Complete your in-office arsenal with PROPEL

PROPEL FITS WITHIN YOUR IN-OFFICE PRACTICE

Improve sinus surgery outcomes for your patients with chronic rhinosinusitis (CRS) by offering PROPEL implants in your in-office practice through a two-pronged approach: in-office sinus procedures or postoperatively.

1. IN-OFFICE SINUS PROCEDURES
Implants following in-office ESS such as balloon sinus dilation

2. POSTOPERATIVE UTILIZATION
Implants during the postoperative healing period after sinus surgery

CLINICAL APPLICATION

- Intended for use following sinus surgery to maintain patency, thereby reducing the need for postoperative surgical intervention and use of oral steroids
- Separate mucosal tissues, provide stabilization of the middle turbinate, prevent obstruction by adhesions, and reduce edema/inflammation
- Innovative 2-in-1 technology that opens the sinuses while delivering mometasone furoate directly where it is needed

COVERAGE

- Positive coverage and access with commercial payors, such as UnitedHealthCare, Blue Cross Blue Shield FEP, and HCSC
- Positive coverage and access with government payors, such as VA, TriCare, and select Medicare plans
- Billing a CPT code for in-office use of PROPEL implants is applicable

VALUE TO YOUR PRACTICE

- Easily loaded; fast and precise deployment
- Innovative technology for your patients with CRS, with tools to facilitate patient outreach
- Dedicated team to assist with payor coverage and reimbursement
- Tailored care for your patients with PROPEL implants: Implants of varying sizes and shapes indicated to treat the frontal, maxillary, and ethmoid sinuses

Actor portrayal with simulated endoscopy.
CPT, current procedural terminology; ESS, endoscopic sinus surgery; FEP, federal employee program; HSCS, Health Care Service Corporation; VA, Veterans Affairs.
* Coverage information as of September 2020.
† DISCLAIMER: This is not a guarantee of payment, coverage, or reimbursement. Individual payer plans may vary.

Explore the benefits of PROPEL implants at PROPELOpenS.com
Arm yourself with PROPEL in the office

MORE THAN 7,000 PATIENTS TREATED IN THE OFFICE SINCE 2011

Choose from 3 steroid-eluting implants under one brand to select the best option that conforms to the anatomical needs of your patients.

The following information is for processing and payment for sinus implants when used in the non-facility setting:

<table>
<thead>
<tr>
<th>HCPCS</th>
<th>DESCRIPTION</th>
<th>BILLABLE UNITS</th>
<th>SITE OF SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>J7401</td>
<td>Mometasone furoate sinus implant, 10 micrograms</td>
<td>10 micrograms = 1 unit billed</td>
<td>11 (In-office)</td>
</tr>
</tbody>
</table>

For unilateral placement of a drug-eluting sinus implant, report 37 units (370 mcgs/10 = 37 units)

For bilateral placement of a drug-eluting sinus implant, report 74 units (370 mcgs x 2 = 740/10 = 74 units)

PROPEL implants were evaluated in clinical trials that included patients with and without nasal polyps, undergoing primary or revision surgery by traditional instrumentation or balloononing procedures

YOUR PATIENTS + PROPEL = IMPROVED OUTCOMES

The PROPEL sinus implants are indicated to maintain patency and locally deliver steroid to the sinus mucosa in patients ≥18 years of age after 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 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 www.IntersectENT.com/technologies/. Rx only.