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## GN RESOUND'S EDUCATION SERIES COURSE 2: RUNNING A SUCCESSFUL TINNITUS CLINIC

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Prepared for Audiology Online/ GN Resound, October 26, 2016

### Disclosure:

- Financial: Dr. Tricia Scaglione is a guest speaker for GN Resound.
- Non-financial: Dr. Tricia Scaglione is a board member of the Tinnitus Practitioners Association and Director of the UHealth Entenmann's Tinnitus Program.



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## Learning Objectives

- After this course learners will be able to identify critical elements of a tinnitus practice including equipment, space, time, and tinnitus management devices to conduct various tinnitus-related services and determine if current clinic structure is appropriate for providing tinnitus services.
- After this course learners will be able to describe at least 3 different tinnitus-related services and assess which visit type is appropriate based on individual patient need.
- After this course learners will be able to list various strategies to increase database of referral sources.



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UHealth Entenmann Tinnitus Program



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## Tinnitus Practitioners Association (TPA)

- The Tinnitus Practitioners Association is a non-profit professional organization of audiologists dedicated to providing tinnitus and sound sensitivity care to their patients. The TPA supports their efforts through professional and practice development, education, certification, research, and public awareness of tinnitus and sound sensitivity rehabilitation.



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## Tinnitus Practitioners Association (TPA)

- Associate Membership
- Fellow Membership
- Tinnitus, Misophonia, Sound Sensitivity Conferences
- Sound Therapy Expo
- <http://www.tinnituspractitioners.com>



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## Agenda

- Why do you want to have a tinnitus clinic?
- Are you prepared to have a tinnitus clinic?
- What types of appointments will you offer?
- How will you be reimbursed for your services?
- What management options will you offer?
- Who will you refer to?
- Who will refer to YOU? How can you increase your referral base?
- Case studies
- Q&A



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## Learner Objectives

1. Identify critical elements of a tinnitus practice including equipment, space, time, and tinnitus management devices to conduct various tinnitus-related services and determine if current clinic structure is appropriate for providing tinnitus services.
2. Recognize at least 3 different tinnitus-related services and assess which visit type is appropriate based on individual patient need.
3. List various strategies to increase database of referral sources.

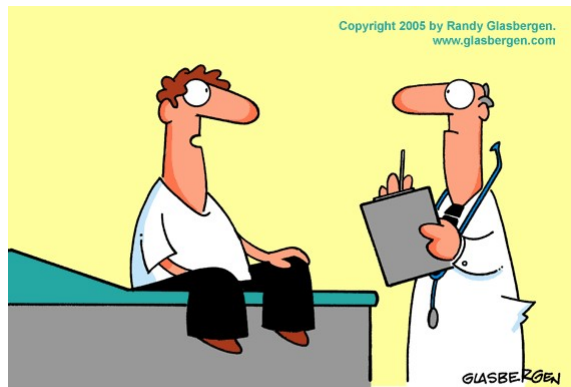


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Why do YOU want to  
offer tinnitus services?



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**"I already diagnosed myself on the Internet.  
I'm only here for a second opinion."**



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## Are you prepared to have a tinnitus clinic?

- Clinic structure
- Provider knowledge base



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## Is my current clinic structure is appropriate for providing tinnitus services?

- Demand for tinnitus services
- Practice setting
- Time
- Space
- Equipment



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## What types of appointments will you offer?

- Tinnitus assessment
- Tinnitus consultation
- Tinnitus device selection/ programming
- Tinnitus follow-up
- Group sessions
- Tinnitus Activity Treatment
  
- Involve SO and family!



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## Appointment Types

### Tinnitus Assessment

- 1.5-3 Hours
- Extensive case history
- Subjective questionnaires
  - Tinnitus Reaction Questionnaire (TRQ)
  - Tinnitus Handicap Inventory (THI)
  - Tinnitus Functional Index (TFI)
  - Significant Others Tinnitus Questionnaire (SOTQ)
  - Hospital Anxiety and Depression Scale (HADS)
  - Beck Depression Inventory (BDI)-FastScreen for the Medical Patient
  - Also consider marriage questionnaires
- Tympanometry
- Audiometric evaluation including
  - High frequency testing
  - **Tinnitus pitch matching**
  - **Tinnitus loudness matching**
  - **Minimum masking levels**
  - Loudness discomfort levels
  - Residual inhibition
- Otoacoustic emissions
- Counseling
- Management options



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## Appointment Types

### Tinnitus Consultation

- 30-60 min
- Extensive case history
- Subjective questionnaires
- Counseling
- Management options



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## Appointment Types

### Tinnitus Device Selection

- 15+ min
- Same day or return for separate appointment?
- Demonstration vs Fitting
  - Hearing aids, combination units (amplification, white noise, fractal tones)
  - Sound apps
  - Sleep devices (sound pillow, pillow speakers, sleepphones, tabletop devices)
  - Neuromonics, Sound Cure, Levo system



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## Appointment Types

### Tinnitus Follow-Up

- 30 min
- Purpose
- Timeframe
- Counseling
- Subjective questionnaires
- Homework- hold patient accountable
- Reimbursement



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## Appointment Types

### Group Sessions VS Support Groups

- 30-60 min



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## Appointment Types

### **Tinnitus Activity Treatment**

- 3-4 sessions, 1 hour duration, every 1-2 weeks
  - Emotional well-being
  - Hearing
  - Sleep
  - Concentration
- Tinnitus Activities Questionnaire
- Reference: Tyler RS, Gehringer AK, Noble W, et al. Tinnitus activities treatment. In: Tyler R, ed. Tinnitus Treatment: Clinical Protocols. New York, NY: Thieme Medical Publishers; 2006:116-132.



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## Time

- Tinnitus assessment: 1.5-3 hours
- Tinnitus consultation: 30-60 min
- Tinnitus device selection/ programming: 15+ min
- Tinnitus follow-up: 30 min
- Group sessions: 30-60 min
- Tinnitus Activity Treatment: 60 min
- Does this work with your current clinic schedule?



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## Space



## Equipment

- Audiometer with high frequency capabilities
- Otoacoustic emissions
- Tympanometer
- Computer with hearing aid programming capabilities, speakers
- Real Ear Measurement (REM) system
- Smart device/ personal listening device- cellphone, iPad, MP3



## It's not just tinnitus

- Sound sensitivity disorders
- Hyperacusis
- Reduced sound tolerance
- Phonophobia
- Misophonia

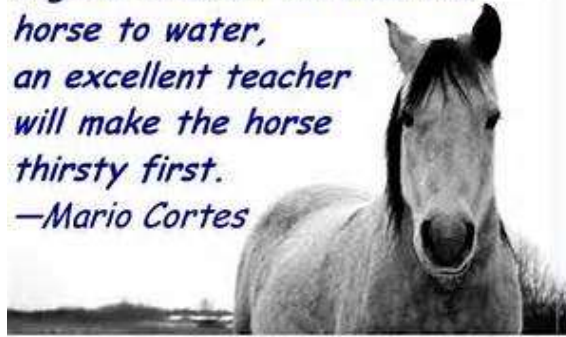


## Educate yourself

- Audiology online
- Manufacturer courses
- AudiologyNOW!
- Tinnitus Practitioners Association
- University of Iowa Annual Tinnitus Conference
- Tinnitus Retraining Therapy (TRT) course
- Salus University Tinnitus and Hyperacusis Program
- International courses
  - Tinnitus and Hyperacusis Masterclass
  - Tinnitus Research Initiative Conference (TRI)
  - International Tinnitus Symposium (ITS)
- Textbooks



*A good teacher will lead the  
horse to water,  
an excellent teacher  
will make the horse  
thirsty first.  
—Mario Cortes*



## How will you be reimbursed for your services?

### CPT Codes

- 92625- Tinnitus Assessment
- 92588- Comprehensive OAEs
- 92557- Comprehensive Audio
- 92550- Comprehensive Immittance
- 92567- Tympanometry

### ICD-10 / ICD-9 Codes

- H93.13/ 388.31 tinnitus aurium, bilateral
- H93.12/388.31 tinnitus aurium, left
- H93.11/388.31 tinnitus aurium, right
- H93.19/388.31 tinnitus aurium, unspecified laterality
- H93.233/388.42 hyperacusis, bilateral
- H93.232/388.42 hyperacusis, left
- H93.231/388.42 hyperacusis, right
- H93.239/388.42 hyperacusis, unspecified laterality

The current Physician Fee Schedule does not price the requested HCPCS Code[s].

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HCPCS CODE	MODIFIER	SHORT DESCRIPTION	PROC STAT	MAC LOCALITY	NON-FACILITY PRICE	FACILITY PRICE	NON-FACILITY LIMITING CHARGE	FACILITY LIMITING CHARGE	CONV FACT	NA FLAG FOR TRANS NON-FAC PE RVU	NA FLAG FOR FULLY IMP NON-FAC PE RVU
92621		Auditory function + 15 min	A	0910299	\$22.28	\$19.19	\$24.34	\$20.96	35.8043		
92625		Tinnitus assessment	A	0910203	\$73.01	\$65.27	\$79.76	\$71.30	35.8043		
92625		Tinnitus assessment	A	0910204	\$74.46	\$66.71	\$81.37	\$72.89	35.8043		
92625		Tinnitus assessment	A	0910299	\$70.34	\$63.12	\$76.85	\$68.96	35.8043		
92626		Eval aud rehab status	A	0910203	\$93.02	\$79.38	\$101.63	\$86.72	35.8043		
92626		Eval aud rehab status	A	0910204	\$94.53	\$80.64	\$103.27	\$88.32	35.8043		
92626		Eval aud rehab status	A	0910299	\$89.60	\$76.88	\$97.89	\$84.00	35.8043		
92627		Eval aud status rehab add-on	A	0910203	\$23.12	\$18.70	\$25.26	\$20.43	35.8043		
92627		Eval aud status rehab add-on	A	0910204	\$23.43	\$18.99	\$25.60	\$20.75	35.8043		
92627		Eval aud status rehab add-on	A	0910299	\$22.25	\$18.13	\$24.31	\$19.81	35.8043		

## What management options will you offer?

- Sound Therapy
  - Hearing aids
  - Combination units
  - Tinnitus sound generators
  - Tinnitus Sound Therapy
  - Sound apps
  - Tabletop devices
  - Sound pillow
  - Sleep phones
  - Pillow speakers
- Relaxation
  - Guided breathing
  - Progressive muscle relaxation
  - Cognitive behavioral therapy
  - Mindfulness
  - Aromatherapy
  - Acupuncture
  - Guided imagery
  - Tapping
  - Hypnosis
- Lifestyle management
  - Exercise
  - Diet/ Nutrition
  - Triggers
  - Sleep hygiene
  - Hearing conservation
- Counseling



**Magic Pills Are Easier,  
but They Just Don't Exist**



## Who will you refer to?

- ENT/ Otolary
- Neurology/ Neuro-otology
- Primary Care Provider
- Acupuncture
- Sleep medicine
- Dental/Oral Specialist
- Orthopedics
- Osteopathy VS Chiropractors
- Mental Health Therapist
  - CBT, psychiatry/ pharmaceuticals, hypnosis
  - Marriage/ Family therapy
- [www.psychologytoday.com](http://www.psychologytoday.com)
- [www.goodtherapy.org](http://www.goodtherapy.org)



## How can you increase your referral base?

- Multi-disciplinary approach
- Brown Bag Series
- Local Support Groups
  - ATA, ANA, etc.
  - Manufacturer support groups
- Local media
- Medical/ industry related forums, blogs
- Social media
  - Facebook
  - Linked-in
  - Twitter
- Newsletter (electronic or paper)
- Community outreach
  - Local Chamber of Commerce



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Most people do not  
listen with the intent  
to ***understand.***

Most people listen  
with the intent to  
***reply.***

– Stephen R. Covey

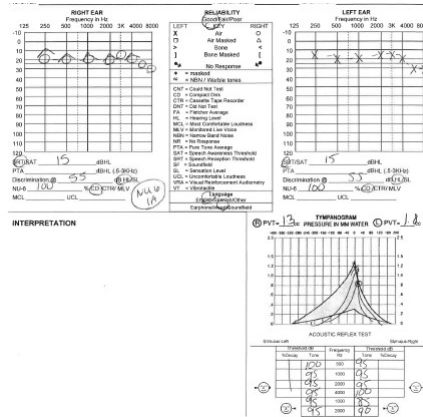
[ilovemylsi.com](http://ilovemylsi.com)



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## Case Summaries

- CK, 46 y.o. male
- Constant, bilateral tinnitus 4 months
- Tinnitus increases with caffeine intake (3 cups daily)
- Impacts mood during waking hours , disrupts ability to fall asleep
- Denied sound sensitivity, anxiety/depression



## Case Summaries

- Tinnitus awareness score: 50%
- Tinnitus disturbance score: 30 %
- TRQ total score: 7
- TFI: 19.20%
  - **Intrusive (I) : 43.33%**
  - **Sense of Control (SC) : 26.67 %**
  - Cognitive (C): 0%
  - **Sleep (SL): 43.33%**
  - Auditory (A): 3.33%
  - **Relaxation (R): 36.67%**
  - Quality of Life (Q): 0 %
  - Emotional (E): 6.67%
- Tinnitus pitch matching: 8000 Hz PT
- Tinnitus loudness matching: 52 dBHL
- Broadband minimal masking level: -10dBSL
- Normal sound tolerance bilaterally. (90+ dB HL)
- Patient demonstrated partial residual inhibition.

## Case Summaries

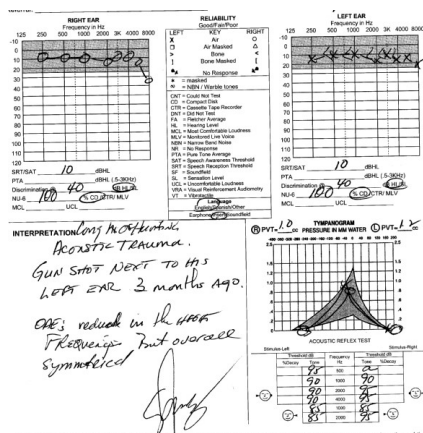
- Previous consultation:
  - ENT
- Previous management:
  - None
- Recommendations:
  - Reduce caffeine intake, decaf
  - Stress management/ relaxation techniques
  - Sound in environment, as needed
  - Sound pillow, sleep phones, pillow speakers, tabletop device
  - Consider ear level devices



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## Case Summaries

- SN, 52 y.o., Male
- Constant, bilateral tinnitus (left worse) following gunshot
- Tinnitus increase with alcohol, in quiet, with stress
- Scare to be around sound
- Significant impact on mental health status, sleep, work, concentration, motivation, sex drive, family



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## Case Summaries

- Tinnitus awareness score: 100 %
- Tinnitus disturbance score: 100%
- **Tinnitus reaction questionnaire (TRQ)**  
**total score: 99**
- Tinnitus Functional Index: 84.80%
  - Intrusive (I) : 93.33%
  - Sense of Control (SC) : 100%
  - Cognitive (C): 100%
  - Sleep (SL): 100%
  - Auditory (A): 0%
  - Relaxation (R): 100%
  - Quality of Life (Q): 85%
  - Emotional (E): 100%
- Tinnitus pitch matching: 8000 Hz Pure Tone
- Tinnitus loudness matching: 46dBHL
- Broadband minimal masking levels: 2dBSL
- Normal sound tolerance bilaterally. (90+ dB HL). It is suspected that patient suffers from phonophobia
- Patient did not demonstrate residual inhibition.



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## Case Summaries

- Previous consultation:
  - PCP, NP at ENT office, Psychiatrist, ENT
- Previous Management:
  - Oral steroids
  - Prozac, Xanax
- Recommended:
  - Referral to Mental Health
    - Inquire about family therapy
    - Cognitive behavioral therapy (CBT)
    - Discussed gun use
  - Neuromonics Oasis South Therapy, realistic expectations
  - Custom ear plugs with filters and proper counseling for use
  - Sound enriched environment
  - Sound pillow/ sleep phones
  - Stress/ lifestyle management
  - Encourage significant other to attend future visits



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## Q & A

Thank you!

Contact :

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