

Update Part 2.

NCIP Paediatric Cochlear Implant Referral Guidelines

A: CHILDREN WHO SHOULD BE CONSIDERED FOR REFERRAL

- **Meningitis**

Following meningitis, which has caused a bilateral or unilateral hearing loss >65dBHL.
The referral should be made immediately following diagnosis.

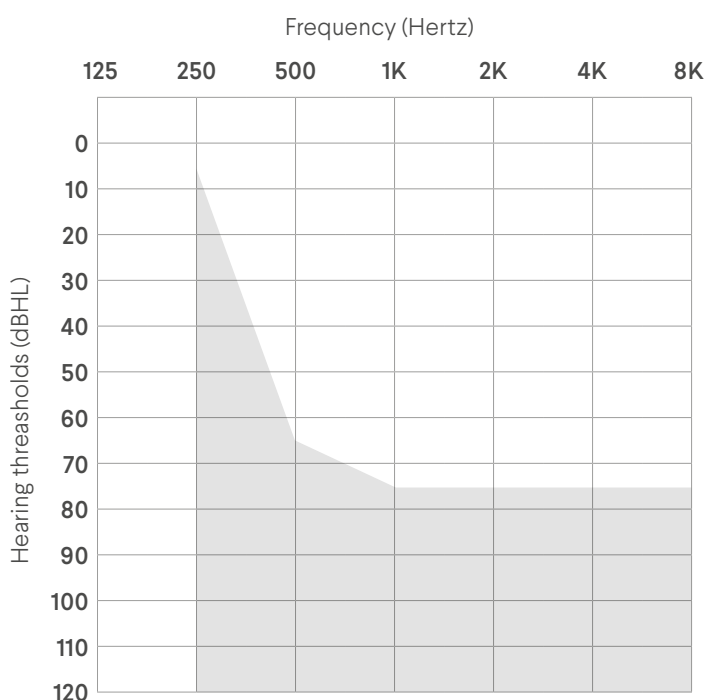
- **Neonatal hearing screening**

Following Neonatal hearing screening with ABR results showing a bilateral severe to profound SNHL.
Children with a severe to profound unilateral SNHL diagnosed at neonatal ABR testing may also be CI candidates, but currently are not eligible for public funding.

B: FOR ALL OTHER BABIES AND YOUNGER CHILDREN (Pre and Perilingual).

At least **TWO** of the following

1. Bilateral moderate to severe hearing loss or worse as shown in the audiogram below



N.B. This is a guide only.
Clinician's discretion
is advised.

2. Inadequate access to low, mid and/or high frequencies as measured by using recorded speech phonemes for either behavioural testing or aided cortical evoked potential (CAEP) testing. Consider a referral for aided thresholds **≥35dBHL for /ss/ /sh/ & /ff/**.

Speech phonemes can be downloaded on the NZAS website. Aided audiogram can be downloaded on the NCIP website.

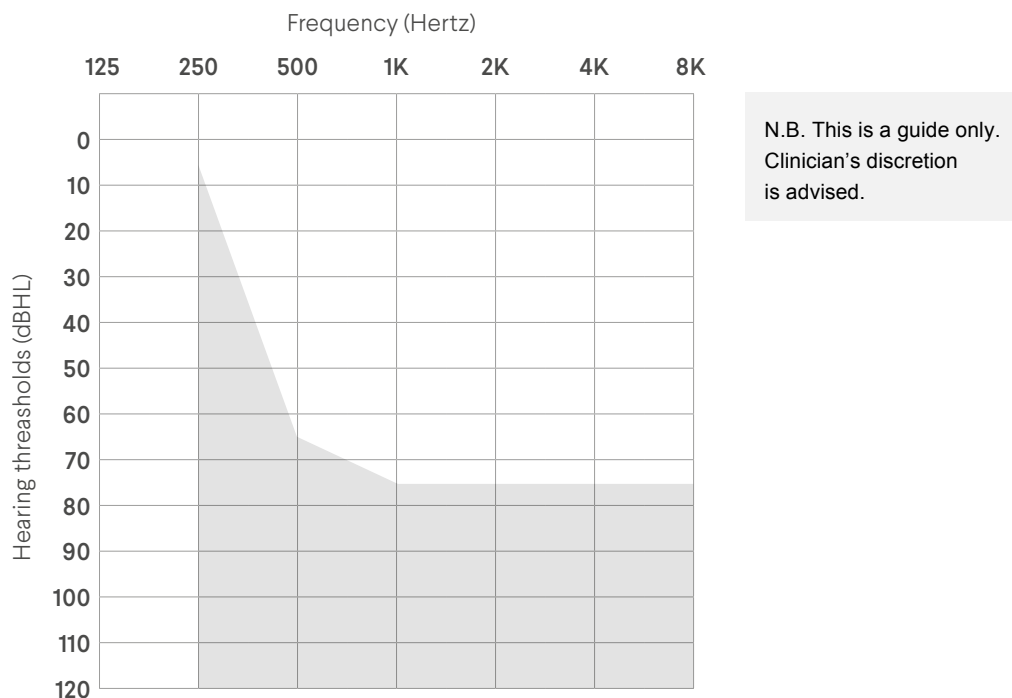
3. Despite well fitted hearing aids, speech and language development is incommensurate with the pure tone audiogram (PTA) and general development.

ANSD: A confirmed diagnosis of Auditory Neuropathy Spectrum Disorder (ANSD) and not making expected language development progress. Referrals to NCIP are considered irrespective of PTA for children with ANSD.

C: OLDER CHILDREN (post lingual)

At least **TWO** of the following:

1. A bilateral moderate to severe hearing loss or worse as shown in the audiogram below.



2. The aided speech discrimination score is poorer than 55% word score or 75% phoneme score in the better ear at 45dBHL (separate ear testing required) using the appropriate SPANZ test.

Note: Patients with significant asymmetry between the ears will be considered on a case by case basis. A referral should be made before speech scores in the better ear approach 55% word score or 75% phoneme score for those with a progressive loss.

3. Inadequate access to low, mid and/or high frequency frequencies as shown by aided speech phoneme testing (see above) and/or evident in the real ear measures (REMS). Aided audiogram can be downloaded [here](#).

4. Children with well-fitted hearing aids whose aided speech discrimination scores are incommensurate with their PTA and general development should be considered for a referral.

ANSD: A confirmed diagnosis of Auditory Neuropathy Spectrum Disorder (ANSD) and not making the expected speech and language development progress. Referrals to NCIP are considered irrespective of PTA.

Note

Children with additional needs will be accepted for assessment.

Children over the age of 4 with no oral language will be considered and discussed only on a case by case basis.

CI for single sided deafness is not currently publically funded in NZ, except in cases of meningitis.

However, it is available for those with private funds or those covered under ACC.

Please email or call us about children whom you consider might be candidates: we are happy to discuss with you over the phone.

Please send referrals to The Hearing House's Clinical Administrator: clinicalservices@hearinghouse.co.nz