## PiroVue® Gastrocnemius Recession System Coding Reference Guide



PiroVue Gastroc Recession System is a single-use, sterile-packed instrument. This instrument provides the surgeon the needed tools to successfully lengthen and address gastrocnemius equinus through a transverse aponeurotic recession of the gastrocnemius and soleus muscles.

Physician		
CPT <sup>®</sup> Code	Description	
27687	Gastrocnemius recession (eg, Strayer procedure)	

Hospital Inpatient: ICD-10-PCS Code and Description						
<ul><li>Ø Medical and Surgical</li><li>K Muscle</li><li>S Reposition</li></ul>						
Body Part	Approach	Device	Qualifier			
<b>S</b> Lower Leg Muscle, Right	<ul><li>Ø Open</li><li>4 Percutaneous Endoscopic</li></ul>	<b>Z</b> No Device	<b>Z</b> No Qualifier			
T Lower Leg Muscle, Left	<ul><li>Ø Open</li><li>4 Percutaneous Endoscopic</li></ul>	<b>Z</b> No Device	<b>Z</b> No Qualifier			

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*		
MS-DRG	Description	
500	Soft tissue procedures with MCC	
501	Soft tissue procedures with CC	
502	Soft tissue procedures without CC/MCC	

 $<sup>{\</sup>sf CC-Complication}\ and/or\ Comorbidity.\ {\sf MCC-Major}\ Complication\ and/or\ Comorbidity.$ 

 $<sup>^{\</sup>star}$ Other MS-DRGs may be applicable. MS-DRG will be determined by the patient's diagnosis and any procedure(s) performed.

Hospital Outpatient and Ambulatory Surgical Center (ASC)				
CPT® Code	Description	OPPS Status Indicator	APC Assignment	ASC Payment Indicator
27687	Gastrocnemius recession (eg, Strayer procedure)	J1	5113	A2

**OPPS** - Outpatient Prospective Payment System; **APC** - Ambulatory Payment Classification; **ASC** - Ambulatory Surgical Center

**Status Indicator**: J1 - Hospital Part B services paid through a comprehensive APC. Paid under OPPS; all covered Part B services on the claim are packaged with the primary "J1" service, with limited exceptions

APC: 5113 - Level 3 Musculoskeletal Procedures

Payment Indicator: A2 - Payment based on OPPS relative payment weight

HCPCS (Healthcare Common Procedure Coding System)		
Code	Description	
Product does not meet HCPCS specifications.		

Note: HCPCS codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare's Outpatient Prospective Payment System.

For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or <a href="mailto:reimbursement@zimmerbiomet.com">reimbursement@zimmerbiomet.com</a>, or visit our reimbursement web site at <a href="mailto:zimmerbiomet.com">zimmerbiomet.com</a>/reimbursement.

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