

Tinnitus Treatments



INDEPENDENT CARE HEALTH PLAN

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Medicare Advantage Medical Coverage Policy

Table of Contents

- [Related Medicare Advantage Medical/Pharmacy Coverage Policies](#)
- [Related Documents](#)
- [Description](#)
- [Coverage Determination](#)
- [Coverage Limitations](#)
- [Coding Information](#)
- [References](#)
- [Appendix](#)
- [Change Summary](#)

Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

Related Documents

Please refer to [CMS website](#) for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/ Transmittals.

Type	Title	ID Number	Jurisdiction Medicare Administrative Contractors (MACs)	Applicable States/Territories
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NCD	Electrical Nerve Stimulators	160.7		
LCD LCA	Transcutaneous Electrical Nerve Stimulators ((TENS)	L33802 A52520	DME A - Noridian Healthcare Solutions, LLC (DME MAC) DME B - CGS Administrators, LLC (DME MAC) DME C - CGS Administrators, LLC (DME MAC) DME D - Noridian Healthcare Solutions, LLC (DME MAC)	CT, DE, DC, ME, MD, MA, NH, NJ, NY, PA, RI, VT IL, IN, KY, MI, MN, OH, WI AL, AR, CO, FL, GA, LA, MS, NM, NC, OK, SC, TN, TX, VA, WV, PR, U.S. VI AK, AZ, CA, HI, ID, IA, KS, MO, MT, NE, NV, ND, OR, SD, UT, WA, WY, American Samoa, Guam, Northern Mariana Islands
LCD LCA	Outpatient Physical and Occupational Therapy Services Billing and Coding: Outpatient Physical and Occupational Therapy Services	L34049 A57067	J15 - CGS Administrators, LLC (Part A/B MAC)	KY, OH
LCD LCA	Outpatient Physical and Occupational Therapy Services Billing and Coding: Outpatient Physical and Occupational Therapy Services	L33631 A56566	J6 - National Government Services, Inc. (Part A/B MAC) JK - National Government Services, Inc. (Part A/B MAC)	IL, MN, WI CT, NY, ME, MA, NH, RI, VT

	Outpatient Occupational Therapy			
LCD	Billing and Coding: Outpatient Occupational Therapy	L34427 A53064	JJ - Palmetto GBA (Part A/B MAC)	AL, GA, TN
LCA	Outpatient Physical Therapy	L34428 A53065	JM - Palmetto GBA (Part A/B MAC)	NC, SC, VA, WV
	Billing and Coding: Outpatient Physical Therapy			

Description

Tinnitus is the perception of sound in one ear, both ears or within the head when external sound is not present. It is often described as buzzing, hissing, ringing, roaring or whistling.

Although there is no cure for tinnitus, treatments are designed to provide relief of symptoms. Examples of types of treatments proposed for tinnitus include, but may not be limited to:

Bimodal neuromodulation device – Noninvasive device that combines mild electrical stimulation to the tongue with sound stimulation provided via headphones to drive long-term changes or neuroplasticity in the brain to purportedly treat tinnitus. One example of this type of device is **Lenire**. This device consists of a handheld controller, tongue tip intra-oral device and electrodes, and wireless Bluetooth headphones. The handheld controller starts and stops treatment and adjusts sound volume and tongue stimulation intensity. The tongue tip intra-oral device with electrodes delivers stimulation to the tongue surface and the wireless Bluetooth headphones are paired to the controller to deliver sounds designed to activate the auditory nerve.

Cognitive behavioral therapy (CBT) – Attempts to teach coping strategies or distraction skills and relaxation techniques so that the psychological response to the condition may be altered.

Competitive kinesthetic interaction therapy (KKIT) – Adapted physiotherapy using expressive movements of body language. Different groups of muscles in the hand, arm, leg, foot and body, from the feet up to the face, are activated, which purportedly guides the individual into a situation of peaceful resting, reduction of tension and finally into relaxation. This was adapted from a rehabilitation program for treating pain.

Electrical stimulation – Treatment may include placing electrodes directly on the bony cochlea or the round window niche (one of two openings that connect the inner ear to the middle ear), or anywhere in the vicinity of the ear. The exact mechanism by which electrical stimulation is proposed to reduce tinnitus is

unclear. An example of electrical stimulation includes, but may not be limited to, transcutaneous electrical nerve stimulation.

Hearing aids – The goal is to bring in more sounds from the individual’s surroundings, thus naturally covering the tinnitus and making it less noticeable. Some hearing aids may exist as a combination hearing aid and a broadband noise generator or masking device for tinnitus relief. An example of a combination hearing aid includes, but may not be limited to, the Lyric hearing aid combined with Tinnitus Balance software.

Masking (sound therapy) devices – Produce constant low-level white noise intended to provide a distraction or purportedly habituate an individual from the tinnitus they experience, by using, matching or enhancing sounds. This technology used to be primarily utilized through tabletop sound machines, but today, many are now applications (apps) available on or incorporated into an individual’s personal electronic devices (eg, smartphone, tablet) or hearing aids. Examples of masking (sound therapy) devices include, but may not be limited to, Levo System and Oasis Pro.

Tinnitus retraining therapy (TRT) – Uses a combination of low-level broadband noise along with counseling to achieve the habituation of tinnitus. The goal is to become unaware of the tinnitus unless it is consciously focused on and to remain unbothered by it, even when aware of it.

Transmeatal laser irradiation – Low-level laser irradiation applied through the external acoustic meatus of the affected ear. The treatment takes place once a week for 6 minutes over a 4 week period or more.

Coverage Determination

iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.

Please refer to the above CMS guidance for **tinnitus treatments**.

In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria:

Tinnitus Treatments

The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.

Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
64999	Unlisted procedure, nervous system	
90832	Psychotherapy, 30 minutes with patient	
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	
90834	Psychotherapy, 45 minutes with patient	
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	
90837	Psychotherapy, 60 minutes with patient	
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)	
E0720	Transcutaneous electrical nerve stimulation (TENS) device, two-lead, localized stimulation	

E0730	Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation	
V5030	Hearing aid, monaural, body worn, air conduction	
V5040	Hearing aid, monaural, body worn, bone conduction	
V5050	Hearing aid, monaural, in the ear	
V5060	Hearing aid, monaural, behind the ear	
V5070	Glasses, air conduction	
V5080	Glasses, bone conduction	
V5090	Dispensing fee, unspecified hearing aid	
V5095	Semi-implantable middle ear hearing prosthesis	
V5100	Hearing aid, bilateral, body worn	
V5110	Dispensing fee, bilateral	
V5120	Binaural, body	
V5130	Binaural, in the ear	
V5140	Binaural, behind the ear	
V5150	Binaural, glasses	
V5160	Dispensing fee, binaural	
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE)	
V5172	Hearing aid, contralateral routing device, monaural, in the canal (ITC)	
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (BTE)	
V5190	Hearing aid, contralateral routing, monaural, glasses	
V5200	Dispensing fee, contralateral, monaural	
V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE	
V5212	Hearing aid, contralateral routing system, binaural, ITE/ITC	
V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE	
V5214	Hearing aid, contralateral routing system, binaural, ITC/ITC	
V5215	Hearing aid, contralateral routing system, binaural, ITC/BTE	
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE	
V5230	Hearing aid, contralateral routing system, binaural, glasses	
V5240	Dispensing fee, contralateral routing system, binaural	
V5241	Dispensing fee, monaural hearing aid, any type	
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)	
V5243	Hearing aid, analog, monaural, ITC (in the canal)	
V5244	Hearing aid, digitally programmable analog, monaural, CIC	
V5245	Hearing aid, digitally programmable, analog, monaural, ITC	

V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)	
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)	
V5248	Hearing aid, analog, binaural, CIC	
V5249	Hearing aid, analog, binaural, ITC	
V5250	Hearing aid, digitally programmable analog, binaural, CIC	
V5251	Hearing aid, digitally programmable analog, binaural, ITC	
V5252	Hearing aid, digitally programmable, binaural, ITE	
V5253	Hearing aid, digitally programmable, binaural, BTE	
V5254	Hearing aid, digital, monaural, CIC	
V5255	Hearing aid, digital, monaural, ITC	
V5256	Hearing aid, digital, monaural, ITE	
V5257	Hearing aid, digital, monaural, BTE	
V5258	Hearing aid, digital, binaural, CIC	
V5259	Hearing aid, digital, binaural, ITC	
V5260	Hearing aid, digital, binaural, ITE	
V5261	Hearing aid, digital, binaural, BTE	
V5262	Hearing aid, disposable, any type, monaural	
V5263	Hearing aid, disposable, any type, binaural	
V5264	Ear mold/insert, not disposable, any type	
V5265	Ear mold/insert, disposable, any type	
V5266	Battery for use in hearing device	
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified	
V5298	Hearing aid, not otherwise classified	
V5299	Hearing service, miscellaneous	

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Change Summary

- 01/01/2024 New Policy.
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