

## 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 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.

### 2026 Physician procedural coding and payment reference

Effective January 1, 2026

CPT code	Code description	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	\$729	21.82
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	\$664	19.87
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	\$718	21.50
54410	Removal and replacement of all component(s) of a multi component, inflatable penile prosthesis at the same operative session	\$782	23.41
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	\$929	27.80
<b>Erectile dysfunction treatment with malleable penile prosthesis</b>			
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	\$485	14.52
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	\$490	14.66
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	\$655	19.61
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	\$812	24.30
<b>Other penile restoration procedure codes</b>			
54110	Excision of penile plaque (Peyronie's disease)	\$568	17.02
54111	Excision of penile plaque (Peyronie's disease); with graft up to 5 cm in length	\$720	21.57
54112	Excision of penile plaque (Peyronie's disease); with graft > 5 cm in length	\$843	25.25
54360	Plastic operation on penis to correct angulation	\$653	19.55
<b>Testicular procedures</b>			
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	\$306	9.15
54522	Orchiectomy, partial	\$535	16.02
54530	Orchiectomy, radical, for tumor; inguinal approach	\$469	14.05
54660	Insertion of testicular prosthesis (separate procedure)	\$334	10.01
54690	Laparoscopy, surgical; orchiectomy	\$593	17.76
55175	Scrotoplasty; simple	\$340	10.17
55180	Scrotoplasty; complicated	\$624	18.68
<b>Male incontinence treatment</b>			
53440	Sling operation for correction of male urinary incontinence (e.g., fascia or synthetic)	\$681	20.40
53442	Removal or revision of sling for male incontinence (e.g., fascia or synthetic)	\$716	21.45

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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>