GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Rhinosinusitis, also referred to as sinusitis, is inflammation of the mucosal membrane lining the nasal cavities and the paranasal sinuses. Rhinosinusitis lasting more than 12 weeks is classified as chronic rhinosinusitis (CRS). The goals of treating CRS are to eliminate underlying causes, reduce sinus inflammation, and drain nasal passages. Medical therapy is the first-line treatment for CRS. Treatments recommended may include nasal saline sprays, nasal lavage, antibiotic therapy, nasal corticosteroids, oral or injected corticosteroids, decongestants, over-the-counter pain relievers, leukotriene modifiers, and antihistamines. Patients who do not respond to medical therapy are candidates for sinus surgery.

Functional endoscopic sinus surgery (FESS) is a set of minimally invasive surgical techniques which allow direct visual examination and opening of the sinuses for the treatment of chronic rhinosinusitis which has not responded to medical treatment. FESS may be compromised by postoperative inflammation, polyposis and adhesions, which often require further intervention. Bioabsorbable, steroid-eluting sinus stents are inserted into the nose, sinuses or to prevent stenosis of the sinus openings. The slow release of corticosteroid aims to decrease mucosal edema and improve wound healing. This technology is being evaluated as a treatment option following sinus surgery.

The PROPEL™ steroid-releasing implant (Intersect ENT) provides a controlled drug delivery directly to the sinus tissue. This device is a self-expanding, bioabsorbable, steroid-eluting stent that is intended for use in the ethmoid sinus. Steroids (mometasone furoate) are administered via a sustained release over an approximate duration of 30 days.

The Relieva Stratus™ MicroFlow spacer is a balloon-based device that acts as a spacer and medication delivery system is indicated for use as a postoperative spacer to maintain an opening to the sinuses within the first 14 days postoperatively. This device is temporary and requires manual removal after 30 days, with implantation of a new device if needed. It is approved for infusion with saline, but not for use with other medications such as steroids.

Sinufoam (Arthrocare Corp., Austin, TX), is an FDA approved carboxymethylcellulose polysaccharide material that forms a gel when hydrated. The gel is placed within the ethmoid cavity at the completion of an FESS procedure. The dexamethasone Sinu-Foam™ spacer has been evaluated following FESS for CRS without polyps. The spacer is currently not FDA approved.

Drug eluting devices (e.g., Propel™, Relieva Stratus™ MicroFlow Spacer, Sinu-Foam™ Spacer) have been proposed for use following FESS to aid in maintaining ostial patency, prevent adhesions, control bleeding and/or for the administration of topical medications. However, there is insufficient evidence in the published peer-reviewed literature to support the safety and effectiveness of these devices. There are a limited number of published studies investigating these devices. Studies primarily report short-term follow-ups and include small patient populations. Data showed variability in the outcomes including maintenance of sinus patency. The impact of these foreign materials implanted in the body is unknown.

POLICY
Drug eluting devices (e.g., Propel™ Steroid-Releasing Implant, Relieva Stratus™ MicroFlow Spacer, Sinu-Foam™ Spacer) (0406T, 0407T, S1090) are non-covered.

HMO, PPO, Individual Marketplace, Elite, Advantage
Paramount does not cover a drug eluting device (e.g., Propel™ Steroid-Releasing Implant, Relieva Stratus™ MicroFlow Spacer, Sinu-Foam™ Spacer) for maintaining postoperative sinus ostial patency following endoscopic sinus surgery because its use is considered experimental, investigational or unproven.
CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>Description</th>
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<tr>
<td>0406T</td>
<td>Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant;</td>
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<tr>
<td>0407T</td>
<td>Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant; with biopsy, polypectomy or debridement</td>
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<td>31299</td>
<td>Unlisted procedure, accessory sinuses</td>
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<tr>
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<tr>
<td>S1090</td>
<td>Mometasone furoate sinus implant, 370 micrograms [Propel™]</td>
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TAWG REVIEW DATES: 10/28/2016

REVISION HISTORY EXPLANATION
10/28/16: Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.