

## Corporate Medical Policy

### Tinnitus Treatment

**File Name:** tinnitus\_treatment  
**Policy Number:** SUR6250  
**Origination:** 4/1986  
**Last Review:** 6/2008  
**Next Review:** 6/2010

#### Description of Procedure or Service

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Tinnitus is a noise in the ears such as ringing, buzzing, roaring, whistling, hissing, or clicking when no external sound is present. The noise may be [intermittent](#), continuous or pulsating in time with the heartbeat. Clinically, tinnitus is subdivided into subjective (heard only by the patient) and objective (patient hears a sound that can also be heard by the examiner with a stethoscope). Common causes of objective tinnitus include middle ear and tumors at the base of the skull, a blocked artery, an [aneurysm](#), or other blood vessel disorders. The sound may also be noise from jaw joint (temporomandibular joint) or the [eustachian tube](#). In the majority of cases, tinnitus is subjective and frequently will stop on its own. In some patients with subjective tinnitus, its persistence leads to disruption of daily life. While many patients become accustomed to tinnitus, others may seek medical care if the tinnitus becomes too disruptive.

Treatment is supportive in nature; there is no cure. Treatment has focused on counseling or use of tinnitus maskers (a device worn like a hearing aid that masks or covers up the tinnitus). Electrical stimulation to the ear may also be used. This involves the use of an electrical probe to stimulate the nerve endings in the external ear. Tinnitus retraining is another treatment option that uses maskers set at a level so that the tinnitus can still be heard. Tinnitus retraining also involves counseling and behavioral retraining. Specifically, the goal is not to eliminate the tinnitus itself, but to retrain the patient to be unaware of the tinnitus. The counseling may require 4 to 6 one-hour visits over an 18-month period. Transmeatal low-power laser irradiation, electromagnetic energy, transcranial magnetic stimulation, and botulinum toxin A injections have also been evaluated.

**Note:** This policy does not address pharmacologic treatment of tinnitus, e.g., the use of amitriptyline or other tricyclic antidepressants.

#### Policy

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**BCBSNC will not provide coverage for treatment of tinnitus with tinnitus maskers, electrical stimulation, transmeatal laser irradiation, electromagnetic energy, tinnitus-retraining therapy, transcranial magnetic stimulation or botulinum toxin A injections. These treatment methods are considered investigational. BCBSNC does not cover investigational services.**

#### Benefits Application

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Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

## Policy: Tinnitus Treatment

### When Treatment of Tinnitus is covered

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Not applicable

### When Treatment of Tinnitus is not covered

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Treatment of tinnitus with tinnitus maskers, electrical stimulation, transmeatal laser irradiation, electromagnetic energy, tinnitus-retraining therapy, transcranial magnetic stimulation or botulinum toxin A injections is not covered. These treatment methods are considered investigational. BCBSNC does not cover investigational services.

### Policy Guidelines

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As the symptoms of tinnitus are very subjective for the great majority of patients and without a known physiologic explanation, randomized [placebo](#)-controlled trials are particularly important to validate the effectiveness of any treatment compared to the expected [placebo](#) effect.

Well designed, randomized, controlled clinical trials are lacking, and the available studies have failed to consistently demonstrate a treatment effect in excess of [placebo](#). (Refer to separate policy number MED1263, Investigational (Experimental) Services.)

### Billing/Coding/Physician Documentation Information

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable code:*

*There are no specific codes.*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all [specific](#) information needed to make a medical necessity determination is included.

### Policy Key Words

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Key Words: Tinnitus, Ear, Ringing in the ears, Masking Device, Head noise, SUR6250

### Medical Term Definitions

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#### **Aneurysm**

a balloon like swelling in the wall of an artery, vein or in the heart.

## Policy: Tinnitus Treatment

### Eustachian Tube

a tube inside the body that links the cavity of the middle ear to the nose and the throat. It is vital for maintaining the correct air pressure so that the eardrum and ossicles can vibrate properly.

### Intermittent

alternating on and off.

### Placebo

is an inactive medication or treatment that has no intended therapeutic value. In clinical trials, experimental treatments are often compared with placebos to assess the treatment's effectiveness. In some studies, the participants in the control group will receive a placebo instead of an active drug or treatment.

## Scientific Background and Reference Sources

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BCBSA Medical Policy Reference Manual - 3/96

Medical Policy Advisory Group - 1/99

MEDLINE Search - 11/99

Specialty Matched Consultant Advisory Panel - 7/00.

Medical Policy Advisory Group - 9/14/2000

BCBSA Medical Policy Reference Manual - 8/15/01. 8.01.39

Specialty Matched Consultant Advisory Panel - 6/2002

MEDLINE Search-6/2002

BCBSA Medical Policy Reference Manual, 8.01.39; 4/29/03

Specialty Matched Consultant Advisory Panel - 6/2004

[No authors listed.] Tinnitus and Meniere's update. *Bandolier j.*2000; 74(2). Retrieved March 2, 2006 from <http://www.jr2.ox.ac.uk/bandolier/band74/b74-2.html>.

AAA (2001) American Academy of Audiology Position Statement on Audiologic Guidelines for the Diagnosis and Management of Tinnitus Patients. Retrieved March 3, 2006 from <http://www.audiology.org/professional/positions/tinnitus.php>.

BCBSA Medical Policy Reference Manual, 8.01.39; 03/15/05.

Specialty Matched Consultant Advisory Panel - 6/1/2006

BCBSA Medical Policy Reference Manual, 8.01.39; 4/25/06.

Medicare Coverage Database. NCD for Tinnitus Masking. Retrieved September 25, 2006 from [http://www.cms.hhs.gov/mcd/viewncd.asp?ncd\\_id=50.6&ncd\\_version=1&bas-ket=ncd%3A50%2E6%3A1%3ATinnitus+Masking](http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=50.6&ncd_version=1&bas-ket=ncd%3A50%2E6%3A1%3ATinnitus+Masking)

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.39, 2/14/08.

Specialty Matched Consultant Advisory Panel - 6/2008

## Policy Implementation/Update Information

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4/86      Evaluated: Investigational

## Policy: Tinnitus Treatment

- 8/88 Reviewed: Investigational
- 7/96 Reaffirmed: National Association reviewed 3/96. No changes.
- 1/99 Reaffirmed: Medical Advisory Group
- 7/99 Reformatted, Medical Term Definitions added.
- 7/00 Specialty Matched Consultant Advisory Panel. No changes to criteria.
- 9/00 Medical Policy Advisory Group review. Approved. No changes to criteria.
- 11/01 Coding Format Change.
- 6/02 Policy name changed from "Electrical Stimulation of the Ear for Suppression of Unremitting Tinnitus" to "Tinnitus Treatment". Expanded Description section to include additional information related to the treatment of tinnitus. Expanded Policy section to include tinnitus maskers, electrical stimulation or tinnitus-retraining therapy as investigational.
- 7/15/04 Specialty Matched Consultant Advisory Panel meeting 6/21/04. Benefits Application and Billing/Coding sections revised. Added "Transmeatal low-power laser irradiation has also been evaluated" to Description section. Added "transmeatal irradiation" to Policy and When not covered sections. Reference sources added. Notification given 7/15/04. Effective date 9/23/04.
- 10/16/06 Description section revised to include electromagnetic energy, transcranial magnetic stimulation and botulinum toxin A injections. Under Policy and When Not Covered sections, added electromagnetic energy, transcranial magnetic stimulation and botulinum toxin A injections as investigational. Policy guidelines, reference sources, key words and terms and definitions added. Notice given 10/16/06. Effective date 12/18/06.
- 7/14/08 Specialty Matched Consultant Advisory Panel review 6/2008. Reference sources added. No changes to criteria.

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.

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