

**Health Technology Clinical Committee  
Findings and Decision**

**Topic:** Tinnitus: non-invasive, non-pharmacologic treatments  
**Meeting Date:** May 15, 2020  
**Final Adoption:** July 10, 2020

Meeting materials and transcript are available on the [HTA website](#).

**Number and coverage topic:**

**20200515A** – Tinnitus: non-invasive, non-pharmacologic treatments

**HTCC coverage determination:**

- For adults with subjective tinnitus that is bothersome, cognitive behavioral therapy is a **covered benefit**.
- Sound therapies are **not covered**. This includes, but is not limited to:
  - Masking devices (sound maskers)
  - Hearing aids with sound-generating features\*
  - Altered auditory stimuli
  - Auditory attention training
- Repetitive transcranial magnetic stimulation is **not covered**.
- Tinnitus specific therapies are **not covered**. This includes, but is not limited to:
  - Tinnitus retraining therapy (TRT)
  - Neuromonics tinnitus treatment (NTT)
  - Tinnitus activities treatment (TAT)
  - Tinnitus-masking counseling

**HTCC reimbursement determination:**

**Limitations of coverage:**

N/A

**Non-covered indicators:**

N/A

\* Hearing aids for treatment of hearing loss are outside of the scope of this determination

**Definitions:**

- **Tinnitus-specific therapies** refer to a group of interventions that combine components of sound therapy and counseling for the treatment of tinnitus. These include tinnitus retraining therapy,

**Final**

Neuromonics tinnitus treatment, tinnitus activities treatment, tinnitus-masking counseling, and others.

- **Sound therapy for tinnitus** is broadly described as the use of sound to alter a patient's perception of and reaction to tinnitus. This category includes sound maskers, altered auditory stimuli (e.g., listening to frequency-altered music), and hearing aids that may incorporate sound-masking features.

**Agency contact information:**

Agency	Phone Number
Labor and Industries	1-800-547-8367
Public Employees Health Plan	1-800-200-1004
Washington State Medicaid	1-800-562-3022

**HTCC coverage vote and formal action:**

***Committee decision***

Based on the deliberations of key health outcomes the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and state agency utilization information. The committee decided that the current evidence on non-invasive, non-pharmacologic treatment of tinnitus is sufficient to make a determination on this topic. The committee discussed and voted on the evidence for the use of non-invasive, non-pharmacologic treatments for treatment of tinnitus. The committee considered the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable.

Based on these findings, the committee voted to cover cognitive behavioral therapy for treatment of tinnitus. The committee voted to not cover sound therapies including masking devices, repetitive transcranial magnetic stimulation and tinnitus specific therapies for the treatment of tinnitus.

	Not covered	Covered under certain conditions	Covered unconditionally
Cognitive behavioral therapy	0	0	10
Sound therapies including masking devices	10	0	0
Repetitive transcranial magnetic stimulation	10	0	0
Tinnitus specific therapies	9	1	0

***Discussion***

The committee reviewed and discussed the available studies for use of non-invasive, non-pharmacologic therapies for treatment of tinnitus. Details of study design, inclusion criteria, outcomes and other factors affecting study quality were discussed. A clinical expert member provided detailed insight and discussion points. A majority of committee members found the evidence sufficient to determine that use of cognitive behavioral therapy for the treatment of tinnitus is safe and efficacious, but unproven for cost-effectiveness. The committee found the evidence is insufficient to make a conclusion about whether repetitive transcranial magnetic stimulation, sound therapies and tinnitus-specific therapies are safe, effective and cost-effective for the treatment of tinnitus.

***Limitations***

N/A

***Action***

The committee checked for availability of a Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD). There is no Medicare national or local coverage determination for the tinnitus treatments considered in this review..

Six evidence based clinical guidelines were identified for this review. The committee discussed guidelines from the following organizations related to the treatment of tinnitus:

- National Institutes for Health and Care Excellence (NICE) Guideline: Tinnitus assessment and management, 2020
- A multidisciplinary European guideline for tinnitus: diagnostics, assessment, and treatment, 2019
- Association of the Scientific Medical Societies in Germany Guideline 01 7/064: Chronic Tinnitus, 2015
- American Academy of Otolaryngology-Head and Neck Surgery Clinical Practice Guideline: Tinnitus, 2014
- International Federation of Clinical Neurophysiology: Evidence-based guidelines on the therapeutic use of repetitive transcranial magnetic stimulation, 2014
- VA/DoD Clinical Practice Guidelines: Management of Concussion-mild Traumatic Brain Injury, 2016

The committee's coverage determination is consistent with the identified guidelines.

The committee chair directed HTA staff to prepare a findings and decision document on the use of non-invasive, non-pharmacologic treatments for tinnitus for public comment to be followed by consideration for final approval at the next public meeting.

#### **Health Technology Clinical Committee Authority:**

Washington State's legislature believes it is important to use a science-based, clinician-centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority (HCA), through its Health Technology Assessment (HTA) program, to engage in an evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company and that takes public input at all stages.

Pursuant to RCW 70.14.110 a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State HTCC determines how selected health technologies are covered by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases its decisions on evidence of the technology's safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Director.