

**Policy: MP254**

**Section: Medical Benefit Policy**

**Subject: Tinnitus Treatment**

### Applicable Lines of Business

Commercial	X	CHIP	X
Medicare	X	ACA	X
Medicaid	X		

**I. Policy:** Tinnitus Treatment

**II. Purpose/Objective:**

To provide a policy of coverage regarding tinnitus treatment

**III. Responsibility:**

- A. Medical Directors
- B. Medical Management

**IV. Required Definitions**

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

**V. Additional Definitions**

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

**Medicaid Business Segment**

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking

into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

**DESCRIPTION:**

Tinnitus is the perception of sound in the ear, commonly described as “head noise”, in the absence of external stimulus. Tinnitus is a malfunction of auditory signal processing, and often results from a hearing impairment (either noise-induced or age related). Tinnitus is classified as either subjective or objective. Subjective tinnitus is audible only to the patient. It may be caused by otological disturbances, neurological, pharmacological, metabolic, infectious, neoplastic or psychological disorders. Objective tinnitus can heard by an observer by placing a stethoscope over the patient's' external ear, and can be the result of vascular (eg, bruits or aneurysms) or mechanical (Eutaschian tube dysfunction, temporomandibular joint disease, palatal myoclonus,) disorders. A variety of non-pharmacological treatments are being evaluated to treat the subjective symptoms of tinnitus including use of tinnitus maskers, acupuncture, electrical stimulation, transmeatal laser irradiation, electromagnetic energy, tinnitus-retraining therapy, tinnitus coping therapy, transcranial magnetic stimulation, transcutaneous electrical stimulation, sound therapy, hyperbaric oxygen therapy and botulinum toxin A injections.

**EXCLUSIONS:**

There is a lack of published clinical outcomes data to support the use of tinnitus maskers, acupuncture, electrical stimulation, transmeatal laser irradiation, electromagnetic energy, tinnitus-retraining therapy, tinnitus coping therapy, transcranial magnetic stimulation, transcutaneous electrical stimulation, sound therapy, hyperbaric oxygen therapy, vagus nerve stimulation, or botulinum toxin A injections to treat tinnitus. These therapies are considered **experimental, investigational or unproven** and are **NOT COVERED**.

**Medicaid Business Segment:**

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

**Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.**

**LINE OF BUSINESS:**

**Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.**

**REFERENCES:**

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This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 02/2011

**Revised:** 1/22 (add VNS exclusion)

**Reviewed:** 2/12, 2/13, 2/14, 2/15, 2/16, 2/17, 1/18, 1/19, 1/20, 1/21, 1/23, 1/24

**CMS UM Oversight Committee Approval:** 12/23

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

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