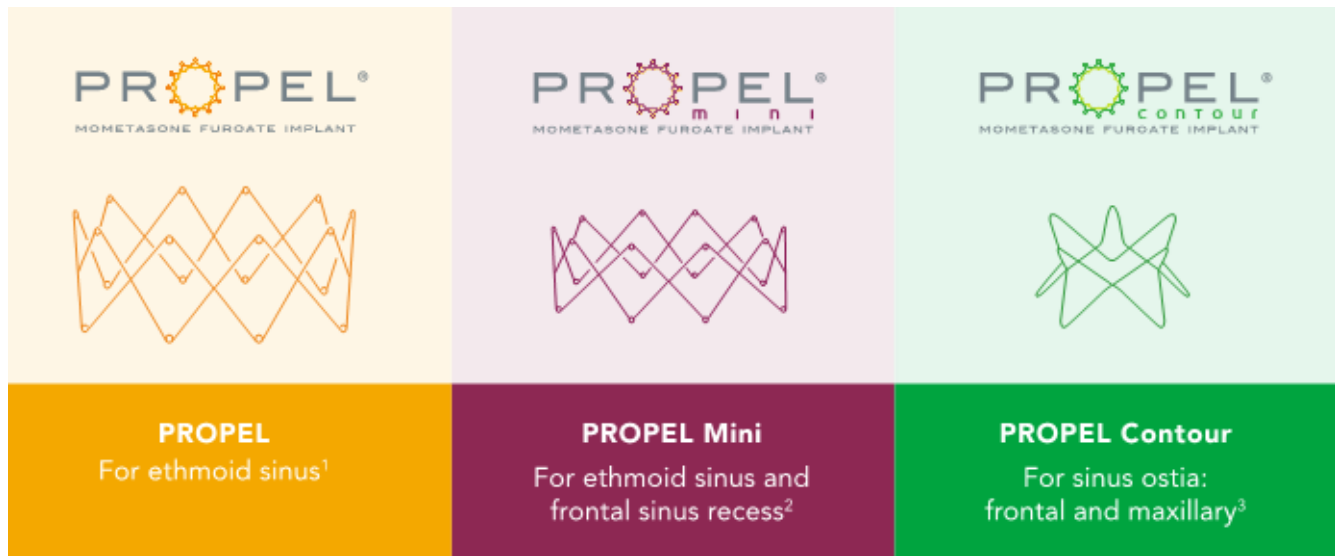


# PROPEL

## Coding and Billing Information

NON-FACILITY SETTING (Physician Office - Place of Service 11)



The PROPEL sinus implants are intended for use after sinus surgery to maintain patency and to locally deliver steroid to the sinus mucosa: PROPEL for use in the ethmoid sinus, PROPEL Mini for use in the ethmoid sinus and frontal sinus opening, and PROPEL Contour for use in the frontal and maxillary sinus ostia. The implants are intended for use in patients  $\geq 18$  years of age. Contraindications include patients with intolerance to mometasone furoate (MF) or a hypersensitivity to bioabsorbable polymers. Safety and effectiveness of the implants in pregnant or nursing females have not been studied. Risks may include, but are not limited to, pain/pressure, displacement of implant, possible side effects of intranasal MF, sinusitis, epistaxis, and infection. For complete prescribing information see IFU at [www.IntersectENT.com](http://www.IntersectENT.com). Rx only.

## Physician Office Billing

### HCPCS Coding

To facilitate claims processing and payment for PROPEL, PROPEL Mini and PROPEL Contour sinus implants when used in the non-facility setting, providers may report the code listed below.

HCPCS	DESCRIPTION	BILLABLE UNITS	PAYERS
S1091	Stent, non-coronary, temporary, with delivery system (propel)	1 Unit billed per package	Commercial payers
		For unilateral placement of a drug-eluting sinus implant, report 1 Unit	
		For bilateral placement of a drug-eluting sinus implant, report 2 Units	

For Medicare FFS billing please contact your MAC provider to check coverage and coding.

It is important to note that modifiers are not recognized by payers with Level II HCPCS codes. In the case of bilateral procedures, HCPCS code S1091 cannot be appended with modifier -50.

The appropriate ICD-10-CM code(s) should be entered for PROPEL in **Item 21A** of the CMS-1500 form for physician offices.

#### Possible ICD-10-CM code(s) for PROPEL, PROPEL MINI & PROPEL CONTOUR:

- J32 Chronic sinusitis
- J32.0 Chronic maxillary sinusitis
- J32.1 Chronic frontal sinusitis
- J32.2 Chronic ethmoidal sinusitis
- J32.3 Chronic sphenoidal sinusitis
- J32.4 Chronic pansinusitis
- J32.8 Other chronic sinusitis
- J32.9 Chronic sinusitis, unspecified

Please see your coding manuals for coding guidance on the specific ICD-10-CM based patient diagnosis.

When using **HCPCS S1091** for PROPEL Family of Products, it is recommended to input PROPEL specific information onto the CMS 1500 form (**24A Shaded Area**) to identify the specific PROPEL Family product by the National Drug Code (NDC).

Please see Propel Intended Use and Important Safety Information on page 1.

The NDC numbers for PROPEL, PROPEL Mini and PROPEL Contour sinus implants are as follows:

NDC	DESCRIPTION
10599-0000-01	PROPEL (Mometasone furoate sinus implant, 370 micrograms)
10599-0001-01	PROPEL Mini (Mometasone furoate sinus implant, 370 micrograms)
10599-0002-01	PROPEL Contour (Mometasone furoate sinus implant, 370 micrograms)

**Please Note:** Payer NDC requirements and placement may vary, check with payer.

## CPT® Procedure Coding

### Item 24D:

Providers should always report the CPT code(s) which most accurately describe the services performed in association with placement of a drug-eluting sinus implant. In some cases, if the procedure is performed bilaterally, CPT codes may be appended with modifier -50.

When placement of a drug-eluting sinus implant is a **stand-alone procedure** (within 30 days following sinus surgery) and no other procedure is performed on that sinus during the encounter, the work associated with implant placement should be reported.

When placement of a drug-eluting sinus implant occurs as an **adjunct procedure** following an ethmoid or frontal sinus surgery procedure performed in the non-facility (i.e. physician office) setting, providers should continue to report the codes deemed appropriate by the provider for the procedure(s) performed. **The work associated with implant placement is included in the work of sinus surgery procedure codes.** Therefore, when an implant is placed as an adjunct procedure, no additional codes should be reported to describe the work of implant placement.

Please see Propel Intended Use and Important Safety Information on page 1.

Example of CMS-1500 claim form submission for PROPEL.  
 (Use correlating NDCs previously listed for PROPEL Mini & Contour where applicable.)

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.		C.		D.		E.		F.		G.		H.													
E.		F.		G.		H.		I.		J.		K.		L.													
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
MM		DD		YY		MM		DD		YY																	
04		01		21		11		C		S1091		A		E		02				NPI							
04		01		21		11		D		XXXXX		A				XX				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 PROPEL unilateral procedures and UN2 is used for bilateral procedures.

**C** Report HCPCS Code S1091 for PROPEL.

**D** Report applicable CPT Procedure Code.

**E** If reporting unilateral/1 unit of PROPEL, input 1 Unit. If reporting bilateral/2 units of PROPEL, input 2 Units.

For more information on coding and billing for PROPEL sinus implants, please contact your Regional Reimbursement Director at Intersect ENT or call 1-866-242-4638 / email: [reimbursement@intersectent.com](mailto:reimbursement@intersectent.com)

Please see Propel Intended Use and Important Safety Information on page 1.

## INDICATIONS FOR USE

### PROPEL

The PROPEL sinus implant is intended for use in patients  $\geq 18$  years of age following ethmoid sinus surgery to maintain patency, thereby reducing the need for post-operative intervention such as surgical adhesion lysis and/or use of oral steroids. The PROPEL sinus implant separates mucosal tissues, provides stabilization of the middle turbinate, prevents obstruction by adhesions, and reduces edema.


### PROPEL Mini

The PROPEL Mini sinus implant is intended for use in patients  $\geq 18$  years of age following ethmoid/frontal sinus surgery to maintain patency of the ethmoid sinus or frontal sinus opening. The PROPEL Mini sinus implant separates/dilates surrounding mucosal tissues, provides stabilization of the middle turbinate, prevents obstruction by adhesions, and reduces inflammation. The implant reduces the need for post-operative intervention such as surgical adhesion lysis and/or use of oral steroids.

### PROPEL Contour

The PROPEL Contour sinus implant is intended for use in patients  $\geq 18$  years of age to maintain patency of the frontal and maxillary sinus ostia following sinus surgery and locally deliver steroids to the sinus mucosa. The PROPEL Contour sinus implant separates/dilates mucosal tissues, prevents obstruction by adhesions/scarring, and reduces edema.





The implant reduces the need for post-operative intervention such as surgical adhesion lysis and/or use of oral steroids.

For full prescribing information see IFU at [IntersectENT.com/technologies](https://IntersectENT.com/technologies). Rx only.

### **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.

### **References**

1. PROPEL [Instructions for Use]. Menlo Park, CA: Intersect ENT; 2013.
2. PROPEL Mini [Instructions for Use]. Menlo Park, CA: Intersect ENT; 2016.
3. PROPEL Contour [Instructions for Use]. Menlo Park, CA: Intersect ENT; 2016.

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