2026

Coloplast

Women's Health

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

This coding reference is intended to provide common coding and reimbursement guidance for female health pelvic procedures.

The rates listed below are reflective of the 2026 Medicare national average (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.

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
Sling treatment for female stress urinary incontinence			
57287	Removal or revision of sling for stress incontinence (e.g., fascia or synthetic)	$3,307	$1,738
57288	Sling operation for stress incontinence (e.g., fascia or synthetic)	$5,111	$2,974
Transvaginal allograft or native tissue treatment for pelvic organ prolapse			
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	$5,111	$2,296
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	$5,111	$2,296
57260	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed	$5,111	$2,296
57265	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair	$5,111	$2,296
+57267*	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (list separately in addition to code for primary procedure)	Packaged	
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	$7,576	$3,227
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	$7,576	$3,227
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	$7,576	$3,227***
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	$3,307	$1,738
C9778	Colpopexy, vaginal; minimally invasive extra-peritoneal approach (sacrospinous)	$ 5,111	$2,296
Transabdominal allograft or native tissue treatment for pelvic organ prolapse			
57280	Colpopexy, abdominal approach	Inpatient only	
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	$10,860	$5,121
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	$7,576	$3,227
Urethral bulking for urinary incontinence			
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	$3,601	$2,377
Bladder injection for urinary incontinence			
52287	Cystourethroscopy with injection(s) for chemodenervation of the bladder	$2,136	$1,002
J0585**	Injection, onabotulinumtoxin A, 1 unit	$6.497	
52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	$5,478	$3,847

*57267 is an add on code and must be coded first with one of the following codes: 45560, 57240-57265, 57285
**ASP Drug Pricing Files are updated on a quarterly basis. Rate is effective as of 1st quarter 2026
*** 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, nonhuman (includes synthetic)
C1771	Repair device, urinary, incontinence, with sling graft
C1781	Mesh (implantable)
C2631	Repair device, urinary, incontinence, without sling graft
L8606*	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies
L8699*	Prosthetic implant, not otherwise specified

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

*L Codes are intended for the community setting outside a medical site of care. For L8606 outside the hospital, office, or ASC, consult the latest HP-CPCS DMEPOS publication for rates by each 1 ML syringe

ICD-10-CM Diagnosis codes commonly associated with female urinary incontinence and pelvic organ prolapse procedures

Diagnosis code	Code description
Stress urinary incontinence	
N36.41	Hypermobility of urethra
N36.42	Intrinsic sphincter deficiency
N36.43	Combined hypermobility of urethra and intrinsic sphincter deficiency
N39.3	Stress incontinence, (female) (male)
N39.45	Continuous leakage
N39.46	Mixed incontinence
N39.498	Other specified urinary incontinence
Pelvic organ prolapse	
N81.0	Urethrocele
N81.10	Cystocele, unspecified
N81.11	Cystocele, midline
N81.12	Cystocele, lateral
N81.2	Incomplete uterovaginal prolapse
N81.4	Uterovaginal prolapse, unspecified
N81.5	Vaginal enterocele
N81.6	Rectocele
N81.81	Perineocele
N81.89	Other female genital prolapse
N81.9	Female genital prolapse, unspecified
N99.3	Prolapse of vaginal vault after hysterectomy

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

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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
- Payment Allowance Limits for Medicare Part B Drugs: https://www.cms.gov/medicare/payment/part-b-drugs/asp-pricing-files October 2025

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