

What do tinnitus patients need from us?

How can Neuromonics help me to take care of my patients?

How can I get reimbursed for my tinnitus services?



Neuromonia

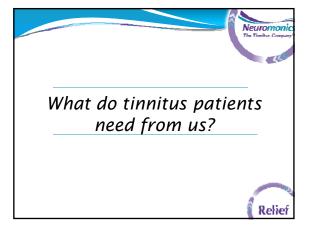
#### Our Goals for Today...

Arm you with the information to make confident, practical treatment recommendations.

Give your patients hope.

Empower your patients to overcome their individual tinnitus challenges.





#### Patient experience...

- Fear
   Where did this sound come from?
- Anxiety
  - Is there something more serious wrong?
- Hopelessness
- It's never going to get any better.
- Why did this happen to me?
- Loss of control
  - Nothing I do makes it any better!



#### Information

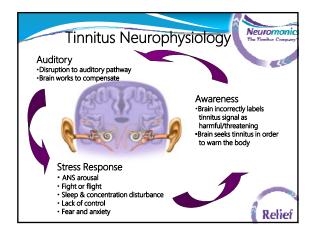
- Prevalence, commonality
- Remove the mystery
  - · Undermine the fear and anxiety

• Where does tinnitus come from? • Overview of tinnitus neurophysiology

• We are going to figure this out together!



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## Listen • Tinnitus Questionnaires



- Tinnitus Questionnaires / Inventories
  - Tinnitus Reaction Questionnaire (TRQ)
  - Tinnitus Handicap Inventory (THI)
  - Tinnitus Functional Index (TFI)
  - Beck's Depression and Anxiety Scale
- Open Ended Questions
  - Utilize your interview skills
  - Provide handout prior to appointment



#### Listen



- "If you didn't have your tinnitus, how would life be different?"
- "How does your tinnitus effect you? How often?
- "How does your tinnitus effect your family?
- "Do you feel your tinnitus interferes with your ability to understand conversation?"
- "Are there any places / activities that you avoid because the situation is too loud?"  $\,$
- "What are your goals for tinnitus treatment?"











### How can Neuromonics help me with my patients?





#### Key Elements of Sound Therapy

- Reduce attention drawn to tinnitus
- Reduce loudness of the tinnitus
- Substitute a less disruptive noise for an unpleasant one
- Give the patient a sense of control (Coles, 1987; Vernon, 1977)

Music as the vehicle to accomplish these objectives

Relief

#### Goals of Sound Therapy



- Complete masking renders the tinnitus inaudible
  - Situational relief while listening
  - Patients with low tinnitus awareness/disturbance
  - Sanctuary
- Partial masking results in a perceptual change in tinnitus, as the tinnitus is reduced in prominence
  - Habituation
  - Patients with high awareness/disturbance
  - Oasis



Clinically Proven Results Neuromoni					
#	Study	n	Description	Location	Success†
1	T1 – Feasibility	30	Neuromonics, Single Arm	AUS	
2	T2 - NTTP vs. SOC (2008)*	50	Neuromonics, NTT vs. mask/counseling	AUS	86%
3	T3 - 1 vs. 2 Phase (2007)*	35	Neuromonics, Dose Study	AUS	90%
4	Private Practice (2008)*	470	Neuromonics, Multiple Tiers of patients	AUS	92%
5	Lions Ear Institute (2008)*	29	Independent, Single Arm	AUS	75%
6	Oregon Tinnitus (2008)*	24	Independent, Single Arm	US	72%
7	Tavora TRI (2009)*	25	Independent, Single Arm, non-std pts	AUS	90%
8	Tavora AAA (2010)*	70	Independent, Single Arm, registry, 24mo	US/AUS	76%
9	CALM (2009)*	51	Independent, Single Arm, 12mo	US	82%††
10	Hollywood VA (2009)*	35	Independent, Single Arm	US / VA	96%††
11	AUS Veterans	50	Independent, Single Arm	AUS /DVA	74%
12	Multi-Institutional	28	Independent, case series study	US	74%
13	Wazen, et al	28	Independent, prospective	US	74%
	Multi-institutional	(12)			84%
14	Treating Tinnitus in Military Members using NTT		PENDING	US / DoD	N/A
TOTAL 925			RANGE	72%-96%	
Paper / poster					



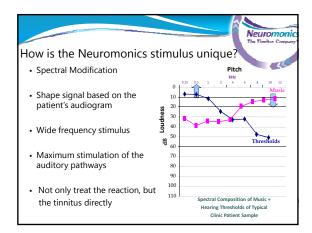
- Successful in anxiety and pain management
- Direct path to limbic system
- Activates Sympathetic Nervous System
- Equivalence to PMR training

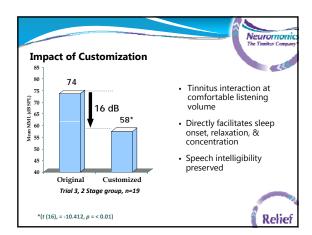


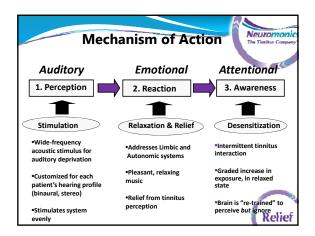
# Therapeutic Aspects of Music

- Preference for the use of music instead of noise (e.g. Landscomb et al 2005; von Wendel 1992; Al Jassim 1987)
- Complex temporal qualities that provide a greater distraction from tinnitus than noise (Davis 1998)



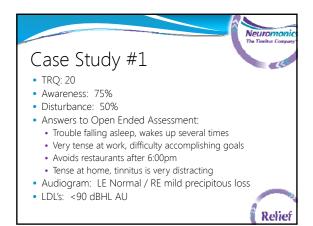


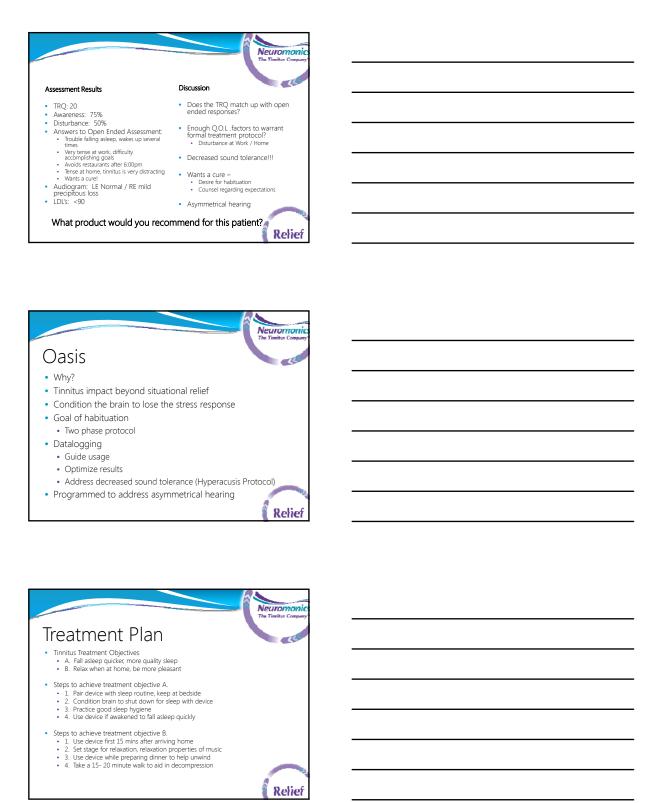












# Case Study #2 • TRQ: 15 • Awareness: 20% • Disturbance: 80% • Answers to Open Ended Assessment: • Some difficulty falling asleep, few times a week • Hard to concentrate at work / tinnitus very distracting • Sometimes hard to relax • Would like relief from tinnitus • Audiogram: Mild to moderate precipitous loss AU • Wears hearing aids, still finds tinnitus bothersome • LDL's: >90 dBHL AU

# Neuromonic The Tambus Company • Why? • Needs effective relief to disengage the limbic system • Ability to relax • Bedtime • Concentration at work (aux speaker option) • Low tinnitus awareness (situational impact) • Symmetrical hearing • Normal sound tolerance

Relief







	romonics® nitus Company™	Neuromonic The Tienths Company
Code	Procedure	2013 Medicare Rate
92567	Tympanometry	\$14.30
92558	DPOAE's	\$ 18.72 – 21.78
92557	Comprehensive Audiometry	\$37.44
92625	Assessment of Tinnitus •Pitch Match •Loudness Match •MML	\$68.76
	Total	\$139.22
E1399	Durable Medical Equipment  •Code used for device  •Have to define treatment medically necessary	across insurance

#### Neuromonic Submitting a claim: Device Must include the following information: Letter of medical necessity Copy of all clinic/physician notes Summary of all the efforts/appointments the patient has made to get help for their tinnitus Description of the device you are submitting the claim for • TRQ THQ • Tinnitus Assessment results Audiogram Copy of Neuromonics Summary of Clinical Data Most common CPT code for the device is E1399 (DME) Relief Submitting a claim: Device Durable Medical Equipment (E1399) Based on this definition, the Sanctuary should be considered DME. Historically, the Neuromonics Oasis has had limited insurance coverage under the DME provision; most likely due to the cost of the Oasis exceeding the typical DME coverage cap of \$2500 to \$3500 per calendar year. The Sanctuary falls well below this annual cap and may yield better insurance coverage for your patients. Additionally, the Sanctuary falls under the current 510k FDA Clearance as the Neuromonics Oasis thereby providing additional credibility to the Relief Neuromonia Submitting a claim: Treatment No CPT codes available for tinnitus treatment • Doesn't mean we can't provide services because of insurance limitations • Determine how much your time / training costs

Relief

Bill patient for counseling and treatment plan building sessions

Give guideline as to how many appointments you anticipate

Address tinnitus goalsUnbundled approach



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