

TINNITUS RETRAINING THERAPY

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Date Of Origin: April 28, 2004

Status: Current

I. POLICY/CRITERIA

Tinnitus retraining therapy for the treatment of tinnitus has not been shown to be effective in peer reviewed medical literature. This approach is considered investigational and unproven and is not a covered benefit.

II. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the [Priority Health Provider Manual](#).

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS) and/or Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of*

guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IV. DESCRIPTION

Tinnitus retraining therapy (TRT) is a neurophysiological approach centering on behavioral retraining of the associations induced by perception of tinnitus. It uses devices similar to tinnitus maskers. These devices, known as white noise generators, produce white noise, and are used over a period of several months to help patients in their habituation of tinnitus. Measurement of the tinnitus match is performed after an audiogram. The patient is asked to identify which of the tones of the audiometer match the tone of the ringing of his or her tinnitus. Examples of measures quantified include pitch, loudness and minimal masking level of the tinnitus. These parameters are then used for tinnitus retraining and for selecting devices, which can produce "white noise" to counterbalance and reduce or eliminate the tinnitus.

Background:

Tinnitus retraining, also referred to as tinnitus habituation therapy, is a treatment option based on the theories of a researcher named Jastreboff. Jastreboff proposes that tinnitus itself is related to the normal background electrical activity in auditory nerve cells, but the key factor is the subject's unpleasant perception of the noise, which is governed by an abnormal conditioned response in the extra-auditory limbic system. Tinnitus retraining focuses counseling and behavioral retraining on the associations induced by tinnitus perception. Specifically, the goal is not to eliminate the tinnitus itself, but to retrain the subcortical and cortical centers involved in processing the tinnitus signals. The counseling may require four to six one-hour visits over an 18-month period. 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.

Most of the published scientific literature related to TRT consists of explanations of the neurophysiologic model on which this therapy is based. Although there are reports of a nearly 80% success rate with this treatment, these reports are based solely on patient surveys from a select group of patients who received TRT at one of two treatment centers. There are no published randomized clinical trials comparing TRT to existing, albeit unsatisfactory treatment options, nor are comparisons made to sham treatment. Jastreboff and colleagues report improved outcomes with TRT compared to counseling alone for patients treated in their clinic; however, this data was based on post-treatment patient surveys, and these patients were not treated under a formal research protocol. Treatment choices

were based, not on randomization, but on patient preference or financial ability to pay for TRT, thus introducing selection bias into the reported results. Based on the lack of controlled studies comparing TRT to existing or sham treatment, conclusions cannot be drawn concerning the health outcome effects of tinnitus retraining therapy.

Randomized, controlled clinical studies that include no-treatment and placebo groups are needed to ascertain the effectiveness of TRT in the management of patients with tinnitus.

V. CODING INFORMATION

ICD-10 Codes that apply to this policy:

H93.11 Tinnitus, right ear
H93.12 Tinnitus, left ear
H93.13 Tinnitus, bilateral
H93.19 Tinnitus, unspecified ear

HCPCS/CPT Procedure Codes:

92625 Assessment of tinnitus (includes pitch, loudness matching, and masking)

Codes billed for treatments above are not covered (list not inclusive):

92700 Unlisted otorhinolaryngological service or procedure
97039 Unlisted modality (specify type and time if constant attendance)

V5298 Hearing aid, not otherwise classified
V5299 Hearing service, miscellaneous

E1399 Durable medical equipment, miscellaneous
Explanatory notes must accompany claims billed with these codes

VI. REFERENCES

1. Alashram AR. Effects of tinnitus retraining therapy on patients with tinnitus: a systematic review of randomized controlled trials. *Eur Arch Otorhinolaryngol*. 2025 Feb;282(2):571-587. doi: 10.1007/s00405-024-08907-3. Epub 2024 Aug 17. PMID: 39153142.
2. Hayes, Inc. Evidence Analysis Research Brief. Tinnitus Retraining Therapy. Hayes, Inc. March 16, 2018.
3. Savage J, Waddell A. Tinnitus. *BMJ Clin Evid*. 2014 Oct 20;2014:0506. PMID: 25328113; PMCID: PMC4202663.
4. Wilson PH, Henry JL, Andersson G, Hallam RS, Lindberg P. A critical analysis of directive counselling as a component of tinnitus retraining therapy. *Br J Audiol*. 1998 Oct;32(5):273-86. doi: 10.3109/03005364000000078. PMID: 9845025.

AMA CPT Copyright Statement:

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