

Medtronic

Engineering the extraordinary

Localized drug delivery Coding and billing information

For PROPEL™ mometasone furoate
sinus implants and SINUVA™
(mometasone furoate) sinus implant

This document provides coding and billing information, along with examples, for PROPEL sinus implants and SINUVA sinus implant.

March 2026

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 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.

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PROPEL mometasone furoate sinus implants

General information

HCPCS coding[†]

The code utilized to report the use of a PROPEL sinus implant varies based on both the site of care where the service is provided, and the payer that will process the claim for adjudication.

HCPCS Code	Description	Payer	Site of Care	Payment Rate
S1091	Stent, non-coronary, temporary, with delivery system (propel)	Commercial	Office*	Provider specific contracted rate; may be based on ASP, WAC or Redbook
J3490	Unclassified drugs	Medicare	Office	Carrier priced; payment rate based on WAC or ASP +6%
C2625	Stent, non-coronary, temporary, with delivery system	Medicare	HOPD / ASC	Packaged; no separate payment from the associated procedure.

*Some commercial payers may recognize the use of S1091 for cost reporting in the HOPD or ASC setting. Payment in either site of care is typically packaged with the allowable for the surgical procedure.

Medicare Advantage and Medicaid payers may have unique billing requirements for Propel sinus implants, which can differ from Medicare or commercial insurers. Some may require the use of either S1091 or J3490; however, requirements vary by individual payer. Providers should verify payer-specific guidelines prior to billing.

There is no CPT that describes the placement of a PROPEL sinus implant. Providers may report a CPT code(s) to describe the service(s) performed in association with use of a drug-eluting sinus implant. Please reference the [Nasal and Sinus Surgery Commonly Billed Codes](#) resource for a list of CPT codes commonly associated with the placement of PROPEL sinus implants.

S1091, *Stent, non-coronary, temporary, with delivery system (propel)*, is available for reporting use of the PROPEL family of sinus implants. S1091 should be utilized regardless of the specific PROPEL sinus implant device used. The number of units reported should reflect the total number of implants provided. Examples for CMS-1500 claim form construction can be found in the claim construction section below. S-Codes are used by commercial insurance plans and are not universally recognized.

J3490, *Unclassified drug*, is reported for Medicare claims as Medicare does not recognize S codes. J3490 is a non-specific code that requires additional information to identify PROPEL sinus implants. Claims should include the device specific NDC (national drug code) to identify PROPEL sinus implants. Please see chart below for NDC code information. Examples for CMS-1500 claim form construction in the claim construction section of this resource.

C2625, *Stent, non-coronary, temporary, with delivery system*, may be reported when a PROPEL sinus implants is used in the hospital outpatient department (HOPD) or ambulatory surgical center (ASC) care setting. Medicare establishes C codes to document the use of specific devices in hospital outpatient department. Commercial payers may recognize either C2625 or S1091; providers should verify which code is appropriate based on specific payer guidelines.

In the facility setting, the expenses for medical devices are included within the overall payment for the related procedure. Facilities may choose to report the use of PROPEL sinus implants in addition to the associated procedure for cost tracking and reporting.



PROPEL mometasone furoate sinus implants

National Drug Code (NDC)

PROPEL sinus implants are assigned NDC numbers that differentiate each unique product within the family. The NDC allows the provider to indicate which implant was used.

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 location on the claim form may vary, check for payer specific guidelines. Examples for CMS-1500 claim form construction in the claim construction section below.

Payment

HCPCS Code	Description	Payer	Site of Care	Payment Rate
S1091	Stent, non-coronary, temporary, with delivery system (propel)	Commercial	Office*	Provider specific contracted rate; may be based on AWC, WAC or Redbook.
J3490	Unclassified drugs	Medicare	Office	Carrier priced; payment rate based on WAC or ASP +6%
C2625	Stent, non-coronary, temporary, with delivery system	Medicare	HOPD / ASC	Packaged; no separate payment from the associated procedure.

* Some commercial payers may recognize the use of S1091 for cost reporting in the HOPD or ASC setting. Payment in either site of care is typically packaged with the allowable for the surgical procedure.

S1091 payment rates are determined by each provider's individual contract. Commercial payers commonly set the assigned rate using either the Wholesale Acquisition Cost (WAC) or Average Wholesale Cost (AWC), plus an additional percentage to account for the costs associated with furnishing the device. Providers should review their specific payer contracts to confirm the allowed amounts under their agreements.

J3490 is manually priced when reported as it can be used to report any drug that does not have a dedicated code. Medicare or other payer types that utilize this code typically reference WAC or ASP for pricing. Providers should review their payer contracts to confirm the allowed amounts.

C2625 has a payment indicator of N, not separately payable, under the Medicare Outpatient Prospective Payment System (OPPS). Medicare does not establish a rate for J3490 as it is used to report any drug without a dedicated code.

In the HOPD or ASC setting, Medicare packages expenses for medical devices within the overall payment for the related procedure. Facilities may choose to report the use of PROPEL sinus implants in addition to the associated procedure for cost tracking and reporting. Commercial payers may recognize the PROPEL specific HCPCS (S1091) code. Facilities should check the allowed amounts in their contracts according to their specific agreements for facility based use.



PROPEL mometasone furoate sinus implants

Diagnosis codes

Potential ICD-10-CM code(s) associated with PROPEL, PROPEL Mini, & PROPEL Contour sinus implants include:

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	_____

The diagnosis code reported should always reflect what is documented by the provider within the medical record.



PROPEL mometasone furoate sinus implants

Facility Setting - Hospital Outpatient Department and Ambulatory Surgical Center

HCPCS coding[†]

Providers may report a CPT code(s) to describe the service(s) performed in association with placement of a drug-eluting sinus implant. Providers may reference the [Nasal and Sinus Surgery Commonly Billed Codes](#) resource for a list of CPT codes commonly associated with the placement of Propel sinus implant. There is no specific CPT which describes the placement procedure.

HCPCS Code	Description	Payer
C2625	Stent, non-coronary, temporary, with delivery system	Medicare
S1091	Stent, non-coronary, temporary, with delivery system (propel)	Commercial

Modifiers LT (left) and RT (right) are used for reporting bilateral procedures when a HCPCS code is utilized. Some payers may accept modifier 50, *bilateral procedure*, but this is generally used for CPT codes (HCPCS level I) rather than HCPCS level II.

Payment

In Hospital Outpatient Departments (HOPD) or Ambulatory Surgery Centers (ASC), Medicare and most commercial insurance plans include payment for medical devices as part of the overall payment for the related procedure. This means that the cost of the device is typically bundled together with the procedure, rather than billed separately. Facilities may choose to report the use of PROPEL sinus implant in addition to the associated procedure for cost tracking and reporting.

For Medicare claims use code C2625, *Stent, non-coronary, temporary, with delivery system*, for all PROPEL sinus implant devices, no matter which specific model is used. Some commercial payers may accept the PROPEL sinus implant-specific code S1091. Payment amounts will depend on each facility's contract with the insurance company. Please review your facility's contract to confirm the allowed amounts.



PROPEL mometasone furoate sinus implants

Physician Office (Non-Facility)

HCPCS coding†

HCPCS	Description	Payer
S1091	Stent, non-coronary, temporary, with delivery system (propel)	Commercial
J3490	Unclassified drugs	Medicare

Medicare Advantage payers may require the use of either S1091 or J3490. Providers are encouraged to verify payer requirements prior to billing.

Providers may report a CPT code(s) to describe the service(s) performed in association with placement of a drug-eluting sinus implant. Providers may reference the [Nasal and Sinus Surgery Commonly Billed Codes](#) resource for a list of CPT codes commonly associated with the placement of PROPEL sinus implants. There is no specific CPT which describes the placement procedure.

S1091, *Stent, non-coronary, temporary, with delivery system (propel)*, was developed for reporting use of the PROPEL family of sinus implants. It is appropriately reported regardless of the specific PROPEL sinus implant device used. The number of units reported should reflect the total number of implants provided. Please see examples for CMS-1500 claim form construction in the claim construction section below.

Modifiers LT (left) and RT (right) are used for reporting bilateral procedures when a HCPCS code is utilized. Some payers may accept modifier 50, *bilateral procedure*, but this is generally used for CPT codes (HCPCS level I) rather than HCPCS level II.

J3490, *Unclassified drug*, is reported for Medicare claims as Medicare does not recognize S codes. J3490 is a non-specific code that requires additional information to identify PROPEL sinus implants. Claims should include a device specific NDC (national drug code) to identify PROPEL sinus implants. Please see chart below for NDC code information. Please see examples for claim construction in the following section.



PROPEL mometasone furoate sinus implants

Physician Office (Non-Facility)

Claim construction for commercial payers utilizing S1091: Units per device

Commercial plans may have inconsistent guidelines for billing PROPEL sinus implants procedures. To help ensure claims are processed correctly, please check with the patient’s insurance for specific requirements before submitting claims.

Typically, commercial claims should include the following PROPEL-specific details:

- S1091 HCPCS code to indicate the use of PROPEL sinus implants.
- Number of units reflecting total number of devices used.
- NDC Number - (Box 24A of the claim form) indicating the specific device used. If the procedure utilized more than one PROPEL type report a unique line item with each NDC and the appropriate unit(s).
- The N4 qualifier is used to indicate that the number proceeding it is an NDC. Some payers may require this to recognize the NDC listed.

Some payers may require the use of laterality modifiers, LT (left) or RT (right) to indicate the side of the body where the implant was placed. If reporting a bilateral procedure with modifier LT and RT report a unit of 1. Modifier 50, *bilateral procedure*, is not typically used for HCPCS codes; check your payer specific guidelines for accuracy with local requirements.

The following example illustrates claim construction based on unit reporting for a patient receiving 2 PROPEL sinus implants. The number of units reported should always reflect the service provided and documented in the medical record.

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													
E										23. PRIOR AUTHORIZATION NUMBER			
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPST Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #													
B N41059900X01 UN2													
MM DD YY										C S1091		E 02	
MM DD YY										D XXXX		XX	

- ICD-10-CM Diagnosis Code.
- Enter the N4 qualifier (if required), followed by the NDC. In this example, the “X” within the NDC is a placeholder, as this digit varies based on which PROPEL™ sinus implant is used. Refer to the table in this guide for the specific NDC. In this example, both implants used are the same type; therefore, a UN2 is reported for both, and no additional modifiers are required. See the comments above regarding the use of modifiers LT/RT or 50.
- Report HCPCS Code S1091 for PROPEL sinus implants.
- Report applicable CPT code, if provided.
- In this example 2 units were used, so a 2 is entered to correspond to the UN2 listed in box 24A. If a payer requires the use of LT/RT modifiers, 2 lines would be required, each with a unit of 1, and the appropriate modifier.



PROPEL mometasone furoate sinus implants

Physician Office (Non-Facility)

Claim construction for commercial payers utilizing S1091: Units per device - continued

Additional examples provided to illustrate potential combinations. The number of units reported should always reflect the service provided and documented in the medical record.

1 PROPEL Contour

24.	A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.
	From			To			PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)		DIAGNOSIS	\$ CHARGES	DAYS OR UNITS		
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER	POINTER					
N410599000201 UN1															
MM	DD	YY	MM	DD	YY		11		S1091		A		1		

2 PROPEL Contour

24.	A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.
	From			To			PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)		DIAGNOSIS	\$ CHARGES	DAYS OR UNITS		
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER	POINTER					
N410599000201 UN2															
MM	DD	YY	MM	DD	YY		11		S1091		A		2		

2 PROPEL Contour and 1 PROPEL Mini

24.	A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.
	From			To			PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)		DIAGNOSIS	\$ CHARGES	DAYS OR UNITS		
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER	POINTER					
N410599000201 UN2															
MM	DD	YY	MM	DD	YY		11		S1091		A		2		
N410599000101 UN1															
MM	DD	YY	MM	DD	YY		11		S1091		A		1		

2 PROPEL Contour and 2 PROPEL Mini

24.	A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.
	From			To			PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)		DIAGNOSIS	\$ CHARGES	DAYS OR UNITS		
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER	POINTER					
N410599000201 UN2															
MM	DD	YY	MM	DD	YY		11		S1091		A		2		
N410599000101 UN2															
MM	DD	YY	MM	DD	YY		11		S1091		A		2		

2 PROPEL Contour, 2 PROPEL Mini and 2 PROPEL Regular

24.	A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.
	From			To			PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)		DIAGNOSIS	\$ CHARGES	DAYS OR UNITS		
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER	POINTER					
N410599000201 UN2															
MM	DD	YY	MM	DD	YY		11		S1091		A		2		
N410599000101 UN2															
MM	DD	YY	MM	DD	YY		11		S1091		A		2		
N410599000001 UN2															
MM	DD	YY	MM	DD	YY		11		S1091		A		2		

*Healthcare Common Procedure Coding System (HCPCS) Level II codes, including device C-codes, are maintained by the Centers for Medicare and Medicaid Services. <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/quarterly-update>. Accessed August 26, 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/>. Accessed August 26, 2024.



PROPEL mometasone furoate sinus implants

Physician Office (Non-Facility)

Claim construction for Medicare Payers utilizing J3490: total micrograms

J3490, *Unclassified drug*, is reported for Medicare claims as Medicare does not recognize S codes. J3490 is a non-specific code that requires additional information to identify PROPEL sinus implants. Claims should include a device specific NDC (national drug code) to identify PROPEL sinus implants. Please see chart below for NDC code information. Examples for CMS-1500 claim form construction in the claim construction section below.

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)

Typically, when reporting the use of PROPEL sinus implants with J3490, the claim should include the following :

- J3490 HCPCS code to indicate the use of PROPEL sinus implants.
- NDC Number- (Box 24A of the claim form) indicating the specific device used. If the procedure utilized more than one PROPEL type report a unique line item with each NDC and the appropriate unit(s).
- Total micrograms- (Box 24A of the claim form); 1 sinus implant contains 370 micrograms of mometasone furoate. When multiple implants are used add the total number of micrograms and report the total, e.g. 1 = 370 micrograms, 2, = 740 micrograms, etc.
- Modifier JZ- Wastage modifier- indicates that there was no wastage, or discarded portion of the drug, during the procedure. As PROPEL sinus implants cannot be partially used, wastage does not occur.

The following examples illustrate claim construction based on total microgram reporting for a patient receiving 2 PROPEL mini sinus implants and for a second patient receiving 1 PROPEL sinus implant and 1 propel Mini sinus implant. The total micrograms reported should always reflect the service provided and documented in the medical record.



PROPEL mometasone furoate sinus implants

Physician Office (Non-Facility)

Claim construction for Medicare Payers utilizing J3490: total micrograms - continued

2 PROPEL Mini

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS
	From	To							(Explain Unusual Circumstances)				
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER				
A Propel 10599000101 UN2 740MCGS													
MM	DD	YY	MM	DD	YY	11		J3490	B JZ		ABC		C 01

- A. NDC Number- (Box 24A of the claim form) indicating the specific device used. In this example because both stents are PROPEL Mini, 1 line is used to report the total micrograms of 740 to represent both stents.
- B. Report the JZ Modifier to denote no wasted product.
- C. Enter 1 billable unit for each unique line item. In this example, because both implants have the same NDC the microgram reporting describes the quantity and the unit should be reported at 1.

1 PROPEL and 1 PROPEL Mini

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS
	From	To							(Explain Unusual Circumstances)				
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER				
A Propel 10599000001 UN1 370MCGS													
MM	DD	YY	MM	DD	YY	11		J3490	B JZ		ABC		C 01
A Propel 10599000101 UN1 370MCGS													
MM	DD	YY	MM	DD	YY	11		J3490	B JZ		ABC		C 01

- A. NDC Number- (Box 24A of the claim form) indicating the specific device used. In this example because 2 different stent types are used, report each stent on a single line with a UN1, listing the unique NDC and total micrograms to reflect a single stent (370 MCGS)
- B. Report the JZ Modifier to denote no wasted product.
- C. Enter 1 billable unit for each unique line item. In this example, because both implants have the same NDC the microgram reporting describes the quantity and the unit should be reported at 1.

Payment

Medicare does not establish a rate for either S1091 or J2490 on the Medicare Physician Fee schedule. Commercial payer contracts typically base the allowed amount on the Wholesale Acquisition Cost (WAC) or Average Wholesale Cost (AWC) + a percentage to account for costs associated with providing the device. Facilities should check the allowed amounts in their contracts according to their specific agreements.

HCPCS Code	Description	Payer	Site of Care	Payment Rate
S1091	Stent, non-coronary, temporary, with delivery system (propel)	Commercial	Office or Facility	Provider specific contracted rate; may be based on AWC, WAC or Redbook
J3490	Unclassified drugs	Medicare	Office	Carrier priced; payment rate based on WAC or ASP +6%

Medicare Advantage payers may require the use of either S1091 or J3490. Providers are encouraged to verify payer requirements prior to billing.



SINUVA (mometasone furoate) sinus implant

General information

HCPCS coding[†]

Providers may report a CPT code(s) to describe the service(s) performed in association with placement of a the SINUVA sinus implant. Providers may reference the [Nasal and Sinus Surgery Commonly Billed Codes](#) resource for a list of CPT codes commonly associated with the placement of SINUVA sinus implant. There is no specific CPT which describes the placement procedure.

Code	Billable units	Descriptor
J7402	1 unit for every 10 mcg = 135 billing units	Mometasone furoate sinus implant, (sinuva), 10 micrograms

The SINUVA sinus implant contains 1350 micrograms of mometasone furoate. Report 135 units for each implant used.

National Drug Code (NDC)

SINUVA sinus implant is regulated as drug and assigned a J type HCPCS code. When billing physician administered drugs with a J Code, payers may require the 11-digit NDC to be included on claims.

NDC	Description
10599000301	SINUVA™ (mometasone furoate) 1350 mcg

Diagnosis codes

Potential ICD-10-CM code(s) associated with SINUVA sinus implant include:

J33.0	Polyp of nasal cavity
J33.1	Polypoid sinus degeneration
J33.8	Other polyp of sinus
J33.9	Nasal polyp, unspecified

The diagnosis code reported should always reflect what is documented by the provider within the medical record.



SINUVA (mometasone furoate) sinus implant

Claim construction

Use the NDCs for SINUVA sinus implant 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														
E. _____										23. PRIOR AUTHORIZATION NUMBER				
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) EPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSTD Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #														
N41059900301 UN2														
MM	DD	YY	MM	DD	YY	11	C	J7402		A	D	xxx		NPI
MM	DD	YY	MM	DD	YY	11	E	XXXXX		F	A	01		NPI

- A. **Item 21A** report ICD-10-CM diagnosis code.
- B. Shaded area of box 24, add the following: N4 qualifier, 11-digit NDC code (insert one space) and UN followed by the quantity. UN1 is inserted for SINUVA sinus implant unilateral procedures and UN2 is used for bilateral procedures **Please note:** Payer NDC requirements and placement may vary. Check with payer.
- C. **Item 24D** report HCPCS code J7402 for SINUVA™ sinus implant.
- D. If reporting unilateral/1 unit of SINUVA sinus implant, input 135 units. If reporting bilateral/2 units of SINUVA implant, input 270 units.
- E. **Item 24D** report applicable CPT procedure code.
- F. **Item 24E** indicate A to associate SINUVA sinus implant with diagnosis code entered in item 21A above.

Unilateral SINUVA (1 implant)

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS
From	To	From	To	From	To	EMG	CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS		
MM	DD	YY	MM	DD	YY	11	J7402	JZ	A		135		

Bilateral SINUVA (2 implants)

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS
From	To	From	To	From	To	EMG	CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS		
MM	DD	YY	MM	DD	YY	11	J7402	JZ	A		270		

Payment

HCPCS Code	Description	Payment
J7402	Mometasone furoate sinus implant, (sinuva), 10 micrograms	\$1076.00; representing 135 units or 135 micrograms*

*ASP for drugs is updated quarterly by CMS. Please contact the HEPR team to verify current rate.

Medicare and many commercial payers base their reimbursement rate for SINUVA sinus implant on the WAC or the CMS Average Sales Price (ASP) file that is updated quarterly. Providers are encouraged to check their individual contractor and commercial payer contracts to verify their specific allowed amount.



Additional resources

Commonly billed codes

Click [here](#) to access our ENT Office HUB page, which provides resources specific to procedures done in the office site of care.

Click [here](#) for access to Commonly Billed Coding Guides for ENT Procedures.

Patient Access Support (PAS) and Patient Access Connect (PAC)

Patient Access Support (PAS) is available to facilitate patient access to Medtronic's PROPEL sinus implants and SINUVA sinus implant products by providing HCPs who request PAS on behalf of their patients with assistance in obtaining patient coverage decisions from payers.

The Medtronic Patient Access Connect (PAC) is a digital solution for streamlining the prior authorization process so patients can access PROPEL sinus implants and SINUVA sinus implant products more efficiently.



Get started today at:

paportal.medtronic.com

Contact us

The Medtronic Health Economics, Policy, and Reimbursement (HEPR) team is available to assist providers and their staff with questions related to our technology.

For additional questions or support, please contact a member of our team at ent.us.reimbursement@medtronic.com.



IMPORTANT SAFETY INFORMATION

About PROPEL™ mometasone furoate sinus implants

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 <http://www.manuals.medtronic.com>. Rx only.

About SINUVA™ (mometasone furoate) sinus implant

INDICATION

SINUVA sinus implant is a corticosteroid-eluting implant indicated for the treatment of chronic rhinosinusitis with nasal polyps in adult patients ≥ 18 years of age who have had ethmoid sinus surgery.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Patients with known hypersensitivity to mometasone furoate and any of the ingredients of the SINUVA sinus implant.

WARNINGS AND PRECAUTIONS

Local Nasal Adverse Reactions: Monitor nasal mucosa adjacent to the SINUVA sinus implant for any signs of bleeding (epistaxis), irritation, infection, or perforation. Avoid use in patients with nasal ulcers or trauma.

Glaucoma and Cataracts: Nasal steroids may result in development of glaucoma and/or cataracts. Glaucoma, cataracts, and clinically significant elevation of intraocular pressure were not observed in patients from the treatment group of one randomized controlled clinical study (N = 53) who underwent bilateral placement of SINUVA sinus implants. Close monitoring is warranted in patients with a change in vision or with a history of increased intraocular pressure, glaucoma, and/or cataracts.

Hypersensitivity Reactions: Hypersensitivity reactions, including rash, pruritus, and angioedema have been reported with the use of corticosteroids. **Immunosuppression and Risk of Infections:** Persons who are using drugs that suppress the immune system, such as corticosteroids, including SINUVA sinus implant are more susceptible to infections than healthy individuals. The safety and effectiveness of SINUVA sinus implant have not been established in pediatric patients less than 18 years of age and SINUVA is not indicated for use in this population. Corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculosis infection of the respiratory tract; untreated systemic fungal, bacterial, viral, or parasitic infections; or ocular herpes simplex.

Hypercorticism and Adrenal Suppression: If corticosteroid effects such as hypercorticism and adrenal suppression appear in patients, consider sinus implant removal.

ADVERSE REACTIONS

The most common adverse reactions observed (> 1% of subjects) in clinical studies were asthma, headache, epistaxis, presyncope, bronchitis, otitis media, and nasopharyngitis.

POSTMARKETING EXPERIENCE

The following adverse reactions have been identified during post-approval use of the SINUVA sinus implant. These events include implant migration, lack of efficacy, nasal pain, headache, epistaxis.

Rx only. Please see Full Prescribing Information for SINUVA available at SINUVA.com/hcp.

