Running a Successful Tinnitus Clinic

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Running a successful tinnitus clinic
- Role of audiologist & clinic
- Successful treatment tips
- Protocols & Services
- Payment & Logistics
- 3rd Party Billing
- Is this for me?
- Case Studies
- Continuing Education

Role of audiologist in tinnitus
- Provide professional knowledge
  - Causes
  - Different solutions
- Appropriate counseling
  - Realistic expectations
  - Use of sound
- Sound therapy
  - Hearing aids
  - Sound Generators
  - Preferred sounds
Role of clinic in tinnitus

- Knowledgeable employees
  - Starts with front desk: appropriate referrals, common tinnitus terms
  - Can mail out packets with questionnaires, information, etc.
  - Some information collected prior to visit
  - Some information collected during clinic visit

- Education
  - Educate your referral sources (ENTs, family doctors, etc.)
    - Offer professional seminars
    - General Public (newspapers, local magazines, mailings, promotional days, informational seminars, etc.)

- Network & Market services (total hearing care)
  - It is important to have a strong working network of specialists to assist you when appropriate (e.g. ENTs, Psychs, Massage Therapists, etc)
  - Public awareness of all your services offered

Successful treatment

Structured, but flexible
Should have goals and milestones, within achievable time frames, but understand each person experiences tinnitus differently

Patience
Treatment takes time, not everyone will proceed at the same pace
Take on what you can handle

Attentive/Sympathetic
Don’t assume the patient knows what you know, listen to them and how they are explaining their experiences. This does seriously affect some people’s lives

Successful treatment cont.

Encouraging, but truthful
There are things that can be done to help treat tinnitus, but also important to set realistic expectations

Use of outcome measures
Pre and post questionnaires, changes in loudness or MMLs, something to monitor change/progress over time

Have a goal
E.g. want patient to understand how to successfully use sound in their environment
Patient should assume the responsibility at some point
OK to start small
**Successful treatment cont.**

**Confidence**
A successful treatment plan is a plan you are comfortable and confident in. Remember, you are the professional.

**Network**
It is important to have a strong working network of specialists.

Not all aspects of tinnitus are audiology-related. E.g. Psychologists, Psychiatrists, ENTs, Massage Therapists, etc.

**Continuous learning**
New research and products are offered yearly regarding tinnitus. Keep up to speed, flexible solutions. Knowledge about other sound tolerance issues, i.e. misophonia/phonophobia.

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**HAVE A PROTOCOL!**

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**Step 1: Tinnitus Consultation**

1. **Case History**
2. **Questionnaires** (e.g. THI, TRQ, THQ, TFI, Tinnitus/Hearing survey.)
   - Understand the person's tinnitus better
   - Hearing or tinnitus primary concern?
3. **Audiometric, Tinnitus & Sound Tolerance testing** (if not completed previously)
4. **Discussion & selection of treatment option** (e.g. TRT, IPTM, Sound Therapy, etc.)
5. **Create and discuss realistic expectations**
6. **Begin tinnitus counseling**
   - Demystify the nature of tinnitus by providing education regarding possible causes, etiologies and reassurance that tinnitus is a "real" condition that is treatable, but not yet curable. Address any sound tolerance issues.
**Step 2: Introducing sound stimulation**

This can take place in the same visit as the consultation in some instances, or can be done at a separate visit.

- 1. Follow the fitting instructions of the preferred sound solution (TSG, sound stimulators, etc.)
  
  **Note:** Alternatively, you can start by using the hearing instrument (HI) only, with the TSG disabled, if hearing amplification is the desired starting point. The TSG can be activated at a later time.

- 2. Continue to discuss realistic expectations and that sound therapy is a tool to be used during treatment, not act as the solution.

- 3. Continue tinnitus counseling

**Step 3: Follow-up visit 1 (2 weeks after first fit)**

- 1. Discuss subjective comments/feedback from patient
  - a. Perception of the tinnitus
  - b. How it is affecting him/her
  - c. Reactions to the TSG & HI (or other sound therapy options)

- 2. Provide tinnitus counseling
  - a. Monitor progress
  - b. Realistic expectations

- 3. Make necessary adjustments to TSG, ONLY if required:
  - a. Frequency shaping the TSG noise
  - b. Volume changes

**Step 4: Follow-up visit 2 (4 weeks after first fit)**

- 1. Discuss subjective comments/feedback from patient
  - a. Perception of the tinnitus
  - b. How it is affecting him/her
  - c. Reactions to the TSG & HI (or other sound therapy options)

- 2. Provide tinnitus counseling

- 3. Make necessary adjustments to TSG, ONLY if required:
  - a. Frequency shaping the TSG noise
  - b. Volume changes

- 4. Re-administer any questionnaires given at the start of treatment to monitor status of tinnitus perception.
Step 5: Follow-up visit 3, 4 and 5

- Follow-up visit 3: 8 weeks (2 months after first fit)
- Follow-up visit 4: 12 weeks (3 months after first fit)
- Follow-up visit 5: 30 weeks (6 months after first fit)

Follow-up visits 3, 4 and 5 can follow the similar design as follow-up visit 2, including post-measure questionnaires. More visits may be required for some individuals.

Note: These are just suggestions for a tinnitus protocol. Actual treatment and timelines may vary, and should be considered on a case by case basis. Some tinnitus patients may require longer than 6 months of treatment, up to 12-18 months.

Other related services:

Often times there are other sound tolerance issues that are present along with the tinnitus:

- Hyperacusis - an abnormal oversensitivity to sounds
  - Can be overall intensity or frequency specific
  - Typically have lower LDLs

- Misophonia - a strong dislike of particular sounds
  - Chewing, pen clicking, clock ticking, etc...
  - Typically have normal LDLs
  - May be related to negative past experiences (limbic and ANS systems), may need to involve other disciplines (Psycho)

- Phonophobia - a fear of sounds
  - Can lead to withdrawal of certain environments
  - May need to involve other disciplines (Psycho)

- Auditory hallucinations - perceive sound without auditory stimulus
  - Paracusia
  - Some argue this another form of tinnitus and should be treated as such

ReSound TS resources:

1. Aventa (software) fitting guide
2. Tinnitus Handbook
   General tinnitus information
3. Tinnitus Data Sheet
   Allows you to record all your tinnitus data in one place
4. Tinnitus Management Guideline
   Step by step guideline of tinnitus protocol over 6 months
5. Tinnitus Counseling Flipchart
   Highlights key counseling topics
6. Tinnitus training PowerPoint slides
7. Whitepapers
8. Vicious Cycle animation (Flash Player)

Note: all resources available in electronic and hardcopy versions.
Payment for tinnitus services

- How should I charge for my tinnitus services?
  - Bundle or charge separately?
- Don’t reinvent the wheel (similar to hearing aid charges)
  - HA Consultation fee
  - Cost of HAs
  - Batteries
  - FU visits
  - These are typically bundled into an overall cost

Payment for tinnitus services cont.

- Bundle vs Separate charges example:
  - Separate total costs = $1750
    - Tinnitus Consultation fee = $250
    - 6 visits for 1 yr = $1200
    - Mini Mic if applicable = $300
  - Tinnitus bundled package = $1600
    - Hearing aids/Combination units = $4700
  - Total cost of HAs + tinnitus package = $6300

Tinnitus Marketing

- Build your brand: Total Hearing Healthcare
- Consumer seminars – educate general public
- Professional seminars/Network – educate professional network
- Advertise
  - Local papers, mailouts, etc.
  - Make it visible in your clinic
  - Promotional days
- Tinnitus support groups
**Tinnitus Marketing**

- % of shoppers buy middle product
  - Traditional retail model

- Can’t change perception of HAs being expensive, focus on VALUE!

- Perception is key: William Sonoma example
  - $275 bread maker – no sales in 6 months
  - Released $400 bread maker option, increased $275 product significantly
  - Value your services: less value is perceived as less effective!

- Contact your local ReSound sales representative

**Billing for tinnitus services**

- Q: Which Current Procedural Terminology (CPT)® code should be used for tinnitus assessment?
  - Use CPT code 92625: assessment of tinnitus (includes pitch, loudness matching, and masking).

- Q: Which CPT code should be used when evaluating a client with a tinnitus masker?
  - You can consider using CPT 92590 (hearing aid examination and selection: monaural) or 92591 (hearing aid examination: binaural).

- All information collected from:

**Billing for tinnitus services cont.**

- Q: How do I code the masker itself?
  - There is not a code for a tinnitus masker, but V5299 is for hearing service, miscellaneous. HCPCS instructions note that this code should be used only if a more specific code is unavailable. Hearing services fall under V5000–V5999.

- Q: Is there no specific CPT code for tinnitus intervention?
  - That’s correct. There is no such code. For tinnitus intervention you can consider using 92607: treatment of speech, language, voice, communication, and/or auditory processing disorder, individual. CPT code 92633: auditory rehabilitation, postlingual hearing loss, does not include tinnitus intervention.

- All information collected from:
Is this for me?

- Is tinnitus something you want to add to your practice?
- Do I have the proper resources and education?
- Do I have the patience and personality to work with tinnitus patients?
- Don’t take on more than you can handle
  - E.g. Start with 1 patient a week or every 2 weeks until you get comfortable
  - Start with tinnitus services, can add other sound tolerance services later

Running a Successful Tinnitus Clinic: Summary

- Understand & define your role as the audiologist in tinnitus management.
- Identify different types of tinnitus patients and best practice to help them (e.g. I have tinnitus vs Tinnitus has me patients)
- Get everyone in the clinic involved and educated
- Have a protocol, but leave room for modification as needed
- You are the professional - Your services have value
- Continuous learning

Tinnitus Case Studies
Two Tinnitus Camps

I have tinnitus (simple)
- Want to be more informed of what tinnitus is and is not
- Usually do not have any negative associations/reactions to the tinnitus
- Basic counseling with good information regarding their individual concerns should be addressed so patient can feel comfortable and confident and make smart, informed decisions in daily their life

Tinnitus has ME (complex)
- Too often misinformed of what tinnitus is and is not
- Usually have strong negative reactions – they become extremely vigilant
- Ramifications is usually emotional, mental, motivational, and behavioral distress
- Participate in an individualized management program
- Regular directive counseling (extensive behavioral management to address their mental, physical and emotional distressed) - coupled with sound therapy is warranted
- Team approach when necessary

Regain QUALITY OF LIFE

CM – Male - 64 y/o – Good Health

Tinnitus History:
- Described as loud ringing, constant, fluctuating in intensity, worse at night and perceived centrally
- Bumped head on electrical box at work climbing a ladder; Bleeding; Concussion post effects (no skull fracture)
- Saw multiple doctors, agreed it was most likely due to ‘jar to head’
- History of noise exposure: saws, blowers, tools, firearms
- Hot shower and fan at night seem to help
- Medications: Ginko biloba, Lypo-Flavonoid, Temazepam (30mg – for sleep)

Grades of severity:
- Tinnitus: 9/10
- Hearing Loss: 4/10
- Hyperacusis: 5/10
- Depression: 6/10
- Most troublesome tinnitus: 9/10
- Influence on life (tinnitus): 9/10
- Influence on life (hyperacusis): 4/10
- Tinnitus Awareness / Annoyance: 100% / 100%
- Tinnitus Quality of Life (TQI): 85
CM – Male - 64 y/o – Good Health

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  - Depression: 6/10
  - Most troublesome tinnitus: 9/10
  - Influence on life (tinnitus): 9/10
  - Influence on life (hyperacusis): 4/10
  - Tinnitus Awareness / Annoyance: 100% / 100%
- THQ = 85
- Initiated TRT

Audiogram

CM – Male - 64 y/o – Good Health

2 WEEK f/u appointment : In-office visit
- Left ear tinnitus stopped; hasn’t worn device since in 2 weeks
- Sometimes wears device in R ear to bed, but other times uses sound machine
- Encouraged to wear both devices for TRT, or can switch to masking (both approaches explained again) -- continued TRT
- Reviewed neurophysiological model
- THQ = 64 (initially 85)
CM – Male - 64 y/o – Good Health

3 MONTH f/u appointment : In-office visit
- Feeling “much better” since initial consult
- Hardly ever aware of L tinnitus anymore; happy
- R tinnitus fluctuates depending on activity, environment and/or mood
- Sleeping approx 6hrs/night, feels well-rested; Tylenol PM on occasion
- Reviewed neurological model
- Tinnitus awareness = 50% (initially 100%), Annoyance = 25% (initially 100%)
- Schedule 6 month f/u appointment : In-office visit

CM – Male - 64 y/o – Good Health

6 MONTH f/u appointment : In-office visit
- Reports doing overall very well; hardly wearing devices (√), but wife complains he’s not hearing as well; CM encouraged to wear devices for communication purposes
- Reports Lk portion is less aggravating than the SG for his tinnitus (√)
- Sleeping well; no fan or sound; encouraged when needed, to use sound machine with timer since tinnitus is most bothersome in quiet
- Reviewed neurological model
- Tinnitus awareness = 40%, Annoyance = 30%
- TRQ = 33 (64, 85 initial)
- Schedule 9 month f/u appointment (via phone or in person)

CM – Male - 64 y/o – Good Health

11 MONTH f/u appointment : Phone consult
- Tinnitus decreased; doing well; wears devices PM for communication
- Although he doesn’t wear devices consistently; comforted by knowing he has them and me (√)
- No sleeping concerns at this point
- Tinnitus awareness = 50% (40%, 85% initial), Annoyance = 20% (40%, 100%)
- TRQ = 29 (30, 64, 85 initial)
- Patient encouraged to f/u in 1 month for 12 month audio and exit visit; patient phoned that he would make return appointment at later date; stated that all continued to go well and was very satisfied
Case Study: VW  53 yr old Female

**Tinnitus History:**
- 1-2 constant pitches, R>L, fluctuating in intensity, background whitenoise, and it’s been bothersome the last 5 years since a flight and R ear never stopped ringing.
- Works as consultant/coach, tinnitus affects her at work, difficult to follow group conversations. Loud sounds and air travel make tinnitus worse. Can’t stay in same room as husband watching TV.
- Previous vestibular issues, not bothersome last 2 yrs. Previous professionals claim causes are Meneire’s/Migraines.
- Reports R ear has been sensitive to loud sounds her whole life. Has tried meditation/yoga in the past. No reported sleep issues.

**Medications**
- Nasonex, acid reflux meds and amitryptilene

**Grades of severity:**
- Tinnitus: 10/10
- Hearing Loss: 8/10
- Hyperacusis: 5/10
- Depression: 3-4/10
- Most troublesome tinnitus: 10/10
- Influence on life (tinnitus): 5/10
- Influence on life (hyperacusis): 1/10
- Awareness of tinnitus: 100%

TRQ = 45   Audio – had MRI, WNL
Case Study: VW

Tinnitus History Questionnaire

Case Study: VW – 2 week f/u
- Overall doing much better, not using SG all the time since she isn’t bothered by the tinnitus as much.
- Not taking amitryptilene anymore and it has stopped her high pitch tinnitus tone, which was more problematic than other overlaying tone.
- Masking protocol and sensory contrast reviewed
- f/u in person/phone 3 months
- TRQ = 8

Case Study: VW – 3 month f/u
- Overall doing well, wearing combination unit most of the day, minor gain adjustments
- Physical discomfort issues addressed
- TRQ = 14
- Did not need further follow-up, doing well
### Continuing Education: Conferences and seminars

**University of Iowa Tinnitus Clinic**
- Rich Tyler, June, annually

**Tinnitus Retraining Therapy (TRT) course**
- Jastrebrofs: Baltimore, MD, annually
- [www.tinnitus-pjj.com/](http://www.tinnitus-pjj.com/)

**Tinnitus Research Initiative (TRI)**
- Annual, domestic & overseas
- [www.tinnitusresearch.org/](http://www.tinnitusresearch.org/)
- Auckland, NZ 2014 (March 13-15th)

**Progressive Tinnitus Management (PTM)**
- Jim Henry, Tara Zaugg, Paula Myers
- [www.ncrar.research.va.gov/Education/Documents/TinnitusDocuments/Index.asp](http://www.ncrar.research.va.gov/Education/Documents/TinnitusDocuments/Index.asp)

**Tinnitus Practitioners Association (TPA)**
- Associate and Fellow courses (4 each)
- [www.tinnituspractitioners.com/](http://www.tinnituspractitioners.com/)

**American Academy of Audiology (AAA)**
- Annually
- Tinnitus, sound tolerance sessions
- [www.audiology.org](http://www.audiology.org)

**International Tinnitus Symposium (ITS)**
- Every 3 years
- Berlin, Germany 2014 (Warsaw, Poland 2017)

**Mindfulness Based Tinnitus Stress Reduction (MBTSR)**
- Jennifer Gans – Univ of San Francisco
- MindfulTinnitusRelief.com

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Thank you

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