Cochlear bone conduction solutions

Candidacy, evaluation and fitting quick guide

Cochlear®

Candidacy identification

Audiological evaluation

- ☐ Case history
- ☐ Otoscopic examination of the ear and ear canal
- ☐ Tympanometry for both ears
- ☐ Acoustic reflex measures (optional)
- ☐ Otoacoustic emissions (optional)
- ☐ Standard audiometric assessment including unaided air conduction, bone conduction, and speech recognition testing using insert earphones (preferred, if possible) for both ears

Medical examination

- ☐ Medical consultation to determine etiology and medical treatment (if needed)

Sample etiologies

- Chronic otitis media
- Microtia/atresia
- Single-sided deafness (SSD)
- Middle ear dysfunction/ossicular disease
- Conditions contraindicating reliable use of conventional hearing aids

Consider a bone conduction solution if the patient experiences any of the following

- ☐ Unhappy with or cannot wear hearing aids
- ☐ Favors one ear
- ☐ Struggles to localize sounds
- ☐ Withdraws from social events
- ☐ Needs others to repeat themselves

Demonstration and evaluation

Equipment

Baha® Softband

Baha® SoundArc

Demonstration

Allow patients to experience hearing through bone conduction

TIPS

- Demonstrate subjective benefits in different sound environments
- Ask patients “How does it sound?”
- Counsel patients how an implanted solution can increase quality of sound and volume over a non-surgical solution[1–3]

Evaluation

Determine benefit and predict hearing and speech perception outcomes[1,2] with demo device in aided testing of frequency-specific and speech stimuli

TIPS

- Program the demo device to the patient’s thresholds
- Use age-appropriate tests to evaluate audibility and speech understanding
- Consider the patient’s bone conduction evaluation results, impression from the demo, goals for hearing, the daily wear and lifestyle, listening environment, and imaging needs when making treatment determination

For in-depth supporting resources, scan or visit www.cochlear.us/bc-treatmentpathway

Bone conduction solution recommendations

Patient qualifications

Conductive or mixed hearing loss Bone conduction PTA ≤ 55 dB Meets age requirement* Motivated to proceed with a surgical hearing implant solution	Single-sided deafness Meets age requirement*§ Motivated to proceed with a surgical hearing implant solution	Conductive or mixed hearing loss Bone conduction PTA ≤ 55 dB No age requirement Motivated to proceed with a non-surgical hearing solution
Cochlear™ Osia® System Piezoelectric technology and MRI access† at 1.5 T and 3.0 T with magnet in place[4]	Conduct a cochlear implant evaluation for a **Cochlear Nucleus® System**, more info at www.cochlear.us/cicandidacy	**Cochlear Baha® Start with Baha 6 Max Sound Processor** worn with a SoundArc or Softband

Additional recommendations for specific cases

Patient with factors that preclude an Osia System	Consider the **Cochlear Baha Connect System*** **with Baha 6 Max Sound Processor**
Baha solution patient requiring additional clearance between their skin and the sound processor	Consider the **Baha 6 Max Sound Processor with the 2mm Extended snap coupling**, instead of the LowPro™ snap coupling
Patient with bone conduction PTA threshold > 55 dB	Conduct a cochlear implant evaluation for a **Cochlear Nucleus System**, more info at www.cochlear.us/cicandidacy

Patient fitting and monitoring

Device registration

Register device before or at activation

Recommended activation interval

Osia System:
4–6 weeks post-surgery

Baha Start:
Immediately

Baha Connect:
12 weeks post-surgery

Recommended follow-up intervals

Adult:
2 weeks, 6 months (optional), 12 months, then annually

Pediatric[3]:
1 month, 3 months, 6 months, 9 months, 12 months, 18 months, 24 months, then annually

Additional follow up:
As needed (clinical judgment, patient request or upgrade)

Site checks at every visit

Osia System:
Check magnet strength and skin under magnet for redness, irritation, indentation, or hair loss

Baha Start:
Check fit and placement of Softband or SoundArc

Baha Connect:
Check skin around abutment for irritation or infection

Counseling

☐ Surgical site maintenance and awareness

☐ Review goals and expectations

☐ Review device and accessory usage

Programming and outcomes evaluation

☐ Use the guided workflows in Cochlear Fitting Software to customize the fitting to the patient's thresholds, profile and individualized listening needs

☐ Enable and review data logging

☐ Complete an aided evaluation and compare to prior evaluations

Verification and validation

Scan QR code or visit **www.cochlear.us/bcverification** to learn more.

OSI063 ISS4 JUN24

1. Spielmann PM, et al. Is the use of a bone conduction hearing device on a softband a useful tool in the pre-operative assessment of suitability for other hearing implants? J Laryngol Otol. 2018;132(6):505–508.
2. ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US); 2017 November 7. Identifier NCT03333577. Evaluation of the Baha SoundArc in Pediatric Patients; 2019 April 30 [cited 2021 April 27]; Available from: https://clinicaltrials.gov/ct2/show/NCT03333577
3. Bagatto M, et al. Clinical consensus document for fitting non-surgical transcutaneous bone conduction hearing devices to children. Int J Audiol. 2022 Jul;61(7):531-538.
4. D1906375-V2 Cochlear Osia Magnetic Resonance Imaging (MRI) Guidelines EN-US

* In the United States and Canada, the Osia System is indicated for children ages five and older, the placement of a bone-anchored implant is contraindicated in children below the age of 5.

§ In the United States and Canada, the Nucleus System is approved for children with single sided deafness ages five and older. For more information on general Nucleus candidacy criteria, please visit https://www.cochlear.com/us/en/home/diagnosis-and-treatment/how-cochlear-solutions-work

Patient upgrade considerations

Three pathways

01 Upgrade to new sound processor technology OR new or replacement Baha Start system

02 Transition from non-surgical bone conduction solution to surgical bone conduction solution

03 Transition from an implantable solution to a new or different Cochlear implantable solution

Next steps

☐ Check your patient's eligibility for sound processor replacement through insurance

☐ Complete bone conduction evaluation using patient's current device

☐ Determine treatment pathway taking into consideration evaluation results, age, patient factors, health plan benefits and coverage, and readiness for surgery

☐ Order the sound processor replacement and/or schedule surgery

☐ Complete the device fitting

Additional upgrade support

T 800 523 5798
W www.cochlear.us/upgradesforprofessionals

† In the United States and Canada the Osia OSI300 Implant in combination with the BI300 Implant, are MR Conditional at 1.5 T and 3.0 T with implant magnet cassette in place (or removed) without the need of a splint kit or a head wrap.

Remote Assist for Baha for compatible Baha sound processors is intended for a follow-up adjustment or setup of a replacement or upgrade sound processor for suitable qualified patients based on clinical judgment. Only available at clinics that have enrolled in Remote Care. For sound processor and app compatibility information visit www.cochlear.com/compatibility

This material is intended for health professionals. If you are a consumer, please seek advice from your health professional about treatments for hearing loss. Outcomes may vary, and your health professional will advise you about the factors which could affect your outcome. Always read the instructions for use. Not all products are available in all countries. Please contact your local Cochlear representative for product information.

Remote Care

For Baha 6 Max Sound Processors

With Remote Assist#, your patients with Baha 6 Max Sound Processors can meet you via a video appointment through their Baha Smart App, allowing you to connect to their sound processor and complete a fitting, follow up, troubleshooting, and more.

Billing codes

Bone conduction evaluation

92550∞	Tympanometry and reflex threshold measurements
92557∞	Comprehensive audiometry threshold evaluation and speech recognition
92626‡¶Δ#	Evaluation of auditory function; 1st hour
92627‡¶Δ	Evaluation of auditory function; each additional 15 minutes

Bone conduction fitting

92622#†	Diagnostic analysis, AOI sound processor; 1st hour
92623^	Diagnostic analysis, AOI sound processor; each additional 15 min
V5011	Fitting/Orientation/Checking of hearing aid
Remote Care~	Coverage for audiology telehealth visits may vary by payer; contact payer to determine benefit coverage details

Additional coding support

T 800 587 6910
E codingsupport@cochlear.com
W www.cochlear.us/reimbursementhub

∞ Audiometric tests identified by codes 92550–92597 include testing in both ears. Use modifier -52 if only one ear tested.

‡ Swanson N. Do's and Don'ts for revised implant-related auditory function evaluation CPT Codes. ASHA Leader, Aug 31, 2020.

¶ The descriptions for 92626 and 92627 were revised in 2020. Please see ASHA article "New and Revised CPT Codes for 2020" https://www.asha.org/practice/reimbursement/coding/new_codes_aud/) for details of changes and proper use of the codes.

Δ Perform to assess changes in speech perception, discuss process and update rehab plan

Per NCCI edits, bundled into 92622 if performed on the same day. Use -59 modifier if the procedure is separate and distinct from primary service.

† 92622 requires a minimum of 31 minutes. For less than 31 min, use unlisted code 92700

^ 92623 requires a minimum of an additional 8 minutes

~ Medicare's telehealth list will not include the new AOI codes for inclusion in 2024. Providers are encouraged to collaborate with their professional societies to communicate their desire to have permanent access to telehealth services.