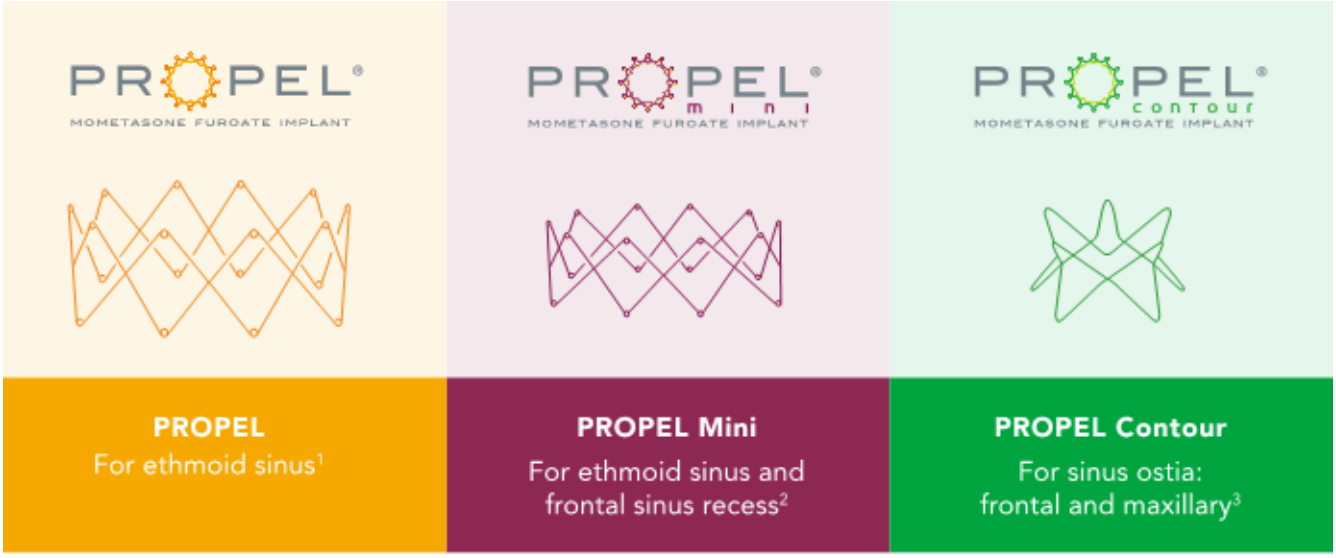
PROPEL®
MOMETASONE FUROATE SINUS IMPLANTS

PROPEL
Coding and Billing Information

FACILITY SETTING (Hospital Outpatient [POS 19/22] & Ambulatory Surgery Center [POS 24]



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.

HCPCS Coding

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

HCPCS	DESCRIPTION	PAYERS
C2625	Stent, non-coronary, temporary, with delivery system	Medicare Contractors and Some Commercial Payers**

**Note: In ASCs, check the status indicator for the procedure codes reported. C2625 is not reportable with all procedures in the ASC setting.

In circumstances where the C-code is not accepted by the payer, the below S1091 may be considered for use.

There is no separate payment available under the Medicare Hospital Outpatient Department for C2625, but for future rate-setting purposes, it is important for hospitals to report the C-Code and an appropriate charge on the claim form. Separate payment may also exist under some commercial payer contracts, depending on the facility setting for the procedure. Check with payer for the most appropriate code to use.

HCPCS	DESCRIPTION	BILLABLE UNITS	PAYERS
S1091	Stent, non-coronary, temporary, with delivery system (propel)	1 Unit billed per package	Commercial payers

It is important to note that in the case of bilateral procedures, HCPCS codes (e.g. C2625, S1091) cannot be appended with modifier -50. Rather, bilateral placement should be indicated as two (2) units with use of the C-code and two (2) units if the S-code is used, in the appropriate field on the claim.

The appropriate ICD-10-CM code(s) should be entered for PROPEL in **FL 67** of the CMS-1450 (UB-04) claim form for the hospital outpatient department.

Possible ICD-10-CM code(s) for PROPEL, PROPEL MINI, PROPEL MINI SDS & 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.

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

FL 43 – Medication Information:
In **FL 43** of the CMS-1450 (UB-04) claim form for the hospital outpatient department, the full name of the medication administered, including strength (if applicable), (e.g., **PROPEL, 370 µg**), dosage, basis of measurement (mg, mL, etc.) as well as the NDC (National Drug Code) on package used (e.g., **10599-0002-01**) should be entered.

FL 47 – Medication Charge:

NDC	DESCRIPTION
10599-0000-01	PROPEL (Mometasone furoate sinus implant, 370 micrograms)
10599-0001-01	PROPEL Mini (Mometasone furoate sinus implant, 370 micrograms)
10599-0004-01	PROPEL Mini SDS (Mometasone furoate sinus implant, 370 micrograms)
10599-0002-01	PROPEL Contour (Mometasone furoate sinus implant, 370 micrograms)

FL 46 - Medication Quantity:
The quantity of medication administered should be indicated in **FL 46** of the CMS-1450 (UB-04) claim form for the hospital outpatient department. The number of units of the NDC used should be entered, for example 1 unit for unilateral placement or 2 units for bilateral procedures.

Considerations for Outpatient Facility Payment

When evaluating the potential reimbursement for surgeries using PROPEL sinus implants, it is important to consider multiple factors.

1. Due to the nature of the sinus anatomy, most sinus surgery cases include multiple CPT codes. Therefore, providers should consider the total average “case” payment, not the payment per related CPT code.

2. Although there is no separate payment for HCPCS codes which are considered adjunctive to surgical procedure, some commercial payer contracts provide separate payment for supplies and/or implants. This is contract dependent. Providers should consult each payer’s policies to determine reimbursement rates for the procedure(s) planned for the patient.

3. The charge amount will vary by provider. Hospital outpatient departments and ASCs may set charges based on their charge master (which reflects their costs and includes a markup), current contracts with payers and established billing protocols associated with the service or procedure, which reflect the required resources (supplies, time, staff, etc.). It is important for providers to have supporting documentation to justify their costs and established charges for a service/procedure.

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

CPT® Procedure Coding

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.

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

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
The PROPEL sinus implant is intended to maintain patency of the ethmoid sinus and locally deliver steroid to the sinus mucosa in patients ≥18 years of age following sinus surgery. 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.

PROPEL Mini
The PROPEL Mini sinus implant is intended to maintain patency of the ethmoid sinus and frontal sinus opening and locally deliver steroid to the sinus mucosa in patients ≥18 years of age following sinus surgery. 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.

PROPEL Contour
The PROPEL Contour sinus implant is intended to maintain patency of the frontal and maxillary sinus ostia and locally deliver steroid to the sinus mucosa in patients ≥18 years of age following sinus surgery. 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.

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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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