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
Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

(i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
(ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
(iii) The service or benefit 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 be 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 (Eustachian 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 and botulinum toxin A injections to treat tinnitus. These therapies are considered experimental, investigational or unproven and are NOT COVERED.

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:

ECRI Institutes. HTAIS Hotline. Tinnitus Retraining Therapy. 3/26/10


Wang G. Tinnitus retraining therapy. Health Technology Assessment. Olympia, WA: Washington State Department of Labor and Industries, Office of the Medical Director; June 7, 2004


Haller M, Hall DA. Evaluation of the acoustic Coordinated Reset (CR®) Neuromodulation therapy for tinnitus: Update on findings and conclusions. Front Psychol. 2017;8:1893

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

**Devised:** 02/2011

**Reviewed:**

**Reviewed:** 2/12, 2/13, 2/14, 2/15, 2/16, 2/17, 1/18, 1/19