Medica Coverage Policy

Policy Name:	**Nebulized Intranasal Antibiotics/Antifungals for Sinusitis**
Effective Date:	**7/19/2021**

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

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Note: This policy is no longer scheduled for routine review of the scientific literature.

Nebulized intranasal antibiotics/antifungals for sinusitis are investigative and unproven and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Description

Nebulized intranasal antibiotics/antifungals have been proposed for the treatment of sinusitis. Specially compounded medications are delivered through a nebulizer with a nasal adaptor. This specialized compounding process is purported to improve topical adherence in the sinuses and increase the effectiveness of aerosolized therapies. The specialty compounding pharmacy dispenses the compounded medications. These are shipped to the patient along with all needed supplies, including the nebulizer and instructions. Examples of available nebulizers include the SinuStar™ (PARI Respiratory) and NasaTouch™ (Sinus Dynamics).

FDA Approval

Several antibiotics have been approved by the FDA for the treatment of sinusitis. Multiple Class II nebulizers and compressors have been approved by the FDA through the 510(k) process.

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes

- **95199** – Unlisted allergy/clinical immunologic service or procedure

Original Effective Date:	10/1/2004
Re-Review Date(s):	6/14/2007 6/22/2010 6/17/2013 – Clinical Review Reserve 4/18/2018 2/20/2020 – administrative update; format 4/19/2021

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