



## 2018 Coding and Billing Information

### **NON-FACILITY SETTING (PHYSICIAN OFFICE - Place of Service 11)**

#### **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 following sinus surgery.

When placement of a drug-eluting implant occurs as an adjunct procedure following a 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.** The implant itself (i.e. PROPEL, PROPEL Mini or PROPEL Contour sinus implants) should be reported separately with a HCPCS code as described below.

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 non-facility setting, providers may report the codes listed below.

HCPCS	Description	Payor
<b>S1090</b>	Mometasone furoate sinus implant, 370 micrograms	Most Commercial Payors
<b>J3490</b>	Unclassified drugs	Medicare Contractors and Some Commercial Payors*

When using HCPCS J3490, most payors will require providers to submit additional information in item 19 of the CMS 1500 form to describe the name of the product, the dose, and the National Drug Code (NDC) code (a universal product identifier assigned by FDA) for PROPEL, PROPEL Mini and PROPEL Contour sinus implants:

NDC	Description
<b>10599-0000-01</b>	PROPEL (Mometasone furoate sinus implant, 370 micrograms)
<b>10599-0001-01</b>	PROPEL Mini (Mometasone furoate sinus implant, 370 micrograms)
<b>10599-0002-01</b>	PROPEL Contour (Mometasone furoate sinus implant, 370 microgram)

Regardless of the HCPCS code selected for reporting, it is important to note that in the case of bilateral procedures, HCPCS codes (e.g. S1090, J3490) cannot be appended with modifier -50. Rather, bilateral placement should be indicated as two (2) units in the appropriate field on the billing form (e.g. box 24G on the CMS-1500 form).

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.

MPM-00617 Rev. A Last Updated December 2017

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

*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  $\geq 18$  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](http://www.IntersectENT.com). Rx only.  
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