

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
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed

Hospital Inpatient: ICD-10-PCS Code and Description			
Repair (Restoring, to the extent possible, a body part to its normal anatomic structure and function)			
Ø Medical and Surgical			
Q Lower Bones			
Q Repair			
Body Part	Approach	Device	Qualifier
6 Upper Femur, Right	3 Percutaneous	Z No Qualifier	Z No Qualifier
7 Upper Femur, Left			

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	APC	ASC Payment Indicator
27299	Unlisted procedure, pelvis or hip joint	T	5111	NA
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	Q1	5735	N1

OPPS – Outpatient Prospective Payment System; APC – Ambulatory Payment Classification; Ambulatory Surgical Center (ASC)

Status Indicator: Q1 – STV–Packaged Codes; T – Multiple procedure reduction applies

APC: 5111 – Level 1 Musculoskeletal Procedures; 5735 – Level 5 Minor Procedures

Payment Indicator: NA – This procedure is not on Medicare's ASC Covered Procedures List (CPL); N1 – Packaged service/item; no separate payment made.

HCPCS (Healthcare Common Procedure Coding System)	
Code	Description
S2325 ¹	Hip core decompression

¹S 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, or visit our reimbursement website at zimmerbiomet.com/reimbursement

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