

# US Coding and Payment Reference<sup>1</sup>

This coding reference guide is intended to illustrate some available coding and payment groups for male prosthetic urology and related procedures.

This guide is focused on coding and payment for procedures performed in the hospital outpatient setting (HOPD) and ambulatory surgery center (ASC) setting, but also includes information about inpatient settings.

The rates listed below are reflective of 2022 Medicare national average reimbursement rates and will vary due to geographic adjustment and other factors. These rates are subject to change without notice. Specific payer policies, requirements, or rates may vary from CMS standards and should be reviewed prior to treatment.

It is our understanding that CMS expects, for Medicare billing, that the suggested C-Code should always be reported as well as the associated device costs. These are tracking codes that inform future APC payment rates. These do not trigger additional payment and only apply to Medicare hospital outpatient claims. Please review these matters with your billing experts.

## 2022 Procedural Coding and Payment Reference<sup>1</sup>

CMS Information effective January 1, 2022

CPT / HCPCS Code	Code Description	APC	Hospital Outpatient Payment	ASC Payment	Physician Payment	RVUs in Facility
<b>Erectile Dysfunction Treatment with Inflatable Penile Prosthesis</b>						
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	5378	\$18,653	\$15,892	\$818	23.65
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	5374	\$3,140	\$1,430	\$741	21.41
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	5375	\$4,506	\$2,114	\$801	23.15
54410	Removal and replacement of all component(s) of a multi component, inflatable penile prosthesis at the same operative session	5378	\$18,653	\$15,556	\$874	25.26
54411	Removal and replacement of all components of a multi-component penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	5378	\$18,653	—	\$1,041	30.09
<b>Erectile Dysfunction Treatment with Malleable Penile Prosthesis</b>						
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	5377	\$11,730	\$9,755	\$540	15.61
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	5374	\$3,140	\$1,430	\$539	15.58
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	5378	\$18,653	\$15,545	\$727	21
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	5377	\$11,730	—	\$910	26.3

2022 Procedural Coding and Payment Reference

CMS Information effective January 1, 2022

CPT / HCPCS Code	Code Description	APC	Hospital Outpatient Payment	ASC Payment	Physician Payment	RVUs in Facility
<b>Other Penile Restoration Procedure Codes</b>						
54110	Excision of penile plaque	5374	\$3,140	\$1,430	\$636	18.38
54111	Excision of penile plaque; with graft up to 5 cm in length	5375	\$4,506	\$2,114	\$808	23.36
54112	Excision of penile plaque; with graft > 5 cm in length	5376	\$8,429	\$4,157	\$948	27.39
54360	Plastic operation on penis to correct angulation	5374	\$3,140	\$1,430	\$731	21.11
<b>Testicular Procedures</b>						
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	5374	\$3,140	\$1,430	\$334	9.64
54522	Orchiectomy, partial	5374	\$3,140	\$1,430	\$596	17.22
54530	Orchiectomy, radical, for tumor; inguinal approach	5341	\$3,249	\$1,441	\$516	14.91
54660	Insertion of testicular prosthesis (separate procedure)	5375	\$4,506	\$3,128	\$364	10.51
54690	Laparoscopy, surgical; orchiectomy	5361	\$5,168	\$2,363	\$664	19.2
55175	Scrotoplasty; simple	5374	\$3,140	\$1,430	\$371	10.72
55180	Scrotoplasty; complicated	5375	\$4,506	\$2,114	\$703	20.31
<b>Male Incontinence Treatment</b>						
53440	Sling operation for correction of male urinary incontinence (e.g., fascia or synthetic)	5377	\$11,730	\$9,480	\$762	22.03
53442	Removal or revision of sling for male incontinence (e.g., fascia or synthetic)	5375	\$4,506	\$2,772	\$796	22.99

HCPCS Codes	
C1762	Connective tissue, human (includes fascia lata)
C1763	Connective tissue, non-human (includes synthetic)
C1771	Repair device, urinary, incontinence, with sling graft
C1813	Prosthesis, penile, inflatable
C2622	Prosthesis, penile, non-inflatable

HCPCS Codes	
C2631	Repair device, urinary, incontinence, without sling graft
L8699	Prosthetic implant, not otherwise specified

Medicare reimbursement for devices are packaged with APC reimbursement. For other insurance, please follow payer claims reporting instructions.

The Centers for Medicare and Medicaid Services (CMS) utilizes the Medicare Severity DRG (MS-DRG) classification system (Version 35 Grouper) to differentiate severity of illness among patients. The MS-DRG system subdivides MS-DRG sets based on the presence or absence of Major Complications or Comorbid conditions (MCCs) and Complications or Comorbid conditions (CCs). Coding patients to the highest level of specificity is critical to appropriate MS-DRG assignment.<sup>1</sup>

2022 Hospital Inpatient Payment Reference<sup>1</sup>

Effective January 1, 2022

MS-DRG	Code Description	Payment Rate
662	Minor bladder procedures with MCC	\$19,369
663	Minor bladder procedures with CC	\$10,548
664	Minor bladder procedures without CC/MCC	\$7,806
709	Penis procedures with CC/MCC	\$15,272
710	Penis procedures without CC/MCC	\$10,561
711	Testis procedures with CC/MCC	\$14,056
712	Testis procedures without CC/MCC	\$6,990

ICD-10-CM Diagnosis Codes commonly associated with male prosthetic urology procedures\*

Diagnosis Code	Code Description
N39.45	Continuous leakage
C61	Malignant neoplasm of prostate
C62.00 – C62.92	Malignant neoplasm of other and unspecified testis
E10.40 – E10.49	Type 1 diabetes mellitus with neurological complications
E10.51 – E10.59	Type 1 diabetes mellitus with circulatory complications
E10.61 – E10.69	Type 1 diabetes mellitus with other specified complications
E11.40 – E11.49	Type 2 diabetes mellitus with neurological complications
E11.51 – E10.59	Type 2 diabetes mellitus with circulatory complications
E11.61 – E10.69	Type 2 diabetes mellitus with other specified complications
E13.51 – E13.59	Other specified diabetes mellitus with circulatory complications
E13.610 – E13.69	Other specified diabetes mellitus with other specified complications
E29.1	Testicular hypofunction
I73.9	Peripheral vascular disease, unspecified
N36.42	Intrinsic (urethral) sphincter deficiency (ISD)
N36.43	Combined hypermobility of urethra and intrinsic sphincter deficiency
N39.3	Stress incontinence, (Female)(Male)
N44.00 – N44.04	Torsion of the testis
N48.6	Induration penis plastica (Peyronie's Disease)
N48.81 – N48.9	Other specified disorders of the penis
N50.1	Vascular disorders of male genital organs
N50.81 – N50.89	Other specified disorder of male genital organs
N52.01	Erectile dysfunction due to arterial insufficiency
N52.02	Corporo-venous occlusive erectile dysfunction
N52.03	Combined arterial insufficiency and corporo-venous occlusive erectile dysfunction

Diagnosis Code	Code Description
N52.1	Erectile dysfunction due to diseases classified elsewhere
N52.2	Drug-induced erectile dysfunction
N52.3X	Post-surgical erectile dysfunction
N52.31	Erectile dysfunction following radical prostatectomy
N52.32	Erectile dysfunction following radical cystectomy
N52.33	Erectile dysfunction following urethral surgery
N52.34	Erectile dysfunction following simple prostatectomy
N52.39	Other post-surgical erectile dysfunction
N52.8	Other male erectile dysfunction
N52.9	Male erectile dysfunction, unspecified
Q55.9	Congenital malformation of male genital organ, unspecified
R32	Urinary incontinence, unspecified
S14.0XXS	Concussion and edema of cervical spinal cord, sequela
S14.101S – S14.109S	Unspecified injury of cervical spinal cord
S24.0XXS	Concussion and edema of thoracic spinal cord, sequela
S24.101S – S24.109S	Unspecified injury of thoracic spinal cord
S34.01XS	Concussion and edema of lumbar spinal cord, sequela
S34.02XS	Concussion and edema of sacral spinal cord, sequela
S34.101S – S34.139S	Other and unspecified injury of lumbar and sacral spinal cord
T36 – T50	Poisoning by, adverse effects of and underdosing of drugs, medicaments, and biological substances
T83.010 – T83.29XS	Breakdown (mechanical) of urinary catheters / devices
T83.410 – T83.79X	Breakdown (mechanical) of penile/genital implanted prosthesis
T83.81XA – T83.9XXA	Complications of genitourinary prosthetic devices, implants, and grafts
Z85.46	Personal history of malignant neoplasm of the prostate
Z85.47	Personal history of malignant neoplasm of testis

\*For a full listing of available codes, please consult an ICD-10-CM reference. Guidelines require coding to the highest level of specificity.



ICD-10 PCS codes require 7 characters. Not all codes below contain the number of characters required and may not represent a full description. Please see ICD-10 PCS coding reference for complete codes and descriptions based on the operation performed. The list is not intended to include all possible codes but a representative list of potential codes and partial codes as examples.

## Hospital Inpatient ICD-10 PCS Coding<sup>1</sup>

Diagnosis Code	Code Description
OTSB_ _ _ _	Reposition bladder
OTSC_ _ _ _	Reposition bladder neck
OTSD_ _ _ _	Reposition urethra, open approach
OTQB_ _ _ _	Repair bladder
OTQC_ _ _ _	Repair bladder neck
OTQD_ _ _ _	Repair urethra
OTPB8JZ	Removal of synthetic substitute from bladder, via natural or artificial opening endoscopic
OTPB_ _ _ _	Removal of nonautologous tissue substitute from bladder
OTPD0JZ	Removal of synthetic substitute from urethra, open approach
OTPD0KZ	Removal of nonautologous tissue substitute from urethra, open approach
OTPD37Z	Removal of autologous tissue substitute from urethra, percutaneous approach
OTPD3JZ	Removal of synthetic substitute from urethra, percutaneous approach
OTPD3KZ	Removal of nonautologous tissue substitute from urethra, percutaneous approach
OTPD47Z	Removal of autologous tissue substitute from urethra, percutaneous endoscopic approach
OTPD4JZ	Removal of synthetic substitute from urethra, percutaneous endoscopic approach
OTPD4KZ	Removal of nonautologous tissue substitute from urethra, percutaneous endoscopic approach
OTPD77Z	Removal of autologous tissue substitute from urethra, via natural or artificial opening
OTPD7JZ	Removal of synthetic substitute from urethra, via natural or artificial opening
OTPD7KZ	Removal of nonautologous tissue substitute from urethra, via natural or artificial opening
OTPD87Z	Removal of autologous tissue substitute from urethra, via natural or artificial opening endoscopic

Diagnosis Code	Code Description
OTPD87Z	Removal of synthetic substitute from urethra, via natural or artificial opening endoscopic
OTPD8KZ	Removal of nonautologous tissue substitute from urethra, via natural or artificial opening endoscopic
OVB9_ _ _ _	Excision of right testis
OVB_ _ _ _	Excision of left testis
OVB_ _ _ _	Excision of bilateral testes
OVS_ _ _ _	Repair penis
OVR90JZ	Replacement of right testis with synthetic substitute, open approach
OVRB0JZ	Replacement of left testis with synthetic substitute, open approach
OVR_ _ _ _	Replacement of bilateral testes with synthetic substitute, open approach
OVT9_ _ _ _	Resection of right testis
OVTB_ _ _ _	Resection of left testis
OVT_ _ _ _	Resection of bilateral testes
OVS_ _ _ _	Supplement right testis with synthetic substitute, open approach
OVB_ _ _ _	Supplement left testis with synthetic substitute, open approach
OVS_ _ _ _	Supplement bilateral testes with synthetic substitute, open approach
OVS_ _ _ _	Supplement penis with synthetic substitute
OVS_ _ _ _	Revision of synthetic substitute in testis
OVS_ _ _ _	Revision of synthetic substitute in testis, external approach
OVS_ _ _ _	Revision of synthetic substitute in penis

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### 1. Data Sources

- 2022 Current Procedural Terminology (CPT) Copyright 2021 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.
- Physician payment rates are 2022 national averages. Source: Centers for Medicare & Medicaid Services CY2022 Physician Fee Schedule Final Rule: Addendum B.
  - [Physician Fee Schedule](#)
  - [Hospital Outpatient Payment Rate](#)
  - [ASC Payment Rates](#)
  - [Hospital Inpatient Payment Rates](#)
- Medicare payment rates calculated using a conversion factor of \$34.6062 Based on CY2022 Relative Value Units (RVU) information available as of January 2022.
- 2022 ICD-10-CM.
- 2022 ICD-10-PCS.
- Centers for Medicare & Medicaid Services CY2022 Hospital OPPS Final Rule: Addendum B.
- Centers for Medicare & Medicaid Services CY2022 ASC Final Rule: Addendum AA.
- FY 2022 Hospital Inpatient Prospective Payment Rates (MS-DRG) obtained from CMS August 2021 Federal Register, CMS-1752F.

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