MEDICAL POLICY

POLICY TITLE	**STEROID-ELUTING SINUS STENTS AND IMPLANTS (FORMERLY STEROID-ELUTING SINUS STENTS)**
POLICY NUMBER	**MP 1.140**

CLINICAL BENEFIT	☐ MINIMIZE SAFETY RISK OR CONCERN. ☒ MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. ☐ ASSURE APPROPRIATE LEVEL OF CARE. ☐ ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. ☐ ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. ☐ ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective date:	**7/1/2026**

POLICY

The use of steroid-eluting sinus stents and implants for postoperative treatment following endoscopic sinus surgery and for treatment of recurrent sinonasal polyposis is considered **investigational.** There is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with this procedure.

The use of steroid-eluting sinus stents and implants is considered **investigational** in all other conditions. There is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with this procedure.

Policy Guidelines

Sinus stents are defined as implantable devices that are 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 SinuFoam™, are used as nasal packs for a variety of conditions, including nosebleeds, and have also been used post-ESS. These are considered different types of nasal packing.

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

Cross-*Reference:*

MP 1.119 Balloon Ostial Dilation for the Treatment of Chronic Rhinosinusitis

PRODUCT VARIATIONS

This policy is only applicable to certain programs and products administered by Capital Blue. Please see additional information below.

FEP PPO - Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at: https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies

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DESCRIPTION/BACKGROUND

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 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 debridement 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 debridement. Several randomized controlled trials 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 debridement.

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 randomized controlled trial 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, 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 application in the postoperative setting.

Regulatory Status
In 2011, the PROPEL® 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™ 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™ Sinus Implant is indicated for the treatment of nasal polyps in adult patients who have had ethmoid sinus surgery.

FDA product code: OWO

RATIONALE

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) and two systematic reviews. Relevant outcomes are symptoms, change in disease status, morbid events, and treatment-related morbidity. The findings from systematic reviews and meta-analyses are mixed. A Cochrane review reported insufficient high-quality evidence to assess the intervention, while a meta-analysis identified benefits of steroid-eluting stents compared to a control intervention, including reduced adhesion, mucosal inflammation, polyp recurrence, need for oral steroids post-surgery, and additional surgical procedures at 30 days follow-up. The most direct evidence relating to use of steroid-eluting nasal stents as an adjunct to ESS comes from 5 RCTs comparing steroid-eluting stents with either a non-steroid-eluting stent or medical management. The need for post-operative intervention at 30 days in the manufacturer-sponsored trials 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 (i.e., receives some form of packing, intranasal steroids, and irrigation), and a study not sponsored by the manufacturer required irrigation with steroid solution; however, that trial failed to find improved outcomes with steroid-eluting stents but lacked sufficient sample size to draw conclusions. The evidence is insufficient to determine that this 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 this technology results in an improvement in the net health outcome.

DEFINITIONS

N/A

DISCLAIMER

Capital Blue Cross' medical policies are used to determine coverage for specific medical technologies, procedures, equipment, and services. These medical policies do not constitute medical advice and are subject to change as permitted by law or applicable clinical evidence from independent treatment guidelines. Treating providers are solely responsible for medical advice and treatment of members. These polices are not a guarantee of coverage or payment. Payment of claims is subject to a determination regarding the member's benefit program and eligibility on the date of service, and a determination that the services are medically necessary and appropriate. Final processing of a claim is based upon the terms of contract that applies to the members' benefit program, including benefit limitations and exclusions. If a provider or a member has a question concerning this medical policy, please contact Capital Blue Cross' Provider Services or Member Services.

CODING INFORMATION

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Investigational; therefore, not covered when used to report the placement of sinus stents and implants:

Procedure Codes								
C2625	J7402	S1091	31237	31299				

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POLICY HISTORY

MP 1.140	**02/04/2020 Consensus Review**. No changes to policy statements. Title changes to "Steroid-Eluting Sinus Stents". Previously titled as "Implantable Sinus Stents for Postoperative use following Endoscopic Sinus Surgery and for Recurring Disease".
	05/29/2020 Administrative Update. New codes effective 07/01/2020 added to policy.
	12/23/2020 Consensus Review. No changes to policy statements, coding, or references. Deleted codes removed from policy.
	01/21/2021 Consensus Review. No changes to policy statements.
	04/01/2021 Administrative Update. New codes added to policy.
	09/27/2021 Administrative Update. FEP language revised**.**
	08/03/2022 Minor Review. Sinus stents moved from INV to MN with criteria.
	03/02/2023 Consensus Review. No changes to policy statements. Updated references.
	01/19/2024 Administrative Update. Added Clinical Benefit to header.
	05/24/2024 Minor Review. Updated policy statement with additional criteria for sinus implants. Reviewed and updated references.
	04/09/2025 Major Review. Title change; formerly Steroid-Eluting Sinus Stents. Policy reverted back to being completely INV. Updated background, rationale, and references. Updated coding table and added C2625.
	07/15/2025 Administrative Update. Removed Benefit Variations Section and updated Disclaimer.

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	02/27/2026 Consensus Review. No change to intent, updated formatting and references.