



MONTANA HEALTHCARE PROGRAMS NOTICE

October 2, 2020

Physician and Mid-Level Providers

Effective October 1, 2020

SINUVA® and PROPEL® (mometasone furoate) Sinus Implants

Effective October 1, 2020, Montana Healthcare Programs will be allowing coverage for SINUVA® and PROPEL®.

HCPCS Code	Description
J7401	Mometasone furoate sinus implant, 10 micrograms

Reimbursement for SINUVA® will be based on the Average Acquisition Cost (AAC) methodology, and reimbursement for PROPEL® will be based on the payment-to-charge ratio.

Claims billed with Code J7401 must include the appropriate billable units and national drug code (NDC).

Contact Information

Physician Program Officer (406) 444-3995

[For claims questions or additional information, contact Montana Provider Relations at \(800\) 624-3958 or \(406\) 442-1837 or email \[MTPRHelpdesk@conduent.com\]\(mailto:MTPRHelpdesk@conduent.com\).](#)

[Visit the Montana Healthcare Programs Provider Information website at https://medicaidprovider.mt.gov.](https://medicaidprovider.mt.gov)