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Reviewed: 01/23/25

Revised: 02/15/25

Subject: Treatment of Tinnitus

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Updates			

DESCRIPTION:

Tinnitus is described as any sound emanating from the head not attributable to an external sound. There may be hissing, buzzing, and squealing, whining, clicking, or popping noises. Tinnitus may be unilateral, bilateral, transient, or continuous. Tinnitus is not a disease, but a symptom of some underlying condition, usually in the ear, the auditory nerve, or the brain.

Tinnitus is classified as subjective or objective. Subjective tinnitus is more common and is audible to the patient. Subjective tinnitus may be due to peripheral or central auditory problems, a metabolic abnormality, or anxiety/depression. Its persistence leads to disruption of daily life. Objective tinnitus is less common and refers to noises that can be heard by an examiner by placing his/her ear or stethoscope against the patient's ear. Objective tinnitus may be due to a vascular or neuromuscular condition, a tumor within the head, neck, or brain, or a structural defect in the ear (usually the inner ear).

Various nonpharmacologic treatments are being evaluated to improve the symptoms of tinnitus. These approaches include psychological coping therapies, sound therapies, combined psychological and sound therapies, repetitive transcranial magnetic stimulation, electrical and electromagnetic stimulation, and transmeatal laser irradiation. Several tinnitus instruments, such as maskers are approved by the Food and Drug Administration (FDA) (e.g., Neuromonics Tinnitus Treatment, Unitron Tinnitus Masker, Levo System).

Summary and Analysis of Evidence: An UpToDate review on "Treatment of tinnitus" (Dinces) states that "Tinnitus is a perception of sound in proximity to the head in the absence of an external source. The sound may be a buzzing, ringing, or hissing, although it can also sound like other noises. Tinnitus is most commonly associated with hearing loss, though it may be a presenting symptom of vascular or neurological abnormalities. Once a serious underlying medical condition has been ruled out, treatment

should be directed at the symptom itself, which severely interferes with the quality of life in approximately 10 percent of patients with tinnitus. Treatment: Treatment for tinnitus includes correcting identified comorbidities as well as directly addressing the effects of tinnitus on quality of life. For many patients, tinnitus is a chronic condition; goals of treatment are to lessen its impact and any associated disability, rather than to achieve absolute cure. Several treatment modalities have been studied, including behavioral treatments (tinnitus retraining therapy (TRT), biofeedback and stress reduction programs, cognitive behavioral therapy (CBT)) and medications, but the benefit for most of these interventions has not been conclusively demonstrated in randomized trials. A comparative effectiveness study on treatment for tinnitus for the Agency for Healthcare Research and Quality found that research is limited by the lack of data regarding measures to assess patients, and poorly collected data regarding adverse effects of a variety of interventions.”

POSITION STATEMENT:

Psychological coping therapy including cognitive behavioral therapy, self-help cognitive behavioral therapy, tinnitus coping therapy, acceptance and commitment therapy and psychophysiological treatment **meets the definition of medical necessity** for persistent and bothersome tinnitus.

Treatment of tinnitus with other therapies, including but not limited to the following is considered **experimental or investigational** as there is insufficient evidence to show improved health outcomes in members with tinnitus treated with these treatments and therapies:

- Biofeedback
- Tinnitus maskers, customized sound therapy
- Combined psychological and sound therapy (e.g., tinnitus retraining therapy)
- Transcranial magnetic stimulation
- Transcranial direct current stimulation
- Electrical transcutaneous electrical stimulation of the ear, electromagnetic energy
- Transmeatal laser irradiation.

BILLING/CODING INFORMATION:

There is no specific code.

REIMBURSEMENT INFORMATION:

Refer to section entitled [POSITION STATEMENT](#).

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products: No Local Coverage Determination (LCD) was found at the time of the last guideline reviewed date.

The following National Coverage Determination (NCD) was reviewed on the last guideline reviewed date: Tinnitus Masking 50.6, located at cms.gov.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#).

DEFINITIONS:

None applicable.

RELATED GUIDELINES:

None applicable.

OTHER:

Other names used to report tinnitus treatment:

Note: The use of specific product names is illustrative only. It is not intended to be a recommendation of one product over another, and is not intended to represent a complete listing of all products available.

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 01/23/25.

GUIDELINE UPDATE INFORMATION:

09/15/03	New Medical Coverage Guideline.
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07/15/04	Scheduled review. Added transmeatal irradiation as an investigational treatment for tinnitus.
01/01/05	HCPCS update. Added 92625.
06/15/05	Scheduled review, no change in coverage statement.
07/15/06	Scheduled review. Maintain coverage statement (investigational). Revised description section; added information regarding: transcranial magnetic stimulation and botulinum toxin A injections, tinnitus retraining and counseling. Updated references. Deleted related Internet links. Revised when services are not covered; added transcranial magnetic stimulation and botulinum toxin A injections, tinnitus retraining and counseling.
07/15/07	Scheduled review; no change in coverage statement; reformatted guideline, and update references.
05/15/08	Scheduled review. No change in position statement, and update references.
06/15/09	Annual review; maintain position statement, and update references.
03/15/10	Code update, deleted code 92625, and updated references.
06/15/11	Annual review; maintain experimental or investigational position statement. Added tinnitus coping therapy, transcutaneous electrical stimulation and sound therapy to position statement. Updated references.
01/15/13	Annual review; no change to position statement (revised for clarity). Added information regarding the FDA use of the Neuromonics Tinnitus treatment to the description section. Revised ICD-9 diagnoses codes medical necessity statement. Updated references.
05/11/14	Revision: Program Exceptions section updated.
11/01/15	Revision: ICD-9 Codes deleted.
04/15/17	Added psychological coping and combined psychological and sound therapy. Deleted tinnitus coping therapy and botulinum toxin A injections.
04/15/18	Revision: added cognitive behavior therapy, self-help cognitive behavior therapy, acceptance and commitment therapy and psychological treatment to the position statement and biofeedback to investigational position statement. Updated references.
05/15/20	Review; no change to position statement. Updated references.
06/15/22	Review; no change to position statement. Updated description and references.
05/22/23	Update to Program Exceptions section.
01/01/24	Position statements maintained.
02/15/24	Review; maintain position statements. Updated program exception and references.
02/15/25	Review; maintain position statements. Updated references.