

# PerFuse™ Percutaneous Decompression System Coding Reference Guide



The PerFuse Percutaneous Decompression System is designed to access the femoral head for decompression in patients with necrotic lesions to deliver bone graft material and/or blood components to the site of decompression.

Physician	
CPT® Code	Description
27299	Unlisted procedure, pelvis or hip joint

Hospital Inpatient: ICD-10-PCS Code and Description			
Insertion			
Ø Medical and Surgical Q Lower Bones Q Repair			
Body Part	Approach	Device	Qualifier
6 Upper Femur, Right 7 Upper Femur, Left	3 Percutaneous	Z No Qualifier	Z No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
480	Hip and Femur Procedures Except Major Joint with MCC
481	Hip and Femur Procedures Except Major Joint with CC
482	Hip and Femur Procedures Except Major Joint without CC/MCC

CC – Complication and/or Comorbidity. MCC – Major Complication and/or Comorbidity.

\*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 Surgery Center (ASC)				
CPT® Code	Description	OPPS Status Indicator	Ambulatory Payment Classification	ASC Payment Indicator
27299	Unlisted procedure, pelvis or hip joint	T	5111	NA

OPPS - Medicare's Outpatient Prospective Payment System.

APC: 5111 – Level 1 Musculoskeletal Procedures

Status Indicator: T – Multiple procedure reduction applies

Payment Indicator: NA – This procedure is not on Medicare's ASC Covered Procedures List (CPL).

HCPCS (Healthcare Common Procedure Coding System)	
Code	Description
S2325 <sup>1</sup>	Hip core decompression

<sup>1</sup>S codes are used by commercial and other health insurance plans to report drugs, services, and supplies for which there are no national codes but for which codes are needed by the private sector to implement policies, programs, or claims processing. These codes are also used by Medicaid programs, but they are not payable by Medicare.

**For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or [reimbursement@zimmerbiomet.com](mailto:reimbursement@zimmerbiomet.com), or visit our reimbursement website at [zimmerbiomet.com/reimbursement](http://zimmerbiomet.com/reimbursement)**

Current Procedural Terminology (CPT®) copyright 2017 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

#### Zimmer Biomet Reimbursement Disclaimer

The information in this document was obtained from third party sources and is subject to change without notice, including as a result in changes in reimbursement laws, regulations, rules and policies. All content in this document is informational only, general in nature and does not cover all situations or all payers' rules or policies. The service and the product must be reasonable and necessary for the care of the patient to support reimbursement. Providers should report the procedure and related codes that most accurately describe the patients' medical condition, procedures performed and the products used. This document represents no promise or guarantee by Zimmer Biomet regarding coverage or payment for products or procedures by Medicare or other payers. Providers should check Medicare bulletins, manuals, program memoranda, and Medicare guidelines to ensure compliance with Medicare requirements. Inquiries can be directed to the provider's respective Medicare Administrative Contractor, or to appropriate payers. Zimmer Biomet specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on information in this guide.