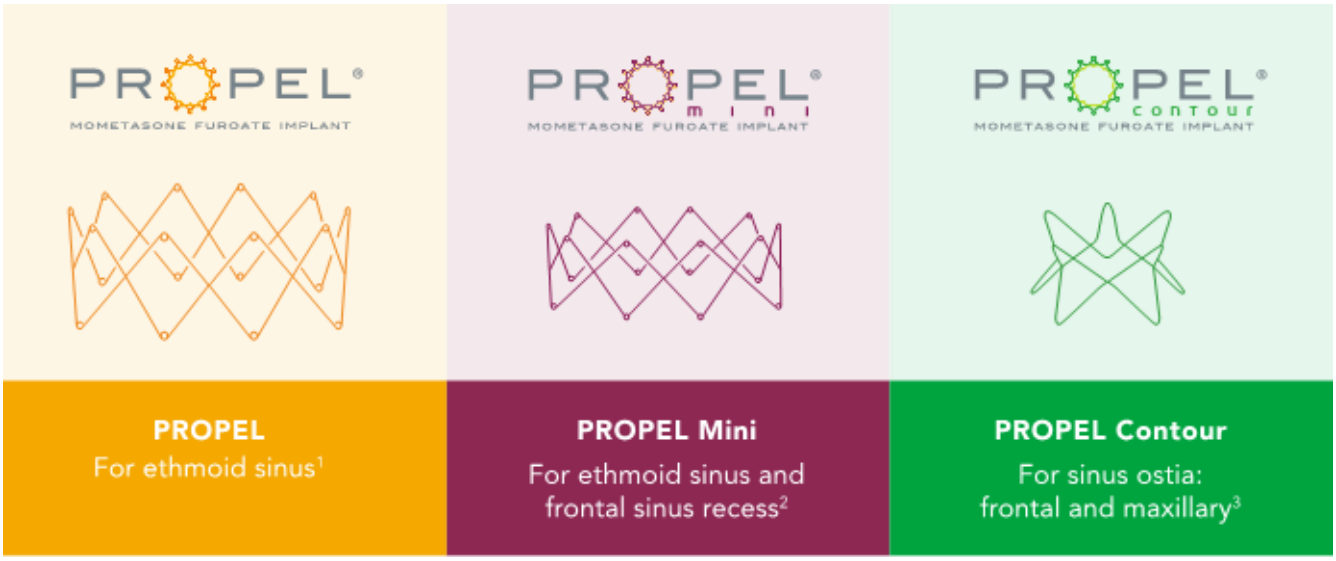
PROPEL®
MOMETASONE FUROATE SINUS IMPLANTS

PROPEL
Coding and Billing Information
For Medicare Administrative Contractors (MACS)

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



The PROPEL sinus implants are intended to maintain patency and locally deliver steroid to the sinus mucosa in patients ≥18 years of age following sinus surgery: PROPEL for the ethmoid sinus, PROPEL Mini for the ethmoid sinus/frontal sinus opening, and PROPEL Contour for the frontal/maxillary sinus ostia. Contraindications include patients with confirmed hypersensitivity or intolerance to mometasone furoate (MF) or hypersensitivity to bioabsorbable polymers. Safety and effectiveness of the implant in pregnant or nursing females have not been studied. Risks may include, but are not limited to, pain/pressure, displacement of the implant, possible side effects of intranasal MF, sinusitis, epistaxis, and infection. For full prescribing information see IFU at www.IntersectENT.com/technologies/. 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
J3490	Unclassified drugs	1 Unit billed per package For unilateral placement of a drug-eluting sinus implant, report 1 Unit For bilateral placement of a drug-eluting sinus implant, report 2 Units	Medicare Administrative Contractors (MACs)

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

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 J3490 for PROPEL Family of Products, it is recommended to input PROPEL specific information onto the CMS 1500 form. Complete Box 19 to include necessary PROPEL Family product information and 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)

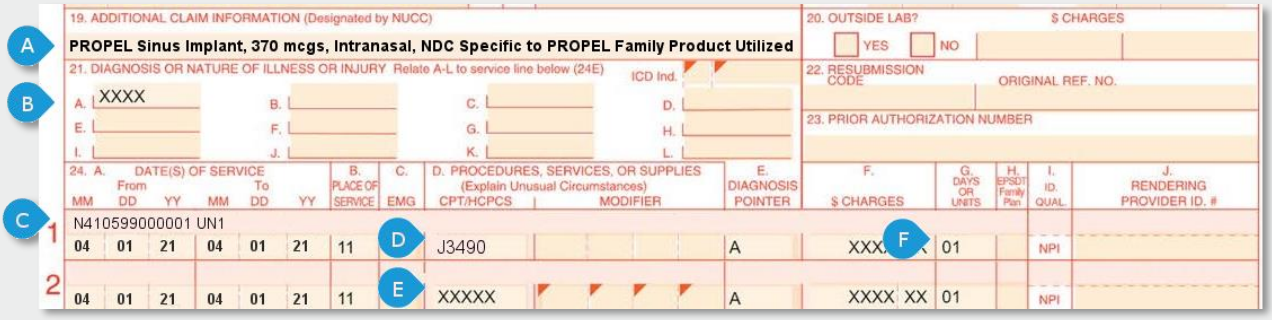
CPT® Procedure Coding

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.**

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



19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

A — **PROPEL Sinus Implant, 370 mcgs, Intranasal, NDC Specific to PROPEL Family Product Utilized**

20. OUTSIDE LAB? ☐ YES ☐ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

B — A. XXXX

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	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. #
C — N410599000001 UN1															
1	04	01	21	04	01	21	11	D — J3490		A	XXX	01		NPI	
2	04	01	21	04	01	21	11	E — XXXXX		A	XXXX XX	01		NPI	

F

A Enter PROPEL Brand name product (i.e. PROPEL, PROPEL Mini or PROPEL Contour) and correlating NDC number on the claim in Box 19.

B ICD-10-CM Diagnosis Code.

C When entering supplemental information for the NDC, add the following in the shaded area of Box 24: N4-qualifer, 11 digit NDC code specific to PROPEL product used (insert one space) and UN followed by the quantity. UN1 is inserted for unilateral procedures and UN2 is used for bilateral procedures.

D Report HCPCS Code J3490 for PROPEL.

E Report applicable CPT Procedure Code.

F 1 Unit billed per package. For unilateral placement of a drug-eluting sinus implant, report 1 Unit. For bilateral placement, report 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

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

INDICATIONS FOR USE

PROPEL Family

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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.

References

1. PROPEL [Instructions for Use]. Menlo Park, CA: Intersect ENT; 2020.
2. PROPEL Mini [Instructions for Use]. Menlo Park, CA: Intersect ENT; 2020.
3. PROPEL Contour [Instructions for Use]. Menlo Park, CA: Intersect ENT; 2020.

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