American Cochlear Implant Alliance Task Force: Recommendations for Determining Cochlear Implant Candidacy in Adults

- Adult CI candidacy criteria have expanded reflecting improved outcomes for individuals with more residual hearing, higher aided speech recognition scores, and asymmetric hearing loss
- Test measures have evolved to include both bilateral and ear specific conditions as well as testing in quiet and in noise
- Recognized benefits of CI go beyond objective test measures to include improvements in quality of life, cognitive ability, and social inclusion
- Using a “revised 60/60 guideline”, if a patient has a PTA ≥ 60 dB HL and an unaided monosyllabic word recognition score ≤ 60% in the worst hearing ear, the patient should be referred for CI evaluation
- Adult CI candidacy evaluations should involve a multi-disciplinary team that includes an experienced cochlear implant surgeon and audiologist(s) specializing in CI, where appropriate the team may include rehabilitation specialists, psychologists, social workers, previously implanted peers, and family members
- Aural rehabilitation should be encouraged to maximize hearing outcomes

www.acialliance.org/page/DeterminingCICandidacy

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