

# Drug-Eluting Sinus Stents and Implants for Postoperative Use Following Endoscopic Sinus Surgery and for Recurrent Sinonasal Polyposis

**Medicare Advantage Medical Policy #MA-194**

Original Effective Date: 04/01/2026

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*Applies to all products administered or underwritten by the Health Plan, unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.*

*Blue Advantage does not cover investigational or experimental services, including any drug, device, procedure, or service provided under the investigational arm of a clinical trial or study unless mandated by the Centers for Medicare and Medicaid Services. Coverage is limited to routine services for Category A IDE studies and to devices and related services for Category B IDE studies when not supplied by the trial sponsor. Approved IDE studies are posted on [www.cms.gov/medicare/coverage/evidence](http://www.cms.gov/medicare/coverage/evidence).*

*Note: Balloon Catheter use for Sinus Ostial Dilation and Septoplasty is addressed separately in medical policy MA-110.*

*Note: Functional Endoscopic Sinus Surgery for Chronic Rhinosinusitis is addressed separately in medical policy MA-119.*

## **Services Are Considered Investigational**

*Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.*

Based on review of available data, the Health Plan considers the use of drug-eluting sinus stents and implants for all indications, including but not limited to postoperative use following endoscopic sinus surgery and for the treatment of recurrent sinonasal polyposis to be **investigational.\***

## **Policy Guidelines**

Sinus stents are defined as implantable devices specifically designed to improve patency and/or deliver local medication. These devices are inserted under endoscopic guidance and are distinguished from sinus packing and variations on packing devices routinely employed after sinus surgery.

Foam dressings, such as Sinu-Foam<sup>TM‡</sup>, are used as nasal packs for a variety of conditions, including nosebleeds, and have also been used after endoscopic sinus surgery. They are considered different types of nasal packing.

Middle meatal spacers are related but separate devices intended to maintain sinus patency post-endoscopic sinus surgery. They are splint-like devices inserted directly rather than under endoscopic guidance and do not have the capability of delivering local medication.

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## **Background/Overview**

### **Chronic Rhinosinusitis**

Chronic rhinosinusitis is an inflammatory sinus condition that has a prevalence between 1% and 5% in the U.S. population.

### **Treatment**

Endoscopic sinus surgery (ESS) is typically performed on patients with chronic rhinosinusitis unresponsive to conservative treatment. The surgery is associated with high rates of improvement in up to 90% of more appropriately selected patients. However, there are no high-quality randomized controlled trials (RCTs) comparing functional ESS with continued medical management or alternative treatment approaches. Because of the high success rates and minimally invasive approach, these procedures have rapidly increased in frequency, with an estimated 250,000 procedures performed annually in the United States. They can be done either in the physician's office under local anesthesia or in the hospital setting under general anesthesia.

ESS involves the removal of small pieces of bone, polyps, and débridement of tissue within sinus cavities. There are a number of variations on the specific approach, depending on the disorders being treated and the preferences of the treating surgeon. For all procedures, there is substantial postoperative inflammation and swelling, and postoperative care is, therefore, a crucial component of ESS.

There are a number of postoperative treatment regimens, and the optimal regimen is uncertain. Options include saline irrigation, nasal packs, topical steroids, systemic steroids, topical decongestants, oral antibiotics, and/or sinus cavity débridement. Several RCTs have evaluated treatment options, but not all strategies have been rigorously evaluated. A 2011 systematic review has evaluated the evidence for these therapies. Reviewers concluded that the evidence was not strong for any of these treatments but that some clinical trial evidence supported improvements in outcomes. The strongest evidence supported use of nasal saline irrigation, topical nasal steroid spray, and sinus cavity débridement.

Some form of sinus packing is generally performed postoperatively. Simple dressings moistened with saline can be inserted manually following surgery. Foam dressings are polysaccharide substances that form a gel when hydrated and can be used as nasal packs for a variety of indications. Middle meatal spacers are splint-like devices that prop open the sinus cavities post-ESS but are not designed for drug delivery. There is some RCT evidence that middle meatal spacers may reduce the formation of synechiae following ESS, although the available studies have significant heterogeneity in this outcome.

### **Sinus Stents and Implants**

Implantable sinus stents and implants are another option for postoperative management following ESS. These implants are intended to stabilize the sinus openings and the turbinates, reduce edema,

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and/or prevent obstruction by adhesions. They can also be infused with medication delivered topically over an extended period of time, and this local delivery of medications may be superior to topical applications in the postoperative setting.

### **FDA or Other Governmental Regulatory Approval**

#### **U.S. Food and Drug Administration (FDA)**

In 2011, the PROPEL<sup>®‡</sup> system (Intersect ENT, Menlo Park, CA) was approved by the U.S. Food and Drug Administration (FDA) through the premarket approval process (P100044). This device is a self-expanding, bioabsorbable, steroid-eluting stent intended for use in the ethmoid sinus. It is placed via endoscopic guidance using a plunger included with the device. Steroids (mometasone furoate) are released over an approximate duration of 30 days. The device dissolves over several weeks and therefore does not require removal. In 2012, a smaller version of the PROPEL device, the PROPEL Mini Sinus Implant, was approved for use in patients older than age 18 years following ethmoid sinus surgery to maintain patency. In 2017, the PROPEL Contour was approved through a premarket approval supplement. The PROPEL Contour sinus implant is an adaptable implant that is designed to maximize drug delivery to the frontal and maxillary sinus.

SINUVA<sup>™‡</sup> Sinus Implant (Intersect ENT, Inc., Menlo Park, CA) was initially approved in 1987. In 2017, the SINUVA Sinus Implant was approved with a new dose (1350 µg mometasone furoate) under a New Drug Application (NDA 209310). The corticosteroid is released over 90 days and the bioabsorbable polymers soften over this time. The implant is removed at Day 90 or earlier using standard surgical instruments. The SINUVA<sup>™‡</sup> Sinus Implant is indicated for the treatment of nasal polyps in adult patients who have had ethmoid sinus surgery.

FDA product code: OWO

### **Rationale/Source**

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

### **Description**

Steroid-eluting sinus stents are devices used postoperatively following endoscopic sinus surgery (ESS) or for treatment of recurrent sinonasal polyposis following ESS. These devices maintain patency of the sinus openings in the postoperative period, and/or serve as a local drug delivery vehicle. Reducing postoperative inflammation and maintaining patency of the sinuses may be important in achieving optimal sinus drainage and may impact recovery from surgery and/or reduce the need for additional surgery.

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### Summary of Evidence

For individuals who have chronic rhinosinusitis who have undergone endoscopic sinus surgery (ESS) who receive implantable steroid-eluting sinus stents, the evidence includes randomized controlled trials (RCTs). Relevant outcomes are symptoms, change in disease status, morbid events, and treatment-related morbidity. The most direct evidence relating to use of steroid-eluting nasal stents as an adjunct to ESS comes from 4 RCTs comparing steroid-eluting stents with either a non-steroid-eluting stent or medical management. The need for post-operative intervention at 30 days was reduced by 14% to 24%, translating to a number needed to treat of 4.7 or more. Three trials used blinded assessors to evaluate post-implantation sinus changes, an important strength, but the trials had potentials for bias. To most accurately evaluate the benefit from PROPEL devices it is important to ensure that the comparison group is not undertreated (ie, receives some form of packing, intranasal steroids, and irrigation). The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have recurrent sinonasal polyposis who have undergone ESS who receive steroid-eluting sinus implants, the evidence includes RCTs. Relevant outcomes are symptoms, change in disease status, morbid events, and treatment-related morbidity. Two RCTs were identified evaluating the use of steroid-eluting nasal implants for recurrent or persistent nasal polyposis after ESS, which demonstrated improvements in polyp grade and ethmoid obstruction. Strengths of these trials included use of sham control and adequate power for its primary outcome. However, the trials had a high-risk of bias due to unblinded outcome assessment. Although avoidance of repeat ESS and oral steroids may be relevant outcomes for this indication, it would be more important if decisions about repeat ESS or other treatments were standardized and, in the trial setting, if decisions were prespecified or made by a clinician blinded to treatment group. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

### Supplemental Information

#### **Practice Guidelines and Position Statements**

Guidelines or position statements will be considered for inclusion in 'Supplemental Information' if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

#### **American Academy of Otolaryngology-Head and Neck Surgery**

In 2023, the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) issued a position statement on the use of drug-eluting sinus implants for the management of mucosal inflammation of the paranasal sinuses. This statement was not based on a systematic review of the evidence.

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"The AAO-HNS considers drug-eluting implants in the paranasal sinuses as a proven and effective therapeutic option for mucosal inflammation."

The recommendation states, "Multiple studies have demonstrated the efficacy and safety of drug-eluting implants in controlling sinonasal inflammation. Clinical evidence regarding the use of drug-eluting implants after sinus surgery has particularly shown enhanced wound healing through the reduction of both scar formation and anatomic obstruction."

### American Rhinologic Society

In 2023, the American Rhinologic Society (ARS) issued a position statement on the utilization of drug-eluting implants into the sinus cavities. This position statement was not based on a systematic review of the evidence:

"ARS feels strongly that drug-eluting implants should in no way be considered investigational and should be available to patients, when selected by the physician, in order to maximize outcomes."

The recommendation notes, "There continues to be a growing level of high-quality evidence on the safety and efficacy of drug-eluting implants in the paranasal sinuses. These studies have demonstrated cost effectiveness as well as improvement of patient centered outcomes by reducing inflammation, maintaining ostial patency, decreasing scarring, and preventing middle turbinate lateralization while limiting the need for administration of oral steroids.."

### International Consensus Statement on Allergy and Rhinology

In 2021, the International Consensus Statement on Allergy and Rhinology was updated and included the following recommendation:

"Corticosteroid-eluting implants can be considered as an option in a previously operated ethmoid cavity with recurrent nasal polyposis."

The recommendation noted, "Corticosteroid eluting implants have been shown to have beneficial impact on ethmoid polyposis and obstruction, and 1 study has shown them to be cost-effective in preventing revision ESS. Experience is early and although evidence is high level, only short-term outcomes are currently available."

### U.S. Preventive Services Task Force Recommendations

Not applicable.

### Medicare National Coverage

There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

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## Ongoing and Unpublished Clinical Trials

Some currently unpublished trials that might influence this review are listed in Table 1.

**Table 1. Summary of Key Trials**

NCT No.	Trial Name	Planned Enrollment	Completion Date
<b><i>Ongoing</i></b>			
NCT03607175	Randomized Clinical Control Trial Comparing the Effects of a Steroid Eluting Implant Versus Triamcinolone-impregnated Carboxymethylcellulose Foam on the Postoperative Clinic Experience in Patients That Underwent Functional Endoscopic Surgery for Nasal Polyposis	30	Dec 2025
NCT05925985 <sup>a</sup>	Propel Drug-Eluting Sinus Stent Family	200	Sep 2025
NCT06671561 <sup>a</sup>	Product Surveillance Registry (PSR) Ear, Nose and Throat- PROPEL Drug-Eluting Sinus Stent Family EXTEND Cohort	100	Apr 2027
NCT06198894	Study on the Efficacy of in Office Steroid-eluting Sinus Stent Implantation in Chronic Rhinosinusitis Patients With Uncontrolled Postoperative Symptoms	96	Apr 2026

NCT: national clinical trial.

<sup>a</sup> Denotes industry-sponsored or cosponsored trial.

## References

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19. American Academy of Otolaryngology-Head and Neck Surgery. Position Statement: Drug-Eluting Sinus Implants. January 17, 2023; <https://www.entnet.org/resource/position-statement-eluting-implants/>.
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## Policy History

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01/20/2026 Utilization Management Committee review/approval. New policy.

Next Scheduled Review Date: 01/2027

## Coding

*The five character codes included in the Health Plan Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT®)‡, copyright 2025 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physician.*

*The responsibility for the content of the Health Plan Medical Policy Coverage Guidelines is with the Health Plan and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in the Health Plan Medical Policy Coverage Guidelines. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Any use of CPT outside of the Health Plan Medical Policy Coverage Guidelines should refer to the most current Current Procedural Terminology which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply.*

CPT is a registered trademark of the American Medical Association.

Codes used to identify services associated with this policy may include (but may not be limited to) the following:

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Code Type	Code
CPT	31299
HCPCS	C1874, C2625, J3490, J7402
ICD-10 Diagnosis	J0100-J0191, J310-J311, J320-J329, J330-J339, J343, All related Diagnoses

\*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
  1. Consultation with technology evaluation center(s);
  2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
  3. Reference to federal regulations.

\*\*Medically Necessary (or “Medical Necessity”) - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- A. In accordance with nationally accepted standards of medical practice;
- B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
- C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, “nationally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

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‡ Indicated trademarks are the registered trademarks of their respective owners.

**NOTICE:** If the Patient's health insurance contract contains language that differs from the Health Plan's Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

**NOTICE:** Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Health Plan recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

**NOTICE:** Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.

**NOTICE:** All codes listed on the Medical Policy require prior authorization. This ensures appropriate utilization and alignment with current clinical guidelines.

**NOTICE:** If an authorization for an ongoing course of treatment has been provided to a member and the member changes from one health plan to another health plan (e.g., a member moves from carrier A to Blue Advantage), Blue Advantage may honor the previous health plan's authorization for the same service under the same type of in-network benefit for a 90-day transition period. Documentation of the authorization for the ongoing course of treatment from the previous health plan must be provided to us by the member or their provider and the services provided for the course of treatment must otherwise be a covered service under the Blue Advantage health plan.

### **Medicare Advantage Members**

Established coverage criteria for Medicare Advantage members can be found in Medicare coverage guidelines in statutes, regulations, National Coverage Determinations (NCD)s, and Local Coverage Determinations (LCD)s. To determine if a National or Local Coverage Determination addresses coverage for a specific service, refer to the Medicare Coverage Database at the following link: <https://www.cms.gov/medicare-coverage-database/search.aspx>. You may wish to review the Guide to the MCD Search here: <https://www.cms.gov/medicare-coverage-database/help/mcd-benehelp.aspx>.

When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, internal coverage criteria may be developed. This policy is to serve as the summary of evidence, a list of resources and an explanation of the rationale that supports the adoption of this internal coverage criteria.

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### **InterQual®**

InterQual® is utilized as a source of medical evidence to support medical necessity and level of care decisions. InterQual® criteria are intended to be used in connection with the independent professional medical judgment of a qualified health care provider. InterQual® criteria are clinically based on best practice, clinical data, and medical literature. The criteria are updated continually and released annually. InterQual® criteria are a first-level screening tool to assist in determining if the proposed services are clinically indicated and provided in the appropriate level or whether further evaluation is required. The utilization review staff does the first-level screening. If the criteria are met, the case is approved; if the criteria are not met, the case is referred to the medical director.