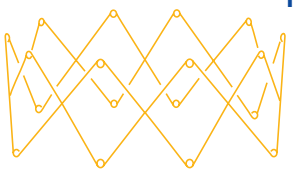
Medtronic

PROPEL™ mometasone furoate sinus implants

Coding and billing information

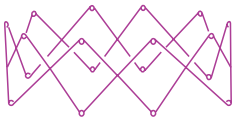
Non-facility setting (physician office - place of service 11)

PROPEL™ mometasone furoate implant



for ethmoid sinus[1]

PROPEL™ mini mometasone furoate implant



for ethmoid sinus and frontal sinus opening[2]

PROPEL™ contour mometasone furoate implant

for sinus ostia: frontal and maxillary[3]

Indications, contraindications, and precautions

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.

Disclaimer

Medtronic provides this information for your convenience only. It does not constitute legal advice or a recommendation regarding clinical practice. Information provided is gathered from third-party sources and is subject to change without notice due to frequently changing laws, rules and regulations. The provider has the responsibility to determine medical necessity and to submit appropriate codes and charges for the care provided. Medtronic makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare or other payers as to the correct form of billing or the amount that will be paid to providers of service. Please contact your Medicare contractor, other payers, reimbursement specialists and/or legal counsel for interpretation of coding, coverage and payment policies. This document provides assistance for FDA approved or cleared indications. Where reimbursement is sought for use of a product that may be inconsistent with, or not expressly specified in, the FDA cleared or approved labeling (e.g. instructions for use, operator's manual or package insert), consult with your billing advisors or payers on handling such billing issues. Some payers may have policies that make it inappropriate to submit claims for such items or related service.

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 For unilateral placement of a drug-eluting sinus implant, report 1 unit For bilateral placement of a drug-eluting sinus implant, report 2 units	Commercial payers

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 codes‡ should be entered for PROPEL™ sinus implant in **Item 21A** of the CMS-1500 form for physician offices.

Possible ICD-10-CM code(s) for PROPEL™, PROPEL™ mini & PROPEL™ contour sinus implants:

Code	Description
J32	Chronic sinusitis
J32.0	Chronic maxillary sinusitis
J32.1	Chronic frontal sinusitis
J32.2	Chronic ethmoidal 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™ sinus implant specific information onto the CMS 1500 form (**24A shaded area**) to identify the specific PROPEL™ family product by the National Drug Code (NDC).

†Healthcare Common Procedure Coding System (HCPCS) Level II codes, including device C-codes, are maintained by the Centers for Medicare and Medicaid Services. http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html. Accessed March 14, 2024.

‡Centers for Disease Control and Prevention, National Center for Health Statistics. International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM). https://www.cdc.gov/nchs/icd/icd-10-cm.htm. Accessed March 14, 2024.

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)
10599-0004-01	PROPEL™ mini SDS (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

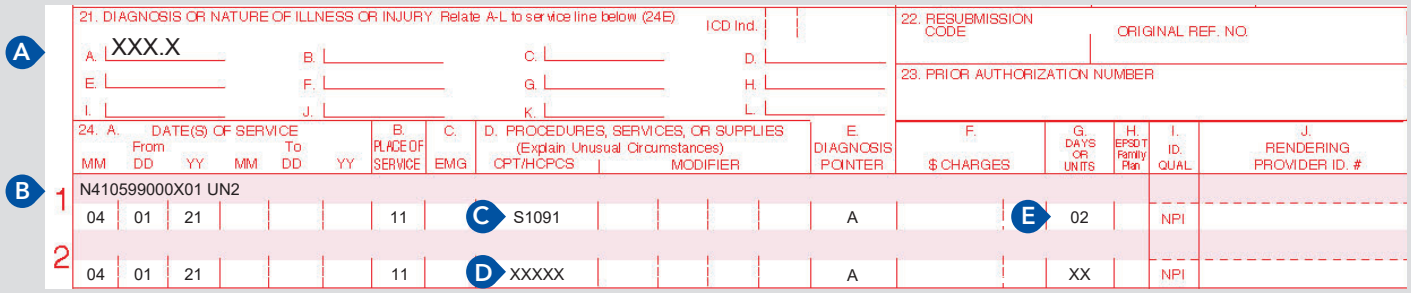
Providers should always report the CPT™* code(s) that most accurately describe the services performed in association with placement of a drug-eluting sinus implant. In some cases, if the procedure is performed bilaterally, CPT™* codes may be appended with modifier -50.

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 sinus implants where applicable.)



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

A. XXX.X B. C. D.

E. F. G. H.

I. J. K. L.

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. #
B N410599000X01 UN2															
1 04	01	21				11	C	S1091		A		E 02		NPI	
2 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 email: ent.us.reimbursement@medtronic.com

Indications, contraindications, and precautions

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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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