Medica Central Coverage Policy

Title: **Drug Eluting Stents, Bioabsorbable MP9700**

Effective Date: **06/01/2024**

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Note: This policy is no longer scheduled for routine review of the scientific literature.

Drug eluting sinus stents (e.g., Propel® Sinus Implant, Propel Mini, Propel Contour) are considered investigative and unproven and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Note: This policy does not apply to the Sinuva™ Sinus Implant, as this is managed by the pharmacy benefit.

Note: See also related coverage policies, *Endoscopic Balloon Sinuplasty Ostial Dilation for Treatment of Chronic Sinusitis* and *Nasal Implant, Absorbable, for Treatment of Nasal Valve Collapse.*

Description

Drug-eluting sinus stents (e.g., Propel®, Propel Mini) are self-expanding bioabsorbable steroid-eluting sinus implants constructed of a synthetic polymer in a lattice pattern. Mometasone furoate (MF) is a topical synthetic corticosteroid with activity against nasal symptoms. The stents are coated with 370 micrograms of MF that is released locally into the mucosal tissue over a 30-day period. They are purported to maintain sinus patency after sinus surgery and/or endoscopic balloon sinuplasty. A surgeon uses a proprietary endoscopic guidance system to advance and position the implants into the desired sinus. Propel and Propel Mini (a shortened version of the Propel) have a lattice-like structure and expand to conform to the anatomy of the modified sinus once they are deployed. Propel and Propel Mini mechanically separate the mucosal tissue and elute a corticosteroid to reduce adhesions, inflammation, edema, and scarring. Intended benefits

include reducing the need for postoperative interventions and maintaining the benefits of sinus surgery or balloon sinuplasty.

FDA Approval

Drug-eluting sinus stents for maintenance of patency following sinus surgery are approved by the FDA under the Premarket Approval process. Examples of FDA-approved drug-eluting sinus stents include, but may not be limited to:

1. Propel® Sinus Implant (Intersect ENT)
2. Propel Mini Sinus Implant (Intersect ENT)
3. Propel Contour Implant (Intersect ENT).

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

HCPC Codes:

- **J7401 –** Mometasone furoate sinus implant, 10 mcg
- **C2625 –** Stent, noncoronary, temporary with delivery system
- **C1726 –** Catheter, balloon dilation, nonvascular

	Committee/Source	Date(s)
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