



MASSACHUSETTS

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Medical Policy **Treatment of Tinnitus**

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Policy Number: 267

BCBSA Reference Number: 8.01.39

Related Policies

- Outpatient Electroconvulsive Therapy, #[319](#)
- Low-Level Laser Therapy, #[522](#)

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

The following treatments of tinnitus are **INVESTIGATIONAL**:

- 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.

Prior Authorization Information

Commercial Members: Managed Care (HMO and POS)

This is **NOT** a covered service.

Commercial Members: PPO, and Indemnity

This is **NOT** a covered service.

Medicare Members: HMO BlueSM

This is **NOT** a covered service.

Medicare Members: PPO BlueSM

This is **NOT** a covered service.

CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

There are no specific CPT codes for these services.

Description

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. Many treatments are supportive in nature, as currently, there is no cure.

A variety of non-pharmacological treatments are being evaluated to improve the subjective symptoms of tinnitus. One type of treatment, called tinnitus masking therapy focuses on the use of a device worn in the ear that produces a broad band of continuous external noise to mask the tinnitus. 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. Cognitive behavioral therapy may be provided to improve coping skills.

Tinnitus retraining therapy or sound therapy is a treatment approach used 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.

An example of treatment for tinnitus supportive therapy is the Neuromonics Tinnitus Treatment System from Neuromonics, Incorporated. All treatments and treatment devices of tinnitus are considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

Summary

Current evidence is insufficient to show improved health outcomes in patients treated with tinnitus maskers, electrical stimulation, transmeatal laser irradiation, electromagnetic energy, tinnitus-retraining therapy, sound therapy, tinnitus coping therapy, transcranial magnetic stimulation, transcutaneous electrical stimulation, or botulinum toxin A injections. Therefore, these treatments are considered investigational.

Policy History

Date	Action
9/2014	New references added from BCBSA National medical policy.
6/2013	New references from BCBSA National medical policy.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
1/1/2012	Revised. National Policy Review. No changes to policy statements.
3/2011	Reviewed - Medical Policy Group – Allergy/Asthma/Immunology and

	ENT/Otolaryngology. No changes to policy statements.
9/29/2010	New policy with coverage information currently on medical policy #400.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

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