

NAME OF THE HOSPITAL: _____

2). Facial Nerve Decompression: S2B4.7

1. Name of the Procedure: Facial Nerve Decompression

2. Indications:

Post Traumatic Facial Nerve Palsy (Temporal Bone fracture)
Chronic Otitis media with Facial Nerve Palsy
Iatrogenic Facial Nerve trauma
Facial Neuroma

3. Does the patient presented with accidental trauma, sudden weakness or paralysis on one side of face, drooling, inability to wrinkle the forehead, excessive tearing or dryness in eye, loss of ability to taste, pain in or behind ear, vertigo, loss of hearing: Yes/No

4. If the answer to question 3 is Yes then is there evidence of traumatic injury on CT Scan: Yes/No (Upload report)

For Eligibility for Facial Nerve Decompression the answer to question 4 must be YES

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

3). Facial Nerve Decompression: S2B1.2

1. Name of the Procedure: Facial Nerve Decompression

2. Indications:

Post Traumatic Facial Nerve Palsy (Temporal Bone fracture)
Chronic Otitis media with Facial Nerve Palsy
Iatrogenic Facial Nerve trauma
Facial Neuroma

3. Does the patient presented with sudden weakness or paralysis on one side of face, drooling, inability to wrinkle the forehead, excessive tearing or dryness in eye, loss of ability to taste, pain in or behind ear, vertigo, loss of hearing, foul smelling discharge from ear: Yes/No

4. If the answer to question 3 is Yes then is there evidence of chronic otitis media with facial nerve involvement on CT – scan imaging: Yes/No (Upload report)
For Eligibility for Facial Nerve Decompression the answer to question 4 must be YES

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

4). Facial Nerve Decompression: S2B1.2

1. Name of the Procedure: Facial Nerve Decompression

2. Indications:

Post Traumatic Facial Nerve Palsy (Temporal Bone fracture)
Chronic Otitis media with Facial Nerve Palsy
iatrogenic Facial Nerve trauma
Facial Neuroma

3. Does the patient presented with accidental trauma, H/O surgery, sudden weakness or paralysis on one side of face, drooling of saliva, inability to wrinkle the forehead, excessive tearing or dryness in eye, pain in or behind ear, vertigo, loss of hearing: Yes/No

4. If the answer to question 3 is Yes then is there evidence of damage involving facial nerve documented on CT imaging: Yes/No (Upload report)
For Eligibility for Facial Nerve Decompression the answer to question 4 must be YES

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

5). Facial Nerve Decompression: S2B1.2

1. Name of the Procedure: Facial Nerve Decompression

2. Indications:

Post Traumatic Facial Nerve Palsy (Temporal Bone fracture)
Chronic Otitis media with Facial Nerve Palsy
Iatrogenic Facial Nerve trauma
Facial Neuroma

3. Does the patient presented with twitching of face, tinnitus, imbalance, facial weakness, hearing loss, dizziness: Yes/No

4. If the answer to question 3 is Yes then is there evidence of facial neuroma on CT Scan imaging, MRI – (optional): Yes/No (Upload report)

For Eligibility for Facial Nerve Decompression the answer to question 4 must be YES

I hereby declare that the above furnished information is true to the best of my knowledge.

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