 weeks after last PPSV23	PCV13 one dose given at least 8 weeks after last PPSV23	PCV13 one dose given at least 12 months after last PPSV23	PCV 13 one dose given at least 12 months after last PPSV23

PPSV23 = Pneumovax or Pneumococcal polysaccharide vaccine  
 PCV13 = Prevnar or pneumococcal conjugate

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# FOR THE REFERRING PHYSICIAN/ AUDIOLOGIST

PLEASE TEAR OFF THIS PAGE AND GIVE IT TO YOUR REFERRING DOCTOR SO THAT HE/SHE MAY REQUEST THE AUTHORIZATION. **PATIENTS CANNOT BE SCHEDULED WITHOUT AUTHORIZATION ON FILE.**

**THIS ONLY APPLIES TO PATIENTS WITH MEDI-CAL, MANAGED MEDI-CAL, AND HMO PLANS**

## Adult CPT codes for Authorization:

92552, 92555, 92557, 92567, 92568, 92587, 92588, 92626

Quantity: 2 for each code

92590, 92591, 92592, 92593

Quantity: 1 for each code

## Pediatric CPT codes for Authorization:

92552, 92555, 92557, 92567, 92568, 92579, 92582, 92583, 92587, 92588, 92626

Quantity: 2 for each code

**For MEDI-CAL patients:**

X4500, X4501, X4530, X4540

## Ways to contact us:

### **Mailing Address:**

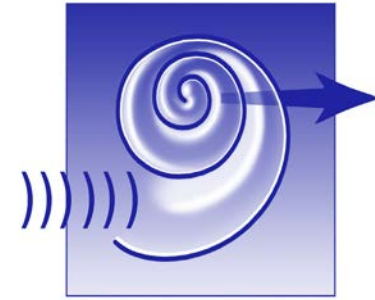
UCSF Cochlear Implant Center  
2380 Sutter Street, 1<sup>st</sup> floor  
San Francisco, CA 94115

### **Telephone:**

415-353-2464 (voice)  
415-353-2603 (fax)

### **E-mail:**

[CochlearImplant@ucsfmedctr.org](mailto:CochlearImplant@ucsfmedctr.org)



**When you have hearing loss, having the right information is essential.**

**The University of California San Francisco Medical Center's Cochlear Implant Center is here.**

UCSF Medical Center  
UCSF Benioff Children's Hospital

UCSF Medical Center  
UCSF Benioff Children's Hospital

charges ranging from \$200.00 and up depending on the services you receive.

## **Frequently Asked Questions**



### **What is a Cochlear Implant?**

A cochlear implant is an implantable electronic device that provides useful sound perception by electrically stimulating the auditory nerve.

### **Who is eligible for a Cochlear Implant?**

Candidates must have severe to profound sensorineural hearing loss. Candidates must receive little or no benefit from appropriately fitted hearing aids. There is no upper age limit for implantation.

### **What Services are provided?**

Expert evaluation, testing, and result interpretation, as well as family support and therapy services.

### **Does my insurance cover my implant?**

Please be aware that we will make every attempt to bill your health insurance company for our services. However, in the event that your insurance company denies our claim for any reason, or assigns the allowed charges to your deductible or co-insurance, or if you do not have insurance, you will be responsible for

## **5 steps to a Cochlear Implant Evaluation Appointment**

1. Request a referral from your referring provider for a CI evaluation and obtain an authorization if you have a HMO plan. (See back of brochure.)
2. Gather your most recent audiograms (done within the last 3 months).
3. Once you have your referral, authorization and your audiograms please send it to us via fax or mail. Make sure you also include your contact information.
4. Once received, our audiologists will review the information you provide. We will mail you a packet to fill out. Please mail the completed packet back Attn: Cochlear Implant Center
5. We will call or e-mail you with appointments for your two-day evaluation.

## **Cochlear Implant Manufacturers:**

**Advanced Bionics**  
**www.advancedbionics.com**  
**(877) 829-0026**  
**(800) 678-3575 TTY**

**Cochlear Americas**  
**www.cochlearamericas.com**  
**(800) 523-5798**

**Med-El Corporation**  
**www.medel.com**  
**(888) 633-3524**

**Please contact each of the above manufacturers directly to request literature.**





## Common Myths (and facts) about Cochlear Implants

Otolaryngology-  
Head and Neck Surgery  
Cochlear Implant Center

2380 Sutter Street  
San Francisco, CA 94115  
Tel: (415) 353-2464  
Fax: (415) 353-2603  
TTY: (415) 885-3889  
CochlearImplant@ucsfmedctr.org  
cochlearimplant.ucsf.edu

www.ucsfhealth.org

University of California  
San Francisco

**Myth: A cochlear implant restores normal hearing for persons who are deaf.**

**Fact:** A cochlear implant does not restore normal hearing. It is a communication tool but not a “cure” for deafness. Cochlear implants can provide more access to speech information than previously received from a hearing aid. Practice with the implant, supplemented with listening therapy are effective means to obtain the maximum benefit from this device.

**Myth: Surgical risks for cochlear implantation are high.**

**Fact:** Risk is inherent in any surgery requiring general anesthesia. However, the surgical risks for cochlear implantation are minimal and surgery is typically performed as an outpatient procedure. The majority of patients require no hospital stay and have no surgical complications.

**Myth: As new & improved technology becomes available, additional surgeries are required to take advantage of the new technology.**

**Fact:** The surgically implanted unit is designed to last a lifetime. The externally worn speech processor, which is responsible for coding the speech and sending the information to the internal unit, is software-dependent and can readily accept new and improved speech-coding technology as it becomes available. Additionally, the speech processor may be upgraded as technology improves.

**Myth: Children outgrow the internal device and require an additional surgery after their bodies grow.**

**Fact:** The cochlea is fully formed at birth and the skull structures have achieved almost full growth by the age of two. The electrode array is designed to accommodate the skull growth in children.

**Myth: It's better to wait for new technology to become available before getting a cochlear implant.**

**Fact:** Today's surgically implanted receiver and electrode array have been improved to the highest standard of durability to date and offer a variety of options in electrode arrays designed to reduce trauma with placement and address individual anatomical differences as needed. The speech coding strategies determine how the electrical signal will be delivered to stimulate the auditory nerve and are stored in the externally worn speech processor. The speech processor is designed to accept new strategies when available. It is always best to receive your cochlear implant sooner rather than later as there is a learning curve associated with the device, and duration of deafness can have a profound impact on the patient's performance over time.

**Myth: Implant users can only identify environmental noises, not speech.**

**Fact:** Cochlear implants provide a wide range of sound information and performance on speech perception testing does vary among individuals; however, with time and appropriate rehabilitation, most users understand more speech than they did with their hearing aids and many are able to use the phone. Music often requires much practice and produces widely varying results.

**Myth: Implant users cannot swim, shower, or participate in sports.**

**Fact:** Waterproof sound processors as well as special water "gear" is available for many sound processors permitting use during water activities. The only restriction placed on implant users relates to skydiving and deep scuba diving as the significant air-pressure changes encountered in these activities is not advisable. Participation in all other athletic pursuits is unrestricted though protective head gear is always wise.

**Myth: Cochlear implants are new and experimental devices.**

**Fact:** Cochlear implants have been around since the 1970's and several devices are currently FDA-approved for use in children and adults.



## Cochlear Implant Fee Schedule

### Cochlear Implant Audiology Services-

#### *Pre-Cochlear Implantation*

- Consultation and Device Discussion at \$50/15 min. (*Self-pay. Not covered by insurance.*)
- Audio testing- ranges from \$140.00- \$232.00 depending on test relevant to you
- Evaluation and/or rehab status for Cochlear Implant -\$759.00
- Hearing Aid exam (one ear) - \$105.00
- Hearing Aid exam (both ears) - \$210.00

### Cochlear Implant Surgery-

- Cochlear Implant Surgery- ~\$135,000.00 for surgery and CI system

#### *Post Cochlear Implant*

- Initial Activation of Cochlear Implant (under age of 7 years) - \$684.00/ a day
- Initial Activation of Cochlear Implant (over age 7) - \$605.00/ a day
- Reprogramming of device (under age of 7 years) - \$549.00
- Reprogramming of device (over age 7 years) - \$367.00
- Batteries (depending on your Cochlear Implant)- *up to* \$450.00
- Device troubleshooting at \$50/15 minutes. (*Self-pay. Not covered by insurance.*)
- Express shipping of replacement processor./parts- \$20.00

### Psychological Evaluations for Cochlear Implant-

- Initial Evaluation w/ Psychologist- \$326.00/hr
- Interactive diagnostic interview using play equipment-\$470.00/hr
- Individual Therapy before/after CI is placed-\$348.00/50 minutes

Self pay patients are required to make a \$345.00 deposit at the time of service.

Prices are subject to change without notice; please contact your insurance company for your individual coverage. Charges based on California Resource- Based Relative Value Scale.

## Plan de tarifa de implante coclear

### Coclear implantes Audiología Services- *Implantación pre-Cochlear*

- Consulta en \$ 50/15 min..
- Audio pruebas-oscila entre \$ 140.00-\$ 232.00 dependiendo prueba importante para usted
- Εστιαδο δε επαλωαχι (ν ψ ο ρεηαβιλιταχι (ν δε , , de Implante coclear-\$ 759.00
- Audífono examen (una oreja)-\$ 105
- Εξαμεν δε audífono (ambos orejas)-210.00,

### Cirugía de implante coclear-

- Implante coclear cirugía-~\$105,000.00 para cirugía y sistema de CI

### *Exponer Implante coclear*

- Αχτιπααχι (ν δε de inicial de coclear Implante (menores de 7 años)-\$ 684.00 / día
- Αχτιπααχι (ν δε de inicial de coclear Implante (más de 7 años)-\$ 605.00 / día
- Reprogramación de dispositivo (menores de 7 años)-\$ 549.00
- Reprogramación de dispositivo (mas de 7 años)-\$ 367.00
- Las pilas (dependiendo de su Implante coclear)-hasta \$ 450.00
- Ενωτο δε exprés de reemplazo procesador. / Partes-\$ 20.00

### Evaluaciones psicológicas para Implante coclear-

- Evaluación inicial con Psicólogo-\$ 326.00/h.
- Diagnóstico interactivo Entrevista con juego equipos-\$ 470.00/hr
- Terapia individual antes/después de CI es colocado-\$ 348.00/50 minutos

Self pago pacientes tienen que hacer un depósito de \$ 345.00 en el momento de servicio .

Precios está sujetos a cambios sin previo aviso, por favor contacto su compañía de seguro para su cobertura individual. Cargos basados en California recursos-based relativo Escala de valor.



UCSF Medical Center

UCSF Benioff Children's Hospital

DATE:

PATIENT NAME:

BIRTHDATE:

ID VERIFICATION (TYPE):

ID VERIFIED BY:

### AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

**FILL IN CHILD'S CURRENT AUDIOLOGIST'S NAME AT THE (\*) AND SIGN AT BOTTOM**

<p>I authorize _____  <small>(Name of person or facility which has information - example: UCSF/Mt. Zion)</small>  to release health information to:  <u>UCSF COCHLEAR IMPLANT CENTER</u>  Name of person or facility to receive health information (full address)  <u>2380 Sutter Street</u>  Street address:  <u>San Francisco, CA 94115</u>  City, State, Zip Code  P: 415/353-2464; F: 415/353-2464; CochlearImplant@ucsf.edu</p>	<p><b>The purpose of this release is for (check one or more):</b></p> <p><input type="checkbox"/> Continuity of care or discharge planning</p> <p><input type="checkbox"/> Billing and payment of bill</p> <p><input checked="" type="checkbox"/> At the request of the patient/patient representative</p> <p><input type="checkbox"/> Other (state reason) _____</p>
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**Please specify the health information you authorize to be released:**  
Type(s) of health information: Audiograms, audiologic reports, HAE information  
Date(s) of treatment: \_\_\_\_\_

**The following information will not be released unless you specifically authorize it by marking the relevant box(es) below:**

Information pertaining to drug and alcohol abuse, diagnosis or treatment (42 C.F.R. §§2.34 and 2.35).

Information pertaining to mental health diagnosis or treatment (Welfare and Institutions Code §§5328, *et seq.*)

Release of HIV/AIDS test results (Health and Safety Code §120980(g)).

Release of genetic testing information (Health and Safety Code §124980(j)).

**EXPIRATION OF AUTHORIZATION**  
Unless otherwise revoked, this Authorization expires \_\_\_\_\_ (insert applicable date or event). If no date is indicated, the Authorization will expire 12 months after the date of my signing this form.

Print Name _____ Date _____ Time _____	Signature (Patient, Parent, Guardian) _____ Relationship to Patient (Parent, Guardian, Conservator, Patient Representative) _____
Requested format: <input type="checkbox"/> Paper <input type="checkbox"/> CD	

756-020Z (Rev. 02/12) WorkflowOne MEDICAL RECORD COPY

**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION**







UCSF Medical Center

UCSF Benioff Children's Hospital

DATE:

ID VERIFICATION (TYPE):

PATIENT NAME:

BIRTHDATE:

ID VERIFIED BY:

### AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

**FILL IN CHILD'S CURRENT TEACHER'S NAME AT THE (\*) AND SIGN AT BOTTOM**

I authorize \*

(Name of person or facility which has information - example: UCSF/Mt. Zion)

to release health information to:

UCSF COCHLEAR IMPLANT CENTER

Name of person or facility to receive health information (full address)

1825 Fourth Street, Lobby 5C

Street address:

San Francisco, CA 94158

City, State, Zip Code

P: 415/353-2464; F: 415/353-2834; CochlearImplant@ucsf.edu

**The purpose of this release is for (check one or more):**

- Continuity of care or discharge planning
- Billing and payment of bill
- At the request of the patient/patient representative
- Other (state reason) \_\_\_\_\_

**Please specify the health information you authorize to be released:**

Type(s) of health information: Evaluations, IFSP/IEPs, assessments, reports

Date(s) of treatment: \_\_\_\_\_

**The following information will not be released unless you specifically authorize it by marking the relevant box(es) below:**

- Information pertaining to drug and alcohol abuse, diagnosis or treatment (42 C.F.R. §§2.34 and 2.35).
- Information pertaining to mental health diagnosis or treatment (Welfare and Institutions Code §§5328, *et seq.*)
- Release of HIV/AIDS test results (Health and Safety Code §120980(g)).
- Release of genetic testing information (Health and Safety Code §124980(j)).

#### EXPIRATION OF AUTHORIZATION

Unless otherwise revoked, this Authorization expires \_\_\_\_\_ (insert applicable date or event). If no date is indicated, the Authorization will expire 12 months after the date of my signing this form.

Print Name

Signature (Patient, Parent, Guardian)

Date

Time

Relationship to Patient (Parent, Guardian, Conservator, Patient Representative)

Requested format:  Paper  CD

**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION**





**HEARING AND SPEECH CENTER**  
of Northern California

**AUTHORIZATION TO RECEIVE AND DISCLOSE PATIENT HEALTH INFORMATION  
& CONTACT INFORMATION SHEET**

Patient Name: \_\_\_\_\_ Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Service: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**As required by HIPAA Privacy Regulations, protected health information may not be used or released to a third party without patient authorization.**

- I hereby authorize the UCSF Department of Otolaryngology/Cochlear Implant Center/Audiology Clinic and its employees to release my Protected Health Information to the following person, health care provider, or business associate: Hearing and Speech Center of Northern California
- I hereby authorize the Hearing and Speech Center of Northern California and its employees to disclose my Protected Health Information to the following person, health care provider, or business associate: UCSF Department of Otolaryngology/Cochlear Implant Center/Audiology Clinic

Patient Health Information authorized to be received and disclosed:

- Audiologic evaluations
- Comprehensive reports of findings

For the specific use or purpose of (describe in detail):

- Audiologic data for fitting of hearing aids
- CI Interconnect Program enrollment
- Medical clearance for trial with hearing aids
- Medical intervention as needed for hearing
- Other: IFSP/IEP reports

**Effective dates** for this authorization: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_. This authorization will expire at the end of the above period.

I understand that the information received above may be re-released to additional parties and no longer protected for reasons beyond your control. **I understand I have the right to:**  
Revoke this authorization by sending written notice to this office and that revocation will not affect this office's previous reliance on the uses or disclosure pursuant to this authorization.

1. Knowledge of any remuneration involved due to any marketing activity as allowed by this authorization, and as a result of this authorization.
2. Inspect a copy of the Patient Health Information being used or received under federal law.
3. Refuse to sign this authorization.
4. Receive a copy of this authorization.
5. Restrict what is received with this authorization.

I also understand that if I do not sign this document, it will not condition my treatment, payment, enrollment in a health plan, or eligibility for benefits whether or not I provide authorization to use or receive protected patient health information.

\_\_\_\_\_  
*Signature or Patient or Patient's Authorized Representative* \_\_\_\_\_  
*Date*



**Children's Emergency**

**Muni Bus Stop**  
UCSF at Mission Bay is accessible via the following Muni bus routes:  
22 – Fillmore  
16 – 16th Street

**Muni T-3rd St. Light Rail**  
Muni streetcar line, T-3rd St. stops at 3rd St. and South St. as well as 3rd St. and Mariposa St. This route is wheelchair accessible.

All listed routes are wheelchair accessible. For more info, visit [sfmta.com](http://sfmta.com)

**Parking Entrance**

**Patient Drop-Off**  
Patients may be dropped-off at the circle drives in front of the Hospitals and in front of Gateway Medical Building.

**Public Parking**  
See map to the left for public parking locations. Primary access to the Owens St. Parking Garage is on Owens St.

**UCSF Shuttle Stop**

**Valet Parking**  
Gateway Medical Building: Service is available Monday to Friday from 8:00 a.m. to 6:00 p.m. Vehicle drop-off is until 3:00 p.m. and valet vehicle retrieval until 6:00 p.m. After hours, vehicle keys will be available with a UCSF parking attendant.

Smith Cardiovascular Research Building: Service is available Monday to Friday from 7:30 a.m. to 3:45 p.m. Vehicles remaining after hours, are parked in front of the building and vehicle keys are left with the receptionist at the main entrance until 4:15 p.m. After 4:15 p.m. keys are delivered to patients at the clinic.



## Driving Directions to Mission Bay

### From East Bay and Oakland Airport

1. Cross **Bay Bridge (I-80 West)**, and take the exit toward **9th St./Civic Center**
2. Keep **left** at the fork and merge onto **8th St.**
3. Keep **left** to stay on **8th St.** and take the **first left** onto **Brannan St.**
4. Take the **first right** onto **7th St.**
5. Turn **left** onto **16th St.**
6. Turn **right** onto **Owens St.** for **Parking Garage** or **right** onto **4th St.** for **patient drop-off**

### From Marin County (Highways 101 South and 1 North)

1. Cross **Golden Gate Bridge**, stay in **far right lane**
2. Make a slight **left** onto **Lombard St.** and turn **right** onto **Van Ness Ave.**
3. Turn **left** on **Fell St.**
4. Take the **second right** onto **10th St.**
5. Continue onto **Potrero Ave.** Turn **left** onto **16th St.**
6. Turn **right** onto **Owens St.** for **Parking Garage** or **right** onto **4th St.** for **patient drop-off**

### From San Francisco Airport and South Bay (Highway 101 North)

1. Approaching **San Francisco** keep **right** at the fork, follow signs for **US 101 N/San Francisco** and merge onto **US 101 N**
2. Take the exit toward **Downtown SF** and merge onto **I-280 N**
3. Take the **Mariposa St.** exit and turn **right** onto **Mariposa St.**
4. Turn **left** onto **4th St.** for **Parking Garage** and **patient drop-off**

### From the Peninsula (I-280 North)

1. Take **I-280 North** and follow signs for **I-280 N/San Francisco/Bay Bridge**
2. Take the **Mariposa St.** exit and turn **right** onto **Mariposa St.**
3. Turn **left** onto **4th St.** for **Parking Garage** and **patient drop-off**

For customized maps and information visit:  
[pathway.ucsfmedicalcenter.org](http://pathway.ucsfmedicalcenter.org)