

## Corporate Medical Policy

### Tinnitus Treatment

<b>File Name:</b>	tinnitus_treatment
<b>Origination:</b>	4/1986
<b>Last CAP Review:</b>	8/2011
<b>Next CAP Review:</b>	8/2012
<b>Last Review:</b>	8/2011

#### Description of Procedure or Service

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A variety of non-pharmacologic treatments are being evaluated to improve the subjective symptoms of tinnitus. These approaches include use of tinnitus maskers, electrical stimulation, transmeatal laser irradiation, electromagnetic energy, tinnitus-retraining therapy, tinnitus coping therapy, transcranial magnetic stimulation, transcutaneous electrical stimulation, sound therapy, and botulinum toxin A injections.

Tinnitus describes the perception of any sound in the ear in the absence of an external stimulus and presents a malfunction in the processing of auditory signals. A hearing impairment, often noise-induced or related to aging, is commonly associated with tinnitus. Clinically, tinnitus is subdivided into subjective and objective; the latter describes the minority of cases in which an external stimulus is potentially heard by an observer, for example by placing a stethoscope over the patient's external ear. Common causes of objective tinnitus include middle ear and skull-based tumors, vascular abnormalities, and metabolic derangements. In the majority of cases, tinnitus is subjective and frequently self-limited. In a small subset of patients with subjective tinnitus, its persistence leads to disruption of daily life. While many patients habituate to tinnitus, others may seek medical care if the tinnitus becomes too disruptive.

Many treatments are supportive in nature, as currently, there is no cure. One treatment, called tinnitus masking therapy, has focused on use of devices worn in the ear that produce a broad band of continuous external noise that drowns out or masks the tinnitus. Cognitive behavioral therapy may also be provided to improve coping skills, typically requiring 4 to 6 one-hour visits over an 18-month period. Tinnitus retraining therapy, also referred to as tinnitus habituation therapy, is based on the theories of a researcher named Jastreboff. Jastreboff proposes that tinnitus itself is related to the normal background electrical activity in auditory nerve cells, but the key factor is the subject's unpleasant perception of the noise, which is governed by an abnormal conditioned response in the extra-auditory limbic system. The goal of tinnitus retraining therapy is to retrain the subcortical and cortical centers involved in processing the tinnitus signals and habituate the subcortical and cortical response to the auditory neural activity. In contrast to tinnitus masking, the auditory stimulus is not intended to drown out or mask the tinnitus, but set at a level such that the tinnitus can still be detected. This strategy is thought to enhance habituation to the tinnitus by increasing the neuronal activity within the auditory system. Treatment may also include the use of hearing aids to increase external auditory stimulation.

Sound therapy is a treatment approach that is based on evidence of auditory cortex reorganization (cortical remapping) with tinnitus, hearing loss, and sound/frequency training. One type of sound therapy uses an ear-worn device (Neuromonics Tinnitus Treatment, Neuromonics, Australia) pre-recorded with selected relaxation audio and other sounds spectrally adapted to the individual patient's hearing thresholds. This is achieved by boosting the amplitude of those frequencies at which an audiogram has shown the patient to have a reduced hearing threshold. Also being evaluated is auditory tone discrimination training at or around the tinnitus frequency. Another type of sound therapy that is

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being investigated uses music with the frequency of the tinnitus removed (notched music) to promote reorganization of sound processing in the auditory cortex.

Transcutaneous electrical stimulation to the external ear has also been investigated and is based on the observation that the electrical stimulation of the cochlea associated with a cochlear implant may be associated with a reduction in tinnitus. Transmeatal low-power laser irradiation, electromagnetic energy, transcranial magnetic stimulation, and botulinum toxin A injections have also been evaluated.

The Neuromonics Tinnitus Treatment has been cleared for marketing as a tinnitus masker through the Food and Drug Administration's (FDA) 510(k) process, and is "intended to provide relief from the disturbance of tinnitus, while using the system, and with regular use (over several months) may provide relief to the patient whilst not using the system."

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

**\*\*\*Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

## 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, tinnitus coping therapy, transcranial magnetic stimulation, transcutaneous electrical stimulation, sound therapy, or botulinum toxin A injections. These treatment methods are considered investigational. BCBSNC does not cover investigational services.**

## Benefits Application

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This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

## When tinnitus treatment is covered

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Not applicable

## When tinnitus treatment is not covered

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Treatment of tinnitus with tinnitus maskers, electrical stimulation, transmeatal laser irradiation, electromagnetic energy, tinnitus-retraining therapy, tinnitus coping therapy, transcranial magnetic stimulation, transcutaneous electrical stimulation, sound therapy, or botulinum toxin A injections is considered investigational

## Policy Guidelines

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Since tinnitus is a subjective symptom 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. **Error! Reference source not found.**

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## 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 codes: 92625*

*There are no specific CPT codes for electrical stimulation or tinnitus-retraining therapy. The CPT codes used may include evaluation and management CPT codes or possibly the physical medicine and rehabilitation code (97014) or speech therapy (92507). As tinnitus-retraining therapy in part involves counseling, an individual psychotherapy CPT code may be used (code range 90804-90809). Tinnitus-retraining therapy may also be billed as physical or speech therapy.*

*As described in the literature, electrical stimulation is an office-based procedure, but if self-administered by the patient, the device could possibly be described by HCPCS code E0720.*

*Tinnitus-masking devices represent a piece of durable medical equipment. There is currently no specific HCPCS code describing these devices.*

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.

## 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://>

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[www.cms.hhs.gov/mcd/viewncl.asp?ncd\\_id=50.6&ncd\\_version=1&bas-ket=ncd%3A50%2E6%3A1%3ATinnitus+Masking](http://www.cms.hhs.gov/mcd/viewncl.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

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.39, 4/24/09

Hoare DJ, Stacey PC, Hall DA. The Efficacy of Auditory Perceptual Training for Tinnitus: A Systematic Review. *ann behav med* (2010) 40:313-324. Retrieved 7/28/11 from:

[http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2974939/pdf/12160\\_2010\\_Article\\_9213.pdf](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2974939/pdf/12160_2010_Article_9213.pdf)

Fioretti A, Eibenstein A, Fusetti, M. New Trends in Tinnitus Management. *The Open Neurology Journal*, 2011, 5, 12-17. Retrieved 7/28/11 from:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3085173/pdf/TONEUJ-5-12.pdf>

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.39, 5/12/2011

## Policy Implementation/Update Information

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4/86	Evaluated: Investigational
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. (pmo)
7/14/08	Specialty Matched Consultant Advisory Panel review 6/2008. Reference sources added. No changes to criteria. (pmo)
6/22/10	Policy Number(s) removed. (amw)
7/6/2010	Description section updated. CPT Code 92625 added to Billing/Coding section. Also added information regarding appropriate coding for these services. Specialty Matched Consultant

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Advisory Panel review 5/24/10. No change to policy statement or coverage criteria. (adn)

- 9/13/11 Description section updated. The following were added to the list of non-covered treatments for tinnitus: tinnitus coping therapy, transcutaneous electrical stimulation and sound therapy. References updated. Specialty Matched Consultant Advisory Panel review 8/31/11. (adn)

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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.