

SINUVA Office Reimbursement Guide



Coding and Billing

ICD-10-CM CODES	DESCRIPTOR
J33.0	Polyp of nasal cavity
J33.1	Polypoid sinus degeneration
J33.8	Other polyp of sinus
J33.9	Nasal polyp, unspecified

HCPCS	BILLING UNITS	DESCRIPTOR
J7401	1 unit for every 10 mcg = 135 billing units	Mometasone furoate sinus implant, 10 micrograms

NDC NUMBER	DESCRIPTOR
10599000301	SINUVA (mometasone furoate) 1350 mcg

Multiple procedure modifiers do not apply to HCPCS Codes.

CPT® Codes

Providers should report the CPT code(s) which most accurately describe the services performed in association with placement of a drug-eluting sinus implant.

Physician Office Billing

Example of CMS-1500 paper claim form submission.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.										22. RESUBMISSION CODE		ORIGINAL REF. NO.		
A. XXX.X B. L C. L D. L										23. PRIOR AUTHORIZATION NUMBER				
E. L F. L G. L H. L														
I. L J. L K. L L. L														
24. A. DATE(S) OF SERVICE From To				B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OF UNITS	H. EPSON Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY									
10	01	19				11		C XXXXX	A		01		NPI	
B N410599000301 UN2														
10	01	19				11		D J7401	A		E XXX		NPI	

- A** ICD-10-CM Diagnosis Code.
- B** When entering supplemental information for the NDC, add the following in the shaded area of Box 24: N4 qualifier, 11 digit NDC code (insert one space) and UN followed by the quantity. UN1 is inserted for SINUVA unilateral procedures and UN2 is used for bilateral procedures.
- C** Report applicable CPT Procedure Code.
- D** Report HCPCS Code J7401 for SINUVA.
- E** If reporting unilateral/1 unit of SINUVA, input 135 units. If reporting bilateral/2 units of SINUVA, input 270 units.

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DISCLAIMER

This is not a guarantee of payment, coverage, or reimbursement. Intersect ENT does not provide any advice, recommendation, guarantee, or warranty relating to coverage, reimbursement, or coding for any product or service. Healthcare providers are responsible for determining coverage and reimbursement information and ensuring the accuracy and completeness of claim submissions for their patients. Coding, coverage, and reimbursement vary significantly by payer, patient, and setting of care and are subject to change. Additional information may exist. Actual coverage and reimbursement decisions are made by individual payers. Healthcare providers are responsible for consulting payers' policies.

Billing the National Drug Code (NDC)

When billing physician administered drugs with a J Code, payers may require the 11-digit National Drug Code (NDC) to be included on claims. The 11-digit billable NDC for SINUVA is **10599000301**.

For proper claim filing this information must be captured in a specific format as shown below.

Electronic claims
(ANSI 5010 837)

		LOOP	SEGMENT
PRODUCT ID QUALIFIER	Enter N4 in this field	2410	LIN02
NATIONAL DRUG CODE	Enter 11-digit NDC 10599000301	2410	LIN03
NATIONAL DRUG CODE UNIT COUNT	Enter quantity (number of NDC units) 1 (unilateral) or 2 (bilateral)	2410	LIN04
UNIT OF MEASURE	Enter NDC unit of measure as UN followed by units billed 1 unit = UN1	2410	CTP05

CMS-1500 Paper Claim

In the shaded area of Field 24A of the CMS-1500 Form, enter the NDC Qualifier N4 in the first two positions, followed by the 11-digit NDC (NO dashes or spaces) and then a space and the NDC Units of Measure Qualifier (UN), followed by the Quantity 2 for bilateral (two) SINUVA units or Quantity 1 for unilateral (one) SINUVA unit. This information must be left justified in the pink shaded area above the Date of Service. For a SINUVA **bilateral** procedure this should be captured as **N410599000301 UN2**.

See page 1 for NDC input into CMS-1500 Claim Form (reference ).

INDICATION

SINUVA is a corticosteroid-eluting (mometasone furoate) implant indicated for the treatment of nasal polyps, in patients ≥ 18 years of age who have had ethmoid sinus surgery.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Patients with known hypersensitivity to mometasone furoate and any of the ingredients of the SINUVA Sinus Implant.

WARNINGS AND PRECAUTIONS

Local Effects: Monitor nasal mucosa adjacent to the SINUVA Sinus Implant for any signs of bleeding (epistaxis), irritation, infection, or perforation. Avoid use in patients with nasal ulcers or trauma.

Ocular Effects: Monitor patients with a change in vision or with a history of increased intraocular pressure, glaucoma, and/or cataracts closely.

Hypersensitivity Reactions: Hypersensitivity reactions, including rash, pruritus, and angioedema have been reported with the use of corticosteroids.

Immunosuppression: Persons who are using drugs that suppress the immune system are more susceptible to infections than healthy individuals. Corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculosis infection of the respiratory tract; untreated systemic fungal, bacterial, viral, or parasitic infections; or ocular herpes simplex.

Hypercorticism and Adrenal Suppression: If corticosteroid effects such as hypercorticism and adrenal suppression appear in patients, consider sinus implant removal.

ADVERSE REACTIONS

The most common adverse reactions observed ($> 1\%$ of subjects and that occurred more frequently in the treatment group compared to control) in clinical studies were asthma, headache, epistaxis, presyncope, bronchitis, otitis media, and nasopharyngitis.

POSTMARKETING EXPERIENCE

The following adverse reactions have been identified during post-approval use of the SINUVA sinus implant. These events include implant migration, lack of efficacy, nasal pain, headache, epistaxis.

Rx only. Please see attached Full Prescribing Information for SINUVA also available at SINUVA.com/PI