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Men's Health

US coding and payment reference for hospital outpatient and ambulatory surgery center

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 2026 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.

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.

2026 Procedural coding and payment reference

Effective January 1, 2026

CPT / HCPCS codes	Code description	Hospital outpatient payment	ASC payment
Erectile dysfunction treatment with inflatable penile prosthesis			
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	$21,175	$18,019
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	$21,175	$1,723
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	$5,478	$2,730
54410	Removal and replacement of all component(s) of a multi component, inflatable penile prosthesis at the same operative session	$21,175	$17,546
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	$21,175	$18,069*
Erectile dysfunction treatment with malleable penile prosthesis			
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	$13,479	$11,037
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	$3,601	$1,723
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	$5,478	$17,660
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	$21,175	$17,479*
Other penile restoration procedure codes			
54110	Excision of penile plaque (Peyronie disease);	$3,601	$1,723
54111	Excision of penile plaque (Peyronie disease); with graft up to 5 cm in length	$5,478	$2,730
54112	Excision of penile plaque (Peyronie disease); with graft > 5 cm in length	$9,672	$4,996
54360	Plastic operation on penis to correct angulation	$3,601	$1,723
Testicular procedures			
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	$3,601	$1,723
54522	Orchiectomy, partial	$3,601	$1,723
54530	Orchiectomy, radical, for tumor; inguinal approach	$3,658	$1,744
54660	Insertion of testicular prosthesis (separate procedure)	$5,478	$3,682
54690	Laparoscopy, surgical; orchiectomy	$6,176	$3,031
55175	Scrotoplasty; simple	$3,601	$1,723
55180	Scrotoplasty; complicated	$5,478	$2,730
Male incontinence treatment			
53440	Sling operation for correction of male urinary incontinence (e.g., fascia or synthetic)	$13,479	$10,826
53442	Removal or revision of sling for male incontinence (e.g., fascia or synthetic)	$5,478	$2,730

*ASC Payment new for 2026, previously this CPT was not paid in ASC

Please note important use and restrictions about this information on the final page of this coding and payment reference.

HCPCS codes	Code description
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
C1889	Implantable/insertable device, not otherwise classified
C2622	Prosthesis, penile, non-inflatable
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.

ICD-10-CM diagnosis codes	Code description
N52.01	Erectile dysfunction due to arterial insufficiency
N52.02	Corporo-venous occlusive erectile dysfunction
N52.03	Combined arterial insufficiency and corporo-venus occlusive erectile dysfunction
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

ICD-10-CM diagnosis codes	Code description
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
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 – E11.59	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
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)
N39.45	Continuous leakage
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

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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

- 2026 Current Procedural Terminology (CPT) Copyright 2025 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.
- Physician payment rates are 2026 national averages. Source: Centers for Medicare & Medicaid Services CY2026 Physician Fee Schedule Final Rule: Addendum B.
- Medicare payment rates calculated using a conversion factor of 33.40 based on CY2026 Relative Value Units (RVU) information available as of January 2026.
- 2026 ICD-10-CM.
- 2026 HCPCS Level II Expert.
- Centers for Medicare & Medicaid Services CY2026 Hospital OPPS Final Rule: Addendum A, Addendum B.
- Centers for Medicare & Medicaid Services CY2026 ASC Final Rule: Addendum AA, BB, DD1.
- Centers for Medicare & Medicaid Services 42 CFR Parts 410, 412, 413, 415, 416, and 419: https://www.federalregister.gov/documents/2025/11/25/2025-20907/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment

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