

# MEDICAL POLICY

<b>POLICY TITLE</b>	<b>TREATMENT OF TINNITUS</b>
<b>POLICY NUMBER</b>	<b>MP 2.038</b>

<b>Effective Date:</b>	<b>6/1/2023</b>
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## I. POLICY

Treatment of tinnitus with any of the following therapies is considered **investigational**:

- 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.

There is insufficient evidence to support a general conclusion concerning the health outcomes related to their efficacy for the above listed investigational indications.

Note: This policy does not address surgical (e.g., cochlear or brainstem implants); pharmacologic treatment of tinnitus (e.g., use of amitriptyline or other tricyclic antidepressants), or injection of botulinum toxin.

***Cross-references:***

- MP 1.023** Cochlear Implant
- MP 1.097** Low Level Laser Therapy
- MP 2.064** Biofeedback and Neurofeedback Therapy

## II. PRODUCT VARIATIONS

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This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations as discussed in Section VI. Please see additional information below.

**FEP PPO** - Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at: <https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies> .

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### III. DESCRIPTION/BACKGROUND

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#### Tinnitus

Tinnitus describes the perception of any sound in the ear in the absence of an external stimulus and presents as a malfunction in the processing of auditory signals. A hearing impairment, often noise-induced or related to aging, is commonly associated with tinnitus. Clinically, tinnitus is subdivided into subjective and objective types. The latter describes the minority of cases, in which an external stimulus is potentially heard by an observer (e.g., by placing a stethoscope over the patient’s external ear). Common causes of objective tinnitus include middle ear and skull-based tumors, vascular abnormalities, and metabolic derangements. The more common type is subjective tinnitus, which is frequently self-limited. In a small subset of patients with subjective tinnitus, its intensity and persistence leads to disruption of daily life. While many patients habituate to tinnitus, others may seek medical care if the tinnitus becomes too disruptive.

#### Treatment

Many treatments are supportive in nature because, currently, there is no cure. One treatment, called tinnitus masking therapy, has focused on use of devices worn in the ear that produce a broad band of continuous external noise that drowns out or masks the tinnitus. Tinnitus retraining therapy, also referred to as tinnitus habituation therapy, is based on the theories of Jastreboff, who proposed that tinnitus itself is related to the normal background electrical activity in auditory nerve cells, but the key factor in some patients’ unpleasant response to the noise is due to a spreading of the signal and an abnormal conditioned reflex in the extra-auditory limbic and autonomic nervous systems. The goal of tinnitus retraining therapy is to habituate (retrain) 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 is set at a level such that the tinnitus can still be detected. This strategy is thought to enhance extinction of the subconscious conditioned reflexes connecting the auditory system with the limbic and autonomic nervous systems by increasing neuronal activity within the auditory system. Treatment may also include the use of hearing aids to increase external auditory stimulation. The Heidelberg model uses an intensive program of active and receptive music therapy, relaxation with habituation to the tinnitus sound, and stress mapping with a therapist.

Sound therapy is a treatment approach based on evidence of auditory cortex reorganization (cortical remapping) with tinnitus, hearing loss, and sound/frequency training. One type of sound therapy uses an ear-worn device (Neuromonics Tinnitus Treatment; Neuromonics, Australia) prerecorded with selected relaxation audio and other sounds spectrally adapted to the individual patient’s hearing thresholds. This is achieved by boosting the amplitude of those frequencies at which an audiogram has shown the patient to have a reduced hearing threshold. Also being evaluated is auditory tone discrimination training at or around the tinnitus frequency. Another type of sound therapy that is being investigated uses music with the frequency of the tinnitus removed (notched music) to promote reorganization of sound processing in the auditory cortex. One theory behind notched music is that tinnitus is triggered by injury to inner ear hair cell population, resulting in both a loss of excitatory stimulation of the represented auditory cortex and loss of inhibition on the adjoining frequency areas. It is proposed that this loss of inhibition

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leads to hyperactivity and overrepresentation at the edge of the damaged frequency areas and that removing the frequencies overrepresented at the audiometric edge will result in reorganization of the brain.

Electrical stimulation to the external ear has also been investigated and is based on the observation that electrical stimulation of the cochlea associated with a cochlear implant may be associated with a reduction in tinnitus. Transmeatal low-power laser irradiation, electrical stimulation, and transcranial magnetic stimulation have also been evaluated.

**REGULATORY STATUS**

The Neuromonics® Tinnitus Treatment is one of many tinnitus maskers cleared for marketing by the U.S. Food and Drug Administration (FDA) through the 510(k) process. It is "...intended to provide relief from the disturbance of tinnitus, while using the system, and with regular use (over several months) may provide relief to the patient whilst not using the system." FDA product code: K LW.

**IV. RATIONALE**

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**SUMMARY OF EVIDENCE**

For individuals who have persistent, bothersome tinnitus who receive psychological coping therapy, the evidence includes RCTs and meta-analyses of RCTs. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. These therapies are intended to reduce tinnitus impairment and improve health-related quality of life. Meta-analyses of a variety of cognitive and behavioral therapies have found improvements in global tinnitus severity and quality of life, even when tinnitus loudness is not affected. Other RCTs have reported that a self-help/Internet-based approach to cognitive and behavioral therapy or acceptance and commitment therapy may also improve coping skills.

For individuals who have tinnitus who receive sound therapy, the evidence includes RCTs and a systematic review of RCTs. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. The evidence on tinnitus masking includes RCTs and a systematic review of RCTs. The RCTs had medium-to-high risk of bias and did not show the efficacy of masking therapy. Research on customized sound therapy appears to be at an early stage. For example, the studies described the use of very different approaches for sound therapy, and it is not yet clear whether therapy is more effective when the training frequency is the same or adjacent to the tinnitus pitch. A 2016 trial, double-blinded and adequately powered, found no benefit of notched music on the primary outcome measures of tinnitus perception and tinnitus distress, although the subcomponent score of tinnitus loudness was reported to be reduced. A benefit on tinnitus loudness but not tinnitus perception or tinnitus distress is of uncertain clinical significance, may be spurious, and would need corroboration in additional studies. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have tinnitus who receive combined psychological and sound therapy, the evidence includes RCTs. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. The evidence on tinnitus retraining therapy consists of a number of small randomized or quasi-RCTs. Collectively, the literature does not show consistent improvements in the primary outcome measure (THI scores) when tinnitus retraining

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therapy is compared with active or sham controls. For Heidelberg neuromusic therapy, a trial has used an investigator-blinded RCT design and showed positive short-term results following treatment. However, the durability of treatment is also unknown. A large, multicenter RCT trial using an intensive, multidisciplinary intervention showed improvement in outcomes. However, it is uncertain whether the multiple intensive interventions used in this trial could be replicated outside of the investigational setting. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have tinnitus who receive transcranial magnetic stimulation, the evidence includes a number of small- to moderate-sized RCTs and systematic reviews. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. Results from these studies are mixed, with some trials reporting a statistically significant effect of repetitive transcranial magnetic stimulation on tinnitus severity and others reporting no significant difference. Larger controlled trials with longer follow-up are needed for this common condition. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have tinnitus who receive electrical or electromagnetic stimulation, the evidence includes a number of sham-controlled randomized trials. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. The available evidence does not currently support the use of these stimulation therapies. A 2015 sham-controlled study that was adequately powered found no benefit of transcranial direct current stimulation. Moreover, while a 2017 meta-analysis found some benefit for transcranial direct current stimulation, it was noted that further study would be needed to evaluate transcranial direct current stimulation as a treatment option. Studies have not shown a benefit for direct current electrical stimulation of the ear. The evidence on electromagnetic energy includes a small RCT, which found no benefit for the treatment of tinnitus. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have tinnitus who receive transmeatal laser irradiation, the evidence includes RCTs and crossover trials. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. The evidence for transmeatal laser irradiation includes a number of double-blind RCTs, most of which showed no treatment efficacy. The evidence is insufficient to determine the effects of the technology on health outcomes.

**V. DEFINITIONS**

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**TINNITUS** is a subjective ringing, buzzing, or hissing sound in the ear. For some patients, this causes only minor irritation; for others, it is disabling.

**VI. BENEFIT VARIATIONS**

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are

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excluded, which are subject to benefit limits and which require preauthorization. There are different benefit plan designs in each product administered by Capital Blue Cross. Members and providers should consult the member’s health benefit plan for information or contact Capital Blue Cross for benefit information.

### VII. DISCLAIMER

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*Capital Blue Cross’s medical policies are developed to assist in administering a member’s benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member’s benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member’s plan of benefits, please contact Capital Blue Cross’ Provider Services or Member Services. Capital Blue Cross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.*

### VIII. CODING INFORMATION

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**Note:** This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

**Treatment of tinnitus with tinnitus coping therapy, tinnitus maskers, tinnitus retraining therapy, customized sound therapy, transcranial magnetic stimulation, transcranial direct current stimulation, transcutaneous electrical stimulation of the ear, transmeatal laser irradiation, and electromagnetic energy is considered investigational; therefore, not covered:**

Procedure Codes							
E0720	E0746	E0761	E1399	G0283	S8948	90867	90868
90869	90875	90876	90901	92507	97014	97026	97032
97039							

### IX. REFERENCES

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1. *Pichora-Fuller MK, Santaguida P, Hammill A, et al. Evaluation and Treatment of Tinnitus: Comparative Effectiveness (Comparative Effectiveness Review No. 122). Rockville, MD: Agency for Healthcare Research and Quality; 2013.*

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2. Hall DA, Hibbert A, Smith H, et al. One Size Does Not Fit All: Developing Common Standards for Outcomes in Early-Phase Clinical Trials of Sound-, Psychology-, and Pharmacology-Based Interventions for Chronic Subjective Tinnitus in Adults. *Trends Hear.* Jan-Dec 2019; 23: 2331216518824827. PMID 30803389
3. Jacquemin L, Mertens G, Van de Heyning P, et al. Sensitivity to change and convergent validity of the Tinnitus Functional Index (TFI) and the Tinnitus Questionnaire (TQ): Clinical and research perspectives. *Hear Res.* Oct 2019; 382: 107796. PMID 31514042
4. Fuller T, Cima R, Langguth B, et al. Cognitive behavioural therapy for tinnitus. *Cochrane Database Syst Rev.* Jan 08 2020; 1: CD012614. PMID 31912887
5. Landry EC, Sandoval XCR, Simeone CN, et al. Systematic Review and Network Meta-analysis of Cognitive and/or Behavioral Therapies (CBT) for Tinnitus. *Otol Neurotol.* Feb 2020; 41(2): 153-166. PMID 31743297
6. Theodoroff SM, McMillan GP, Schmidt CJ, et al. Randomised controlled trial of interventions for bothersome tinnitus: Desyncra TM versus cognitive behavioural therapy. *Int J Audiol.* Dec 01 2021: 1-10. PMID 34851208
7. Xing M, Kallogjeri D, Piccirillo JF. Investigating the Impact of Cognitive Training for Individuals With Bothersome Tinnitus: A Randomized Controlled Trial. *Otolaryngol Head Neck Surg.* Dec 2021; 165(6): 854-861. PMID 33650921
8. Sereda M, Xia J, El Refaie A, et al. Sound therapy (using amplification devices and/or sound generators) for tinnitus. *Cochrane Database Syst Rev.* Dec 27 2018; 12: CD013094. PMID 30589445
9. Jalilvand H, Pourbakht A, Haghani H. Hearing aid or tinnitus masker: which one is the best treatment for blast-induced tinnitus? The results of a long-term study on 974 patients. *Audiol Neurootol.* 2015; 20(3): 195-201. PMID 25924663
10. Davis PB, Wilde RA, Steed LG, et al. Treatment of tinnitus with a customized acoustic neural stimulus: a controlled clinical study. *Ear Nose Throat J.* Jun 2008; 87(6): 330-9. PMID 18561116
11. Hanley PJ, Davis PB, Paki B, et al. Treatment of tinnitus with a customized, dynamic acoustic neural stimulus: clinical outcomes in general private practice. *Ann Otol Rhinol Laryngol.* Nov 2008; 117(11): 791-9. PMID 19102123
12. Herraiz C, Diges I, Cobo P, et al. Auditory discrimination training for tinnitus treatment: the effect of different paradigms. *Eur Arch Otorhinolaryngol.* Jul 2010; 267(7): 1067-74. PMID 20044759
13. Okamoto H, Stracke H, Stoll W, et al. Listening to tailor-made notched music reduces tinnitus loudness and tinnitus-related auditory cortex activity. *Proc Natl Acad Sci U S A.* Jan 19 2010; 107(3): 1207-10. PMID 20080545
14. Stein A, Wunderlich R, Lau P, et al. Clinical trial on tonal tinnitus with tailor-made notched music training. *BMC Neurol.* Mar 17 2016; 16: 38. PMID 26987755
15. Therdphaothai J, Atipas S, Suvansit K, et al. A Randomized, Controlled Trial of Notched Music Therapy for Tinnitus Patients. *J Int Adv Otol.* May 2021; 17(3): 221-227. PMID 34100746
16. Piromchai P, Srisukhumchai C, Kasemsiri P, et al. A Three-arm, Single-blind, Randomized Controlled Trial Examining the Effects of Notched Music Therapy, Conventional Music Therapy, and Counseling on Tinnitus. *Otol Neurotol.* Feb 01 2021; 42(2): 335-340. PMID 33290360

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17. Li SA, Bao L, Chrostowski M. Investigating the Effects of a Personalized, Spectrally Altered Music-Based Sound Therapy on Treating Tinnitus: A Blinded, Randomized Controlled Trial. *Audiol Neurootol.* 2016; 21(5): 296-304. PMID 27838685
18. Hoare DJ, Kowalkowski VL, Kang S, et al. Systematic review and meta-analyses of randomized controlled trials examining tinnitus management. *Laryngoscope.* Jul 2011; 121(7): 1555-64. PMID 21671234
19. Westin VZ, Schulin M, Hesser H, et al. Acceptance and commitment therapy versus tinnitus retraining therapy in the treatment of tinnitus: a randomised controlled trial. *Behav Res Ther.* Nov 2011; 49(11): 737-47. PMID 21864830
20. Bauer CA, Brozoski TJ. Effect of tinnitus retraining therapy on the loudness and annoyance of tinnitus: a controlled trial. *Ear Hear.* Mar-Apr 2011; 32(2): 145-55. PMID 20890204
21. Henry JA, Schechter MA, Zaugg TL, et al. Clinical trial to compare tinnitus masking and tinnitus retraining therapy. *Acta Otolaryngol Suppl.* Dec 2006; (556): 64-9. PMID 17114146
22. Phillips JS, McFerran D. Tinnitus Retraining Therapy (TRT) for tinnitus. *Cochrane Database Syst Rev.* Mar 17 2010; (3): CD007330. PMID 20238353
23. Grewal R, Spielmann PM, Jones SE, et al. Clinical efficacy of tinnitus retraining therapy and cognitive behavioural therapy in the treatment of subjective tinnitus: a systematic review. *J Laryngol Otol.* Dec 2014; 128(12): 1028-33. PMID 25417546
24. Scherer RW, Formby C. Effect of Tinnitus Retraining Therapy vs Standard of Care on Tinnitus-Related Quality of Life: A Randomized Clinical Trial. *JAMA Otolaryngol Head Neck Surg.* Jul 01 2019; 145(7): 597-608. PMID 31120533
25. Argstatter H, Grapp M, Hutter E, et al. The effectiveness of neuro-music therapy according to the Heidelberg model compared to a single session of educational counseling as treatment for tinnitus: a controlled trial. *J Psychosom Res.* Mar 2015; 78(3): 285-92. PMID 25224125
26. Cima RF, Maes IH, Joore MA, et al. Specialised treatment based on cognitive behaviour therapy versus usual care for tinnitus: a randomised controlled trial. *Lancet.* May 26 2012; 379(9830): 1951-9. PMID 22633033
27. Soleimani R, Jalali MM, Hasandokht T. Therapeutic impact of repetitive transcranial magnetic stimulation (rTMS) on tinnitus: a systematic review and meta-analysis. *Eur Arch Otorhinolaryngol.* Jul 2016; 273(7): 1663-75. PMID 25968009
28. Langguth B, Landgrebe M, Frank E, et al. Efficacy of different protocols of transcranial magnetic stimulation for the treatment of tinnitus: Pooled analysis of two randomized controlled studies. *World J Biol Psychiatry.* May 2014; 15(4): 276-85. PMID 22909265
29. Folmer RL, Theodoroff SM, Casiana L, et al. Repetitive Transcranial Magnetic Stimulation Treatment for Chronic Tinnitus: A Randomized Clinical Trial. *JAMA Otolaryngol Head Neck Surg.* Aug 2015; 141(8): 716-22. PMID 26181507
30. Song JJ, Vanneste S, Van de Heyning P, et al. Transcranial direct current stimulation in tinnitus patients: a systemic review and meta-analysis. *ScientificWorldJournal.* 2012; 2012: 427941. PMID 23133339
31. Pal N, Maire R, Stephan MA, et al. Transcranial Direct Current Stimulation for the Treatment of Chronic Tinnitus: A Randomized Controlled Study. *Brain Stimul.* Nov-Dec 2015; 8(6): 1101-7. PMID 26198363

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32. Wang TC, Tyler RS, Chang TY, et al. *Effect of Transcranial Direct Current Stimulation in Patients With Tinnitus: A Meta-Analysis and Systematic Review.* *Ann Otol Rhinol Laryngol.* Feb 2018; 127(2): 79-88. PMID 29192507
33. Abtahi H, Okhovvat A, Heidari S, et al. *Effect of transcranial direct current stimulation on short-term and long-term treatment of chronic tinnitus.* *Am J Otolaryngol.* Mar 2018; 39(2): 94-96. PMID 29336898
34. Jacquemin L, Shekhawat GS, Van de Heyning P, et al. *Effects of Electrical Stimulation in Tinnitus Patients: Conventional Versus High-Definition tDCS.* *Neurorehabil Neural Repair.* Aug 2018; 32(8): 714-723. PMID 30019630
35. Byun YJ, Lee JA, Nguyen SA, et al. *Transcutaneous Electrical Nerve Stimulation for Treatment of Tinnitus: A Systematic Review and Meta-analysis.* *Otol Neurotol.* Aug 2020; 41(7): e767-e775. PMID 32472915
36. Deklerck AN, Marechal C, Perez Fernandez AM, et al. *Invasive Neuromodulation as a Treatment for Tinnitus: A Systematic Review.* *Neuromodulation.* Jun 2020; 23(4): 451-462. PMID 31524324
37. Dobie RA, Hoberg KE, Rees TS. *Electrical tinnitus suppression: a double-blind crossover study.* *Otolaryngol Head Neck Surg.* Oct 1986; 95(3 Pt 1): 319-23. PMID 3108780
38. Thedinger BS, Karlsen E, Schack SH. *Treatment of tinnitus with electrical stimulation: an evaluation of the Audimax Theraband.* *Laryngoscope.* Jan 1987; 97(1): 33-7. PMID 3491942
39. Mielczarek M, Olszewski J. *Direct current stimulation of the ear in tinnitus treatment: a double-blind placebo-controlled study.* *Eur Arch Otorhinolaryngol.* Jun 2014; 271(6): 1815-22. PMID 24337877
40. Ghossaini SN, Spitzer JB, Mackins CC, et al. *High-frequency pulsed electromagnetic energy in tinnitus treatment.* *Laryngoscope.* Mar 2004; 114(3): 495-500. PMID 15091224
41. Nakashima T, Ueda H, Misawa H, et al. *Transmeatal low-power laser irradiation for tinnitus.* *Otol Neurotol.* May 2002; 23(3): 296-300. PMID 11981384
42. Teggi R, Bellini C, Piccioni LO, et al. *Transmeatal low-level laser therapy for chronic tinnitus with cochlear dysfunction.* *Audiol Neurootol.* 2009; 14(2): 115-20. PMID 18843180
43. Ngao CF, Tan TS, Narayanan P, et al. *The effectiveness of transmeatal low-power laser stimulation in treating tinnitus.* *Eur Arch Otorhinolaryngol.* May 2014; 271(5): 975-80. PMID 23605244
44. Dehkordi MA, Einolghozati S, Ghasemi SM, et al. *Effect of low-level laser therapy in the treatment of cochlear tinnitus: a double-blind, placebo-controlled study.* *Ear Nose Throat J.* Jan 2015; 94(1): 32-6. PMID 25606834
45. Tunkel DE, Bauer CA, Sun GH, et al. *Clinical practice guideline: tinnitus.* *Otolaryngol Head Neck Surg.* Oct 2014; 151(2 Suppl): S1-S40. PMID 25273878
46. Centers for Medicare & Medicaid Services. *National Coverage Determination (NCD) for Tinnitus Masking - RETIRED (50.6).* 2014
47. Blue Cross Blue Shield Association *Medical Policy Reference Manual.* 8.01.39 *Treatment of Tinnitus, March, 2022*



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**X. POLICY HISTORY**

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<b>MP 2.038</b>	<b>9/11/2020 Consensus Review.</b> No change to Policy Statement. Coding reviewed, no changes. References reviewed, updated. Product Variation Statement updated. FEP statement updated.
	<b>6/21/2021 Consensus Review.</b> No change to policy statement. Coding reviewed with no changes. References reviewed and updated. Product Variation statement updated.
	<b>6/6/2022 Consensus Review.</b> No changes to policy statement. FEP and references updated. Coding reviewed with no changes.
	<b>1/3/2023 Consensus review.</b> No change to policy statement. References and background reviewed and updated.

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