



Utilization Management
Phone No.: 1-877-284-0102 Fax No.: 1-800-510-2162

HealthLink Cochlear Implant Pre-Review

Date: _____ Notification # _____ (provided after initial review)
A Utilization Management representative will fax you a notification number by the next business day after receiving this completed form. This notification number does not indicate an approval or denial of benefits, but only proof that the Plan has been notified. This information will be forwarded to the Plan's Managed Care department. If you have any questions, please call Healthlink at 1-877-284-0102.

Provider Information

Agency's Name: _____
 Address _____
 Phone No. _____ Fax No.(Required) _____

Enrollee Information

Patient's Name: _____
 ID Number _____ Patient's DOB: _____
 Address _____
 Height: _____ Weight: _____ Daytime Phone No. _____

Ordering Physician Information

Physician Name _____
 Address _____
 Phone No. _____ Fax No. _____
 TIN: _____

Clinical Information:

Diagnosis: _____

Type of Hearing Loss _____

Hearing threshold measurements _____

What level hearing loss does this patient have (ex. Mild, profound, etc.) _____

- Is hearing loss related to a meningitis infection YES NO
- Is this patient able to use a conventional hearing device YES NO
- Are the auditory nerve and acoustic areas of the central auditory pathway free of lesions YES NO
- Does the patient have any middle ear infections, otitis media, or any other infections of the ear currently YES NO

If so, what are they _____

- Can the auditory cranial nerve be stimulated? YES NO
- Is the patient able and willing to participate in cochlear rehabilitation? YES NO

Next Generation Upgrade Requests:

- Are all components of the current cochlear implant functional YES NO
- Is the lack of functionality of the unit affecting daily living activities YES NO

If so, how much is it affecting daily living, please explain. _____

Contact Information

Contact Person _____
Phone No. _____ Fax No. _____

Staff Signature/Title: _____ Date: _____

**The Plan has a preferred Home Infusion provider. In order to receive the maximum benefit, the preferred provider must be used.*

Benefits depend upon the eligibility of the patient at the time of admission, subject to all other Plan limitations, pre-admission review requirement and prior related claims. Verification of eligibility and description of benefits are based upon the information we have on file and does not guarantee payment.