



Status

Active

Medical and Behavioral Health Policy

Section: Medicine

Policy Number: II-42

Effective Date: 06/16/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

SELECTED TREATMENTS FOR TINNITUS

Description: A variety of non-pharmacologic treatments are being evaluated to improve the symptoms of tinnitus. Tinnitus describes the perception of any sound in the ear in the absence of an external stimulus and is a malfunction in the processing of auditory signals. In the majority of cases, tinnitus is subjective, in that it can be heard only by the patient, and is frequently self-limited. A hearing impairment, often noise-induced or related to aging, may be associated with tinnitus.

Most patients habituate to tinnitus; however, others may seek medical care if the tinnitus becomes too disruptive. Treatment has focused on counseling or use of tinnitus maskers that produce a broad band of continuous external noise that diverts attention or masks the tinnitus. Transcutaneous electrical stimulation to the external ear, transmeatal low-power laser irradiation, electromagnetic energy and transcranial magnetic stimulation have also been proposed for the treatment of tinnitus.

Tinnitus retraining focuses counseling and behavioral retraining on the associations induced by tinnitus perception. The goal is not to eliminate the tinnitus itself, but to retrain the subcortical and cortical centers involved in processing the tinnitus signals. As part of the overall therapy, maskers are used to induce habituation to the tinnitus. In contrast to the typical use of maskers, in retraining therapy, the masker is not intended to drown out or mask the tinnitus, but is set at a level such that the tinnitus can still be detected. This strategy is thought to enhance habituation by increasing the neuronal activity within the auditory system such that the tinnitus is difficult to detect.

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

Policy: Treatment of tinnitus with **any** of the following is considered **INVESTIGATIVE** due to the lack of clinical evidence demonstrating an impact on improved health outcomes:

- electrical stimulation
- electromagnetic energy
- tinnitus maskers
- tinnitus retraining
- transcranial magnetic stimulation
- transmeatal laser irradiation

Coverage: Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding: *The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

HCPCS:

E1399 Durable medical equipment, miscellaneous

S8948 Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes

Policy History: **Developed December 8, 2004**

Most recent history:

Reviewed March 9, 2011

Revised March 14, 2012

Reviewed March 13, 2013

Revised April 9, 2014

Cross Botulinum Toxin, II-16
Reference:

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