PROPEL® MOMETASONE FUROATE IMPLANT | PROPEL® contour MOMETASONE FUROATE IMPLANT | PROPEL® mini MOMETASONE FUROATE IMPLANT

2018 Coding and Billing Information

FACILITY SETTING (HOSPITAL OUTPATIENT [POS 19/22] & AMBULATORY SURGERY CENTER [POS 24])

CPT® Procedure Coding

PROPEL and PROPEL Mini sinus implants are intended for use following ethmoid sinus surgery. PROPEL Mini sinus implants are also intended for use following frontal sinus surgery. PROPEL Contour sinus implants are intended for use in the frontal and maxillary sinus ostia.

Multiple CPT codes may apply to sinus surgery procedures. **When a PROPEL sinus implant is placed as an adjunct to a sinus surgery procedure, the work associated with placement of a drug-eluting sinus implant is already included in the work RVU calculation for these codes; therefore, separate reporting of implant placement is not appropriate when performed with these procedures.** The only procedure codes reported in these scenarios are the CPT codes relevant to the sinus surgery procedures performed.

In some scenarios, a drug-eluting sinus implant may be placed in a separate encounter (within 30 days following sinus surgery), during which **no** additional sinus surgery procedure is performed on that sinus. In such cases, other CPT codes may apply. Code selection is based upon the services rendered during that encounter.

Regardless of the CPT codes reported to describe services rendered, a HCPCS code for the drug-eluting sinus implant(s) should always be reported in addition.

HCPCS Coding

Whether the work of placing the implant is integral to the primary procedure or separately reportable, the implant itself must be reported separately with a HCPCS code. To facilitate claims processing and payment for PROPEL, PROPEL Mini and PROPEL Contour sinus implants when used in the facility setting, providers may report the codes listed below.

HCPCS	Description	Payor
S1090	Mometasone furoate sinus implant, 370 micrograms	Most Commercial Payors
C2625	Stent, non-coronary, temporary, with delivery system	Medicare Contractors and Some Commercial Payors**

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

Source of CMS (Medicare) Guidance regarding use of C2625: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9097.pdf

For more information on coding and billing for PROPEL sinus implants, please contact Intersect ENT at: 866-242-4638 or email: reimbursement@intersectENT.com

The information above is provided for the benefit of Intersect ENT customers and offers general coverage, coding and payment information; it is not legal advice or instruction on how to code.

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PROPEL® contour MOMETASONE FUROATE IMPLANT

PROPEL® mini MOMETASONE FUROATE IMPLANT

The information provided is for the benefit of Intersect ENT customers and offers general coverage, coding and payment information for procedures associated with the use of PROPEL and PROPEL Mini. Users of this information should understand that this is general information, not legal guidance nor is it advice about how to code, complete, or submit any particular claim for payment. Information provided is not intended to increase or maximize reimbursement by any payor. The information provided represents Intersect ENT's understanding of current reimbursement policies. The suggested codes are to be used only to facilitate appropriate coding and should not be construed as recommended guidelines in the establishment of policy or practice. Intersect ENT makes no representations or warranties with respect to the information and disclaims any implied guarantee or warranty of fitness for any particular purpose. Intersect ENT will not be liable to any individual or entity for any losses or damages that may be incurred by the use of this information. Furthermore, Intersect ENT specifically disclaims any liability or responsibility for the results or consequences of any actions taken in reliance on this information. It is always the provider's responsibility to determine coverage and submit appropriate codes and charges for medically necessary services rendered, reported and appropriately documented. Providers should check and verify current policies and requirements with the payor for any particular patient. It is important to verify coverage for each patient as policies and guidelines can vary by payor and plan. The key in all coding and billing to payors is to be truthful and not misleading and make full disclosures to the payor about how the product has been used and the procedures necessary to use the product when seeking reimbursement for any product or procedure.

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 ≥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. Rx only.

For more information on coding and billing for PROPEL sinus implants, please contact Intersect ENT at: 866-242-4638 or email: reimbursement@intersectENT.com

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