Device Policy:

Manitoba Health provides one (1) bone anchored implant + one (1) sound processor to recipients who pass candidacy criteria for surgery.

Financial Policy:

There are no up-front costs to patients who proceed with bone anchored implant surgery as Manitoba Health covers the surgical procedure, internal implant and the first external sound processor.

All patients are responsible for the upgrade costs of their sound processor when it requires replacement ($5,000).

Patients who are not surgical candidates but wish to use the hearing aid with a head band are responsible for all costs associated with the purchase and upkeep of their sound processor.

Bone Anchored Implant Candidacy Criteria:

Bone anchored implants and bone anchored hearing aids are designed for two specific patient populations:

- Patients with chronic middle ear disease that is resistant to further medical or surgical intervention or patients with congenital malformation of the outer and/or middle ear (ex. atresia and microtia).
- Patients with profound, unilateral sensorineural hearing loss with normal hearing in the unaffected ear (also known as “single sided deafness”).

Please note: patients must be at least 5 years of age to receive surgery for a bone anchored implant. Pediatric patients younger than 5 can still wear a bone anchored hearing aid on a soft head band (no surgery involved).

Audiometric Criteria:

- Bone conduction thresholds of 55 dB HL or better.
- Air-bone gap of at least 25 dB HL or more from 500Hz to 4000Hz.
- Speech discrimination of 60% or better (unaided).
- Previous benefit from amplification and appropriate expectations and motivation.

Bone Anchored Implant Referrals:  [Referral Form is on Page 2 of this document]

All bone anchored implant referrals MUST be sent directly to the Department of Otolaryngology – Head & Neck Surgery:

| Attention: Dr. Les Garber | Referral Fax Number: 204-787-1727 |

All referrals MUST include the following to be seen by the surgeon:

- Completed referral form (page 2 of this document).
- Recent audiogram (within 6 months) including air/bone thresholds, unaided speech testing and tympanometry.
- Relevant case history.

All candidates who meet medical criteria for a bone anchored implant will be referred directly to Audiology for a 2-week bone anchored hearing aid trial.
Bone Anchored Implant Program
GB 421 – 820 Sherbrook Street
Winnipeg, MB R3A 1R9
Referrals (Fax): 204-787-1727

PATIENT REFERRAL FORM (fax or mail form to the fax number or address above)

Last Name: ________________________________    First Name, Initial:______________________________
Street Address: ____________________________________________________    Apt. #:________________
City: _______________________________________________________    Postal Code:_________________
Phone: _______________________________    Date of Birth (DD/MM/YY):___________________________
Manitoba Health #: ___________________________________    PHIN:______________________________
Gender: _______________________________    First Language:____________________________________

AUDIOMETRY (or attach most recent audiogram)    Date of Test (DD/MM/YY):____________________

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<tr>
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<th>250 Hz</th>
<th>500 Hz</th>
<th>1000 Hz</th>
<th>2000 Hz</th>
<th>4000 Hz</th>
<th>WDS %</th>
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<tbody>
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<td>Right - AC (dB HL)</td>
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<td>Left - BC (dB HL)</td>
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</tbody>
</table>

Does patient currently wear hearing aid(s)?:    Yes ☐    No ☐    ; If Yes, which ear(s):    Right ☐    Left ☐

REFERRAL SOURCE

Name: __________________________________________    Specialty:______________________________
Address: ____________________________________________________    Physician #:_________________
Phone: _______________________________    Fax:________________________________________

Family Physician (if different from above):

Name: __________________________________________________________________________________
Address: ____________________________________________________    Physician #:_________________
Phone: _______________________________    Fax:________________________________________

Your patient will be contacted directly for an appointment

Thank you for this referral

Questions?    Surgical Office Assistant: 204-787-3093