# Medtronic

PROPEL™ mometasone furoate sinus implant

# Positive coverage with the following payers<sup>†</sup>:

Payers
UnitedHealthcare
Highmark
Blue Cross and Blue Shield <sup>‡</sup>
Blue Cross and Blue Shield Federal Employee Plan
Kaiser Permanente
Medi-Cal
MVP Health Care
HealthPartners
Geisinger Health Plan
CareOregon
EmblemHealth
Quartz
HAP of Michigan
Capital District Physicians Health Plan
ConnectiCare
UPMC
Capital Blue Cross of PA
Medical Mutual of OH
CareFirst BCBS
HealthFirst
Oxford
Molina

### 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.

<sup>†</sup>Coverage information as of July 2023. <sup>‡</sup>Includes TX, IL, NM, OK, MT, HI, MD, DC, NC, SC, ND, KS.

### 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 PropelOpens.com. Rx only.

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