

Men's Health

US Coding and Payment Reference - Physician

This coding reference guide is intended to provide common coding and reimbursement information for male prosthetic, urology and related procedures.

The Medicare rates listed below are reflective of 2023 Medicare national average reimbursement rates (rounded up or down to nearest dollar) 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.

2023 Physician Procedural Coding and Payment Reference

Effective January 1, 2023

CPT Code	Code Description	Physician Payment	RVUs in Facility
Erectile Dysfunction Treatment with Inflatable Penile Prosthesis			
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	\$808	23.85
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	\$732	21.6
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	\$791	23.35
54410	Removal and replacement of all component(s) of a multi component, inflatable penile prosthesis at the same operative session	\$863	25.48
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	\$1,029	30.37
Erectile Dysfunction Treatment with Malleable Penile Prosthesis			
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	\$533	15.74
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	\$533	15.74
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	\$717	21.17
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	\$899	26.52
Other Penile Restoration Procedure Codes			
54110	Excision of penile plaque (Peyronie disease);	\$625	18.44
54111	Excision of penile plaque (Peyronie disease); with graft up to 5 cm in length	\$798	23.56
54112	Excision of penile plaque (Peyronie disease); with graft > 5 cm in length	\$936	27.61
54360	Plastic operation on penis to correct angulation	\$722	21.31
Testicular Procedures			
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	\$330	9.73
54522	Orchiectomy, partial	\$589	17.37
54530	Orchiectomy, radical, for tumor; inguinal approach	\$511	15.08
54660	Insertion of testicular prosthesis (separate procedure)	\$360	10.63
54690	Laparoscopy, surgical; orchiectomy	\$655	19.34
55175	Scrotoplasty; simple	\$368	10.85
55180	Scrotoplasty; complicated	\$691	20.39
Male Incontinence Treatment			
53440	Sling operation for correction of male urinary incontinence (e.g., fascia or synthetic)	\$753	22.22
53442	Removal or revision of sling for male incontinence (e.g., fascia or synthetic)	\$787	23.21

Coloplast Corp. provides this information for your convenience only and makes no warranties or guarantees, expressed or implied, concerning the accuracy or appropriateness for any particular use of the information provided. It is intended for informational purposes for FDA approved uses only and is not intended as a recommendation regarding clinical practice. It is always the provider's responsibility to determine coverage and submit appropriate codes, modifiers, and charges for the services that were rendered. It is neither legal advice nor advice about how to code, complete or submit any particular claim for payment or to increase or maximize reimbursement by any third-party payer. Existence of or assignment to a particular code with or without an associated payment amount does not guarantee coverage or payment.

Contact your Medicare contractor or other payer for interpretation of coverage, coding, and payment policies since reimbursement policy can vary widely and frequently changes, often without notice.

This information is not intended to replace any advice you receive from your own internal or external insurance coverage consultants, reimbursement specialists or legal counsel.

Data Sources

- 2023 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 2023 national averages. Source: Centers for Medicare & Medicaid Services CY2023 Physician Fee Schedule Final Rule: Addendum B.
- Medicare payment rates calculated using a conversion factor of 33.8872 Based on CY2023 Relative Value Units (RVU) information available as of January 2023.
- 2023 ICD-10-CM.
- 2023 ICD-10-PCS.
- 2023 HCPCS Level II Expert.
- Centers for Medicare & Medicaid Services CY2023 Hospital OPPS Final Rule: Addendum A, Addendum B.
- Centers for Medicare & Medicaid Services CY2023 ASC Final Rule: Addendum AA, BB,DD1.
- FY 2023 Hospital Inpatient Prospective Payment Rates (MS-DRG) obtained from CMS August 2022 Federal Register, CMS-1771F.