



SOUND *W*aves

Newsletter for Professionals

Issue 1 • 2006

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Working For You: Bionics' New CARE Program

CARE is Advanced Bionics' new family of unique, quality services and programs available to you and your patients. CARE stands for Connections, Advocacy, Resources and Education. At Advanced Bionics, we are not only committed to quality and safety of the products we deliver, but we are also dedicated to the highest quality of service and resources for all of our users and clinicians. CARE is about Advanced Bionics' employees' commitment to you.

CONNECTIONS

- Offering networking and mentoring opportunities for your patients through our Bionic Ear Association.
- Access to a volunteer network of users, caregivers, and educators to guide candidates and users through their hearing journey, as well as on-call experts to help them with advice and troubleshooting.

ADVOCACY

- Advising candidates and patients of unrestricted educational grants and support to not-for-profit consumer and professional organizations.
- Supporting the federal Congressional Hearing Health Caucus and lobbying in Washington, DC.
- Working with groups such as the Let Them Hear Foundation toward increasing benefits and reimbursement for cochlear implants.

RESOURCES

- Offering tools and programs for both clinicians and patients: OR Support Hotline and Audiology-on-Call for professionals 12 hours per day, 365 days; groups of clinical and technical specialists for on-site and/or tele-support; Tools for Schools program with multimedia materials, workshops, and services.

- Providing a Customer Care Department 365 days per year with a 15-hour live call center and Web response service and a Customer Care Policy committed to a 48-hour turnaround for replacement devices.

EDUCATION

- Providing a literature and multimedia tools delivery system, a multimedia suite of Aural Rehabilitation materials, and AR Workshops.

To show you how much we CARE, we have made it easier for you to access all of the resources that we provide. You are not required to join or do anything to benefit from our new, exciting CARE family of programs and services. We're here to make the hearing journey easier for you and your patients.

Through CARE, we offer a variety of specialized support services. Our best-in-class departments include: Education and Training, OR Support Services, Auditory Technical Services, Auditory Customer Service, Clinical Engineering, and The Bionic Ear Association. Each group is dedicated to serving customers through careful needs assessment and organized objectives. Detailed information about these departments are shown on pages 2 and 3.

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Education and Training

Workshops and Seminars

The Bionics Auditory Education and Training department (ET) provides instruction on topics related to the design, management, and fitting of cochlear implants. Through workshops, healthcare professionals and the families they serve can be kept current on the latest product developments, rehabilitation strategies, and concepts in fitting cochlear implants. The workshops promote interactive learning through hands-on instruction and group participation. Below is a sample of various workshops offered during the year.

- Introductory Training Workshops for Programming Clinicians
- Aural Rehabilitation Workshops
- Advanced Seminars in Technology, Fitting, and Design
- On-site Training and Education to Cochlear Implant Centers
- New Product Training

Newsletters

ET also publishes two newsletters: *Loud & Clear* and *SoundWaves*. *Loud & Clear* is a rehabilitative newsletter that focuses on the unique needs and issues related to children and adults with cochlear implants. *SoundWaves* provides programming clinicians with the latest information on current fitting concepts related to the management of cochlear implant patients. Archives of past issues also are available from the Advanced Bionics website.

Tools for Schools

The Tools for Schools program, designed for parents and educators, provides valuable resources and information on issues related to children and cochlear implants. On-call phone support, online training courses, and a unique literature series are just a few of the services available through this program.

Online Learning

Online training courses are another innovative and easy-to-access way that Advanced Bionics provides information to clinicians. Monthly live courses are offered, and a library of recorded courses are available to access at leisure. New courses are added regularly. Below is a sample list of some upcoming and already recorded courses. CEUs are available for all training programs and workshops.

- Programming with SCLIN Fitting Software
- Neural Response Imaging
- Commonly Asked Questions About Cochlear Implant Insurance Reimbursement (April 13, 2006)
- Music and Cochlear Implants (May 11, 2006)

To learn more about E&T services, workshops, and online courses, visit www.bionicear.com.

O.R. Support Services

O.R. Support Services provides assistance relating to surgical issues. In addition to regional manager support, O.R. Support Specialists are available to attend surgeries and to provide in-service training for surgeons or hospital staff during their first Advanced Bionics case. The O.R. Support Team also offers support for revision surgeries, challenging anatomical cases, or whenever a new surgical product is released. To arrange for support, please contact your regional manager.

O.R. Support offers:

- On-site product review with surgeons and nurses regarding tooling, device handling, and implantation.
- Intra-operative device testing using the SoundWave programming software (confirming implant lock, impedance readings, and Neural Response Imaging).
- Temporal bone labs at Advanced Bionics' Valencia, California, office.
- On-site temporal bone labs or surgical workshops, if requested by a surgeon.
- On-site training at conventions such as COSM, AAO, and the Triologic Society.

For urgent questions that arise during surgery, contact the OR Support Hotline at (866) 550-4032.

Auditory Technical Services

Auditory Technical Services (ATS) is the go-to source for immediate audiological or technical support for centers. The primary responsibility of ATS is to manage currently released products by ensuring proper function and use by the clinician and CI recipient.

ATS provides the following services:

- Audiologist-on-Call: A dedicated phone line for programming audiologists to call when encountering issues with software or hardware, when troubleshooting a patient complaint, when discussing a suggested enhancement to a product, or for general information on AB auditory products. The line is managed by two audiologists each day from 5 AM to 5 PM PST.
- Issue Tracking: A database used by AB to manage all phone calls and face-to-face discussions regarding auditory products worldwide.
- Field-trial management of released products and software to ensure market acceptance, reliability, and functionality.

Auditory Customer Service

The Auditory Customer Service Department provides you and your patient with the following services:

- Our Customer CARE commitment to you: In the unlikely event a part of your system breaks or fails, Advanced Bionics will ship you a replacement part within two business days.
- A call-center based in Valencia, California, available 12 hours per day (5 AM–5 PM PST) every day of the year staffed by a team of highly-trained, professional Customer CARE Representatives to answer or refer you to other AB staff for answers to any cochlear implant product or reimbursement services questions.
- Acceptance of Medicare assignment, which means all Medicare patients will only be responsible for the uncovered Medicare portion of charges; AB will bill Medicare and collect the 80% portion from them. If a patient has a secondary insurance to Medicare, AB will also bill them for the uncovered portion of Medicare charge.
- Timely fulfillment of all informational literature for candidates, users, and Centers.
- Timely fulfillment of all non-emergency phone and Webstore orders (sign up for the Webstore today: www.bionicear.com/webstore).
- Timely fulfillment of all device orders for cochlear implant centers and hospitals.

To speak with one of our knowledgeable Customer CARE representatives, please contact us at: (800) 678-2575 ext. 2101; TTY (800) 678-3575; or CustomerService@advancedbionics.com.

Clinical Engineering

Clinical Engineering (CE) provides advanced engineering support for internal and external customers. The CE team handles challenging technical/clinical cases, device integrity tests, objective patient testing, and software/hardware issues. On-site CE support can be requested through your Clinical Specialist.

CE also develops new diagnostic tools for the clinical environment aimed at 1) increasing quality of life through proper assessment of the implant system and 2) understanding how implant users interact with their everyday surroundings.

The Bionic Ear Association

The Bionic Ear Association (BEA) supports consumers through the provision of information, education, and guidance to cochlear implant candidates and recipients, parents of candidates and recipients, and other family members and friends. Staffed by skilled audiologists (two of whom are cochlear implant users), the BEA is building a cochlear implant community by offering dynamic programs to assist candidates and users in building their knowledge base and understanding of cochlear implant technology with a goal of helping individuals maximize performance with the cochlear implant.

Consumer programs include:

- Free BEA membership for CI candidates, recipients, family members, educators, and allied professionals.
- BEA on-call phone and email support (M-F 5 AM to 5 PM PST) for candidates, CI users, family members, and professionals outside the cochlear implant center.
- Personalized support to CI candidates, users, and parents through direct one-to-one correspondence and mentoring by BEA staff members and CI user volunteers.
- Quarterly Bionic e-BEA educational and community-minded newsletters on cochlear implant use.
- Periodic Bionic Bulletin email announcements to keep consumers, educators, and professionals informed with the most up-to-date information regarding products and services from Advanced Bionics.
- A network of diverse CI users and parent volunteers that provide one-to-one and group peer support and mentoring through the sharing of personal experiences.
- Seminars for CI candidates, users, and family members on understanding and using cochlear implant technology, assistive technology and cochlear implants, home aural rehabilitation for children, adolescents, and adults and other topics to maximize outcomes with cochlear implants.
- Web classes on cochlear implant function and use geared for candidates and users.
- Support for and participation in local, regional, and national consumer organizations, conferences, workshops, support groups, and other community and civic-minded events and activities for the hearing impaired.

Consumers can contact the BEA at:

(800) 678-2575; ask for the BEA • hear@advancedbionics.com • www.BionicEar.com

What Happened to My 92510?!

Important 2006 Coding Changes for Cochlear Implant Services

With the introduction of newer and more specific diagnostic and treatment procedure codes as part of the Current Procedural Terminology (CPT) refinement process, CPT 92510 has been deleted from the CPT list in 2006. CPT 92510 was the code for aural rehabilitation following cochlear implant (includes evaluation of aural rehabilitation status and hearing and therapeutic services) with or without processor programming. This article describes the rationale behind the deletion of 92510 and provides information on the replacement codes and editorial changes to related codes.

History of 92510

CPT code 92510 was introduced first in 1996. The state of the science at the time did not make a clear distinction between where programming stopped and aural rehabilitation began. Many of the protocols blended activities in both areas. As a result, 92510 was intended to cover both types of activities within a single session. However, the need for new codes became apparent between 1999 and 2000. Medicare had categorized Audiology as a diagnostic profession after the original code had been established. Because a major part of the descriptor of 92510 was Aural Rehabilitation, it was deemed non-reimbursable when performed by an audiologist. Consequently, all centers that performed implant surgery on Medicare-eligible patients could not be reimbursed for any procedures described under this code.

Decomposition 92510

To better understand why 92510 has been deleted, it is helpful to break down 92510 into its newer components and review the application of the new codes.

As shown in Table 1, 92510 has a broad descriptor that describes three distinct procedures. The transition of 92510 began in 2003 when cochlear implant programming codes 92601, 92602, 92603 and 92604 were introduced. It is important to note that Medicare has not covered or paid for 92510 since the introduction of these four programming codes. Instead, Medicare has referred providers to 92601-4 for programming and 92507 for aural rehabilitation services. Code 92510 remained in the CPT and has been valid for use with many private payers.

Table 1 lists the four new CPT codes, 92626, 92627, 92630 and 92633, that have been introduced in 2006 to describe the evaluation and aural rehabilitation components of 92510 and complete its transition out of the CPT.

New Codes

According to *CPT Changes 2006, An Insider's View*, "92626 and 92627 were added to describe the evaluation of auditory rehabilitation status for the first hour and each additional 15 minutes. These services were formerly reported with 92506." *CPT 2006* indicates that 92626 and 92627 "are reported for an evaluation of auditory rehabilitation status determining the patient's ability to use residual hearing in order to identify the acoustic characteristics of sounds associated with speech communication." *CPT*

92510	Aural rehabilitation following cochlear implant	2006	92630	Auditory rehabilitation; prelingual hearing loss
			92633	Auditory rehabilitation; postlingual hearing loss
	(Includes evaluation of aural rehabilitation status and hearing, therapeutic services)	2006	92626	Evaluation of auditory rehabilitation status; first hour
			92627	Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)
	With or without processor programming	2003	92601	Diagnostic analysis of cochlear implant, patient under 7 years of age; with programming
			92602	Diagnostic analysis of cochlear implant, patient under 7 years of age; with subsequent reprogramming
			92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92604			Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	

Table 1. Decomposition of CPT 92510 to New Codes

2006 further instructs providers to “use the face-to-face time with the patient or family.” Thus code 92626 would be used for the first hour and 92627 is an add-on code that would be used for each additional 15 minutes after the first hour.

Codes 92630 and 92633 are reported for rehabilitation services provided to children to “assist in the development of their listening and auditory discrimination capabilities.” These codes are reported for adults “to assist in achieving speech understanding and identification of sounds in a shorter time span.” *Insider’s View* clarifies that “aural rehabilitation code 92507 is intended to be reported for speechreading (lipreading) training only and not the elements of auditory rehabilitation previously described.”

Editorial Changes

As noted in Table 1, the introduction of the new evaluation and aural rehabilitation codes overlapped the descriptions for 92506 and 92507, which have been used prior to 2006 for evaluation and rehabilitation of cochlear implant patients. CPT 2006 corrected the descriptive overlaps of 92626, 92627, 92630 and 92633 with edits to 92506 and 92507 to remove references to aural rehabilitation in those descriptors (see Table 2).

Medicare has not valued 92630 and 92633, and thus, no payment is currently associated with these codes. Until these codes are valued, they are not covered by Medicare. Speech language pathologists are instructed to use 92507 for aural

rehabilitation even though the descriptor no longer refers to aural rehabilitation as part of the implementation of the new codes. However, with private payers, both audiologists and SLPs may be able to be paid for these two codes, depending on what they are able to negotiate in their contracts.

An upcoming Advanced Bionics webcast on April 13, 2006, will provide additional details on these changes, as well as information on other commonly asked questions about cochlear implant insurance reimbursement. Meanwhile, please contact our toll-free Reimbursement Hotline at (877) 779-0229 with questions. In addition, Tom Walsh (661-362-1721) and John Hernandez (661-362-4579) can be contacted directly. ✂

92506	<i>Evaluation of speech, language, voice, communication and/or auditory processing and/or aural rehabilitation status</i>	2006 →	92506	Evaluation of speech, language, voice, communication and/or auditory processing
92507	<i>Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual</i>		92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual

Table 2. 2006 Editorial Changes to 92506 and 92507

REIMBURSEMENT COMMITMENT

Advanced Bionics provides the following reimbursement resources:

- Pre-Authorization and Toll-Free Hotline Support
- Field Reimbursement Experts
- Strategic Reimbursement Team
- Webcast Training Seminars
- Coding and Payment Quick Reference for Cochlear Implantation
- Online Reimbursement Website at www.bionicear.com/professionals/reimbursement (coming soon!)
- Clinical and Health Economics Research
- Frequently Asked Questions on Cochlear Implant Reimbursement

Cochlear Implant Reimbursement Hotline

(877) 779-0229 Toll-Free
(877) 833-6318 Fax

Monday through Friday
5 AM – 5 PM PST

insurance@advancedbionics.com

Web Class Update

Web Classes for Clinicians: New Topics for 2006

The Bionics Education Team invites you to join our monthly web class series for professionals. These classes are offered the second Thursday of every month (9 AM and 12 PM PST) on various topics of interest. Each session is free, one hour in duration, and is offered for 0.1 ASHA and AAA CEUs. Additionally, these classes will be recorded for those unable to attend a live session. For a listing of our current offerings and to register, visit our website at www.bionicear.com/professionals. To participate in these courses, we recommend a PC with high-speed internet access and a sound card. A few of our 2006 topics are listed below. We hope to see you there! For further information please, contact Carissam@advancedbionics.com. ✂

WEB CLASS TOPICS FOR 2006:

- February 9:** Advanced Programming: Tips for Successful Patient Fittings
- March 9:** We CARE: Introducing Our New Aural Rehabilitation Programs
- March 14:** Tuesdays With Mary: Cochlear Implant "Pre-hab": Establishing Listening and Language Skills Prior to Cochlear Implantation
- April 13:** Commonly Asked Questions About Cochlear Implant Insurance Reimbursement
- May 11:** Music and Cochlear Implants

UPCOMING EVENTS

Visit our website at www.bionicear.com for updated events and Registration information!

Research News

Highlights From the 6th European Investigators Conference

Last November, the Advanced Bionics European Clinical Research and Marketing Teams hosted the 6th European Investigators Conference in Istanbul, Turkey. Approximately 250 individuals participated in a 1½ day meeting that focused on basic and clinical research with the HiResolution Bionic Ear. Researchers from 15 countries in Europe and the Middle East, as well as from Cuba, presented their works and were treated to Turkish hospitality and culture by co-hosts from the implant teams of Hacettepe University and the Ministries of Health in Izmir and Ankara. Two presentations are highlighted below.

In a podium presentation, Dr. Antje Aschendorff from Freiburg, Germany, described a new radiological technique that provides rapid high-resolution images of the cochlea. The technique, called Rotational Computed Tomography (CT) scanning, generates new images within seconds, allowing surgeons to view cochlear implant electrodes *in situ* both in temporal bones and in clinical patients. In combination with other radiological data, it is possible to determine electrode array location with respect to cochlear anatomy, thereby allowing exact determination of electrode placement and integrity within scala tympani. Preliminary application of Rotational CT in temporal bones implanted with the Slim Helix electrode showed no trauma to cochlear structures.

Dr. Aschendorff noted that the atraumatic insertion of the new electrode was remarkable in her experience. Rotational CT images will be useful as clinicians aim to preserve residual hearing, as well as to aid in programming cochlear implants, because electrode contact locations can be pinpointed with increased accuracy.

In a poster presentation, Martina Brendel and colleagues at the Medical University of Hannover (Germany) showed the effect of experience on the ability to perceive additional pitch information through use of current steering. Five HiRes subjects were evaluated on their ability to hear pitch differences beginning with discrimination of stimulation two contacts apart down to discrimination of stimulation one-half contact apart (medial virtual channel created through current steering). All subjects improved their pitch resolution over 6 months after first fitting. Most of the learning occurred during the first month, and after 6 months, several subjects could hear intermediate pitch percepts along the entire electrode array. These results suggest that individuals fit with a sound-processing algorithm using current steering may be able to take advantage of the increased pitch resolution to hear in noisy situations or to listen to music, and that the ability to hear additional pitch information may improve with experience. ✂

ADVANCED BIONICS PROFESSIONAL EVENTS

April 5, 2006

(Advanced Seminar Prior to AAA) Enhancing Performance With Cochlear Implants: Resolution, Music, and Hearing in Noise.
Minneapolis, Minnesota

April 20–21, 2006

SuperSize Your Cochlear Implant Knowledge and Skills.
Bloomington, Minnesota

July 12–14, 2006

Introduction to Cochlear Implants and HiResolution Bionic Ear System.
Valencia, California

September 13–15, 2006

Introduction to Cochlear Implants and HiResolution Bionic Ear System.
Valencia, California

September 28–29, 2006

SuperSize Your Cochlear Implant Knowledge and Skills.
Boston, Massachusetts

October 5–6, 2006

SuperSize Your Cochlear Implant Knowledge and Skills.
Toronto, Canada

October 12–13, 2006

Rehabilitation for Children and Adults With Cochlear Implants.
Dublin, California

October 19–20, 2006

SuperSize Your Cochlear Implant Knowledge and Skills.
Atlanta, Georgia

October 25–27, 2006

Introduction to Cochlear Implants and HiResolution Bionic Ear System.
Valencia, California

November 9–10, 2006

SuperSize Your Cochlear Implant Knowledge and Skills.
Cincinnati, Ohio

NATIONAL AND INTERNATIONAL MEETINGS

March 25–28, 2006

Pediatric Cochlear Implantation European Symposium.
Venice, Italy

April 5–8, 2006

American Academy of Audiology Convention.
Minneapolis, Minnesota

June 14–17, 2006

Ninth International Conference on Cochlear Implants.
Vienna, Austria

June 23–27, 2006

AG Bell 2006 Convention.
Pittsburg, Pennsylvania

July 11–15, 2006

National Association of the Deaf.
New Orleans, Louisiana

September 17–20, 2006

American Academy of Otolaryngology.
Toronto, Ontario, Canada

Fitting Tips: When in Doubt, Try Help!

As clinicians, we all have faced challenging programming situations where we were not sure what to do or where to find help! To help you through these situations, Advanced Bionics has built a Help menu into SoundWave. You can select Help at any time during your programming session.

Within Help, there are three tabs: Contents, Index, and Search. Index displays the key words found within the Help file making it easy to locate a specific programming term or parameter quickly. Search offers you the ability to search for a specific programming term or parameter. Contents contains the entire Help file organized by topic. The Help file will open automatically to the content topic that most closely relates to the active programming window when Help was requested.

The Help content is organized into logical topics with step-by-step instructions on how to complete the procedures you will need to perform when using the software. In addition, from time to time you will see the following graphic within the Help system.



Show Me

The camera indicates that a short movie clip is available to show you exactly how to perform the operation that is being described. Just click on the camera and watch the movie. These movies offer you assistance during programming and may be helpful for training purposes. In other words, the movies can serve as a demo for the various SoundWave operations.

The controls displayed at the top of the movie screen can be used to slow down, speed up, repeat, or end the movie.

Previous	Pause	Exit
Beginning	Play	Next
Beginning	Previous	Play
Rewinds the movie to the beginning.	Goes back one frame of the movie.	Plays the movie, or restarts the movie if the Pause button has been clicked.
Pause	Next	Exit
Pauses the movie until the Play button is clicked.	Moves the movie forward one frame.	Ends the movie and closes the web browser.

In addition to the HELP file, the Audiologist On Call hotline (888) 261-1961 is always available to assist you with programming and technical issues Monday through Friday between 5 AM and 5 PM PST. ☎

Tips from the Trenches

FAQs About Headpieces

This article is a follow-up to “Fitting the Headpiece” found in SoundWaves Issue 1, 2005.

What are the different types of headpieces that are available from Advanced Bionics?

Headpieces for the HR90K:

- HR90K Platinum Headpiece (HR90K PHP)
- HR90K Auria Headpiece

Headpieces for all other implant types (C1.0, C1.2, and CII)

- Auria Headpiece
- Platinum Headpiece (PHP)
- 5300 S-Series Short Range Headpiece (typically for thinner skin flaps)
- 5301 S-Series Long Range Headpiece (typically for thicker skins flaps)

What is different about the HR90K headpieces?

The HR90K headpieces incorporate a concave bottom to comfortably conform to the shape of the skin flap over a HR90K internal device. The magnet force therefore is more evenly distributed over the skin flap minimizing irritation and reducing the likelihood of the headpiece being easily dislodged.

The HR90K Auria headpiece cable is 3/4 of an inch longer and is shipped with a plastic space filler pre-mounted in the magnet well.

I need a replacement headpiece for my patient with a HR90K internal device. Which headpiece will I receive?

All HR90K patients will receive a HR90K PHP or HR90K Auria headpiece regardless of the type of headpiece worn previously. Only HR90K recipients will receive the HR90K headpieces.

What is the purpose of the filler in the HR90K Auria headpiece?

The plastic filler helps to provide a smooth surface to the base of the Auria headpiece, which prevents puckering of the skin flap into the magnet well. If an extra magnet is no longer required to maintain adequate retention of a HR90K Auria headpiece, then a filler should be placed back into the magnet well. HR90K Auria headpieces are shipped with an extra filler with adhesive backing. Extra fillers are also available by contacting Customer Service.

My patient is having difficulty with retention of the headpiece. What are the steps I should take to optimize headpiece retention?

It is not uncommon for the headpiece to fall off several times a day depending upon a user’s activities. When a potential retention issue is reported, it is important

to separate issues specifically related to magnetic attraction from those related to the cable. At the time of initial fitting, a patient may have more difficulty with retention because of residual swelling of the skin flap. The following are some suggestions that may improve headpiece retention.

- Ensure the patient is wearing the correct headpiece for the internal device.
- Ensure cable length is adequate.
- In the case of an Auria headpiece for a device implanted on the left side, consider retraining the cable (see below for instructions).
- For a PHP, clip the cable to the patient’s collar allowing enough cable length for head movement.
- For a PHP, recommend that the patient wear the cable underneath clothing where it is less likely to be snagged.
- Assess retention with additional magnets.*

**Magnets should not be worn directly against the skin flap. Only use magnets designed for the specific headpiece provided by Advanced Bionics. The use of more than one magnet in the Auria HP or more than four magnets in the PHP is not recommended. The use of extra magnets beyond the recommendation or magnets not specifically made for the headpiece can cause irritation and may affect the headpiece tuning, causing lock, intermittency, and/or flap issues.*

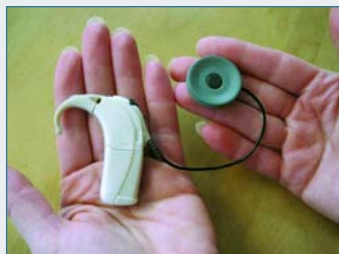


Figure 1. The HR90K Auria Headpiece before cable retraining.



Figure 2. Placement of headpiece in packaging for cable retraining.



Figure 3. Headpiece cable retrained for left side.



Figure 4. Removing the filler.

How can an Auria headpiece cable be retrained?

The Auria headpiece is shipped in a box with packing material that orients the cable to favor a right implant. In the case of a left implant, headpiece retention issues may be encountered given the cable's orientation. The cable can be "retrained" for the left side by following these steps:

- Place the headpiece bottom-side up (opposite to how the headpiece is shipped) in the foam packing material.
- Orient the cable so that the top of the cable connector is directed towards the headpiece as shown in Figure 2.
- Place the foam packing material back in the headpiece box for 48 hours.
- Remove the headpiece from the packaging. The cable will now be oriented for a left implant.

How do you increase the magnet strength with the HR90K Auria headpiece?

To increase the magnet strength of a HR90K Auria headpiece, the filler in the magnet well must first be removed. Remove the filler with a small flat-headed jeweler's or hearing aid screwdriver. Insert the blade carefully between the rim of the magnet well and the edge of the filler to pry out the filler (Figure 4). Place a 1/2X Auria magnet in the well of the headpiece initially. If adequate retention is not obtained, remove the magnet with the Magnet Removal Tool and try a 1X Auria magnet.

How often should a flap be monitored?

It is recommended that a patient's skin flap be examined at every audiological visit. If extra magnets have been added to the headpiece at the time of the initial fitting, an attempt should be made to reduce the number of magnets at subsequent follow-up appointments. CI recipients and family members should be counseled regarding skin-flap health and monitoring. It is recommended that a family member or friend examine the skin flap at the following intervals:

- Daily for the first month after initial stimulation
- Weekly for the first six months after initial stimulation
- Monthly on a long-term basis
- Please contact Advanced Bionics with any questions regarding headpieces and skin flap health. ✂

Extra

[AG Bell announces the 2006 Cochlear Implant Fellowship Program With Funding Provided by Advanced Bionics](#)

The AG Bell 2006 Cochlear Implant Fellowship Program, partially funded by Advanced Bionics Corporation, facilitates the training of professionals in the field of cochlear implants. The Fellowship program also may provide centers the opportunity to engage in clinical research that may advance cochlear implant technology and enhance listening abilities for cochlear implant users.

The Alexander Graham Bell Association for the Deaf and Hard of Hearing (AG Bell) will grant 21 awards of \$15,000 each to centers meeting the eligibility criteria. The funds are intended to defray the salary or educational costs (books, attendance at conferences) of the sponsored fellow.

Applications now are available from AG Bell and must be completed no later than 6 pm EST, April 1, 2006. The AG Bell Cochlear Implant Fellowship Committee will review all applications. AG Bell will notify centers regarding the committee's decision on their application by May 1, 2006. ✂

FOR MORE INFORMATION, CONTACT:

Judy Harrison, Senior Director of Professional Programs

Alexander Graham Bell Association for the Deaf and Hard of Hearing

3417 Volta Place NW
 Washington, DC 20007

Phone: (202) 337 5220 x122

TTY: (202) 337-5221

Fax: (202) 337-8314

Email: jharrison@agbell.org

Web: www.agbell.org

Bionic Highlights

Focus on Guy's and St. Thomas' Cochlear Implant Centre, London, United Kingdom

By Deborah Vickers, Advanced Bionics, Europe

Guy's and St. Thomas' Cochlear Implant Centre was one of the very first European cochlear implant centres to implant the Advanced Bionics device. The Centre has more than 10 years experience and has implanted more than 200 cochlear implants. The centre marked its hundredth pediatric cochlear implantation with a special celebration in 2005.

Over the years, the Guy's and St Thomas' clinic has been instrumental in assessing and steering new advances in Advanced Bionics technology through clinical studies to provide beneficial improvements for cochlear implant users.

The Guy's and St Thomas' team helped to guide changes in the early strategy developments, such as the advancement from CIS to SAS, by showing that the rate of development in children was much more rapid with SAS. More recently, the team has evaluated low power strategies and has looked at how higher rates of stimulation increase the electrical dynamic range for HiRes users.

The team always has been keen to improve pediatric fittings and rehabilitation, with a great interest in the use of NRI to aid the fitting of very young children who cannot provide sufficient feedback. They are also currently conducting a trial to investigate the use of the new iConnect FM adapter, which improves the listening situation for children in the classroom. The team's surgeon, Mr. Alec Fitzgerald O'Connor, has been involved in the development of new electrode arrays. He recently has defined a new insertion technique through the round window of the cochlea that could permit better electrode placement and also may facilitate the preservation of residual hearing.

The Guy's and St. Thomas' team have contributed greatly to the development of Advanced Bionics technology. We look forward to future collaborations, which will help recipients of our device to obtain the optimal outcomes in everyday life. 🦻

Focus on The Beth Israel/New York Eye & Ear Cochlear Implant Center

By Kristine Rafter, Regional Manager, Northeast Region

Advanced Bionics is pleased to introduce The Beth Israel/New York Eye & Ear (NYEE) Cochlear Implant Center and Hearing and Learning Center as one of our family of implant centers offering the HiResolution Bionic Ear System. This team is not new to Advanced Bionics or to the cochlear implant community, but its philosophy, evolution, and the comprehensive nature of the program make it unique. The Cochlear Implant Center operates currently at two sites, Beth Israel Medical Center and New York Eye & Ear Infirmary. The Center is co-directed by Ronald Hoffman, MD, Jane R. Madell, PhD, and Simon Parisier, MD. The program at Beth Israel was established by Dr. Hoffman and Dr. Madell in

1999. Dr. Parisier joined the Center as a co-director when he moved his program from Manhattan Eye & Ear Hospital to NYEE in 2004. The Center is in the process of merging at one site as part of a new Ear Institute being created at NYEE.

The Hearing and Learning Center offers all services needed by hearing-impaired adults and children at one site. Patients come to the Center for identification of hearing loss; hearing aids; advice on assistive devices; speech, language, and auditory therapy; educational services; and social service support. Comprehensive pre- and post-implant evaluations and services also are provided.

The Center has a large and experienced staff.

Surgeons include:

George Alexiades, MD
Joseph Arigo, MD
Paul Hammerschlag, MD
Ronald Hoffman, MD
Darius Kohan, MD
Christopher Linstrom, MD
Simon Parisier, MD
Neil Sperling, MD

The audiology staff includes:

Jane Madell, PhD
Nicole Sislian, MA
Sandra Delapenha, MA
Michele Distefano, MS
Megan Kuhlmeier, MA
Myriam De La Asuncion, AuD
Shelly Ozdamar, MS
Lori Markoff, MEd
Lisa Rosenberg, MA
Sabrina Alterman, MA
Ariella Bindel, MA
Barbara Grossman, AuD
Lisa Gilston, MA

Elizabeth Ying, MA, is Director of Hearing Habilitation and works with Michele Bogoty Blend, MA. Susan Cheffo, MEd, is a teacher of the deaf who is Assistant Director of the Hearing and Learning Center and Director of Educational Services. She is joined by Meredith Berger, MS, also a teacher of the deaf, Lois Heymann, MS, and Rebecca Kooper, AuD, Stacy Purro, MSW, provides social work services. Sign language services also are available as needed.

These folks are looking forward to moving into their new center before the end of the year and hope to be able to expand to meet the needs of even more families. We anxiously await working with all of this talent and energy under one roof! 🦻

We welcome the following cochlear implant centers to the Advanced Bionics family.

Bassett Hospital Cooperstown, New York

Elizabeth Redd, MD
Kimberly Keane, MS
Diane Kenworthy, AuD
Tammey Marsch, MA

Eastern Virginia Medical School Norfolk, Virginia

Barry Strasnick, MD
Stephanie Moody, MD
Ashley Wampler, PhD
Jen McNamara, PhD
Kate Berenguer, MS

ENT For Children Coppell, Texas

Paul Bauer, MD

Heuser Hearing Institute Louisville, Kentucky

Mark Severtson, MD
Mary Burton, AuD

Long Island Jewish Medical Center New Hyde Park, New York

Andrea Vambutas, MD
Lynn Spivak, PhD
Leslie Wexler, AuD
Amy Mokros, MS
Barbara Popecki, MA

Montefiore Medical Center Bronx, New York

Sanjay Parikh, MD
Laura Tocci, AuD
Sharon Ripinsky, MA
Janie Chobot-Rodd, MA
Ida Wise, AuD

SUNY Downstate Medical Center Brooklyn, New York

Matthew Hanson, MD
John Weigand, AuD

Temple Children's Medical Center Philadelphia, Pennsylvania

Vincent Callanan, MD
Tom Fria, PhD

UCLA Medical Center Los Angeles, California

Akira Ishiyama, MD
Yvonne Siningger, PhD
Allison Grimes, AuD
Geena Gracia, AuD
Carlen Jurey, AuD
Brooke Phillips, AuD

University of Cincinnati Cincinnati, Ohio

Daniel Choo, MD
Ravi Samy, MD
Lisa Houston, MA

Margaret Cheng joins Advanced Bionics Team in Asia-Pacific



Advanced Bionics is pleased to welcome Margaret Cheng to Advanced Bionics Corporation in the Asia-Pacific region. Margaret joins the Advanced Bionics team as Manager of Education and Clinical Research. Her primary responsibilities include developing and providing local training programs in English and Chinese for customers, distributors, and Advanced Bionics employees in Asia. She will coordinate clinical research projects with customers and assist them in highlighting their work at major national and international conferences. Margaret will provide advanced technical and audiological support as needed to distributors, cochlear implant centers, and regional managers. She comes to Advanced Bionics with strong cochlear implant clinical experience and management skills. We are pleased to have Margaret on the Advanced Bionics team. ✂

Online Survey

SoundWaves Survey

Each issue of *SoundWaves* poses one question frequently asked by cochlear implant clinicians across the country. The last issue surveyed the speech perception tools used when evaluating unilateral versus bilateral cochlear implant performance. Out of 30 respondents, 80% use the same speech perception protocol and 20% use a different speech perception protocol when evaluating unilateral and bilateral patients. For adults, the majority of respondents use CNC words and the HINT-in-Quiet and HINT-in-Noise sentence tests to evaluate speech perception. The supplemental tests listed below were used by some respondents to evaluate adults.

- CID Everyday Sentences
- NU-6 (Northwestern University Auditory Test No. 6)
- CUNY Sentences

For the 20% of respondents who use a different protocol when evaluating bilateral performance, the standard adult protocol is generally supplemented by tests that evaluate localization and speech perception in noisy and complex environments. These more real-world tests may provide a better picture of the benefits of bilateral implantation.

For children, the respondents listed the test measures below to supplement the typical pediatric test protocol (i.e., IT-MAIS/MAIS, ESP, MLNT, LNT and HINT-C) depending upon a child's age and level of function.

- The Common Phrases Test in Quiet and Noise
- Mr. Potato Head Task
- WIPI (Word Intelligibility by Picture Identification) Test
- GASP (Glendonald Auditory Screening Procedure) Sentences
- PBK-50 (Phonetically Balanced Kindergarten) Word List
- ANT (Auditory Numbers Test)
- BKB (Bamford-Kowel-Bench) Sentences and Lipreading
- NU-CHIPS (Northwestern University-Children's Perception of Speech) Test
- HINT-C (Hearing in Noise Test for Children) in noise
- CNC Word Test (Consonant Nucleus Consonant)

Thank you to all of the clinicians who participated in this survey!

This issue's question is:

What percentage of your patients report listening to and enjoying music with their cochlear implants?

- 0 to 25% 50 to 75%
 25 to 50% 75 to 100%

To share your answers and opinions, please:

- Visit www.bionicear.com
- Select *Information Center*
- Go to *Hearing Professionals*
- Select *SoundWaves Survey*
- Submit response

Your feedback is valuable and can be helpful to other clinicians who may be asking similar questions. Please note that the survey will close on June 1, 2006 so that a summary of responses can be included in the next issue of *SoundWaves*.

Mailbag

We welcome your comments on *SoundWaves* articles as well as other topics important to you. Please send your remarks to taras@advancedbionics.com. We may publish part or all of any correspondence you send and reserve the right to edit letters for length, clarity, and style. Please include your name, cochlear implant center, and contact information.