

Women's Health

US coding and payment reference - physician

This coding reference is intended to provide common coding and reimbursement guidance for female health pelvic 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 / HCPCS codes	Code description	Physician	RVUs in facility
Sling treatment for female stress urinary incontinence			
57287	Removal or revision of sling for stress incontinence (e.g., fascia or synthetic)	\$660	19.77
57288	Sling operation for stress incontinence (e.g., fascia or synthetic)	\$664	19.87
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	\$545	16.32
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	\$545	16.33
57260	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed	\$687	20.58
57265	Combined anteroposterior colporrhaphy including cystourethroscopy, when performed with enterocele repair	\$768	23.00
+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)	\$219	6.56
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	\$615	18.42
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	\$619	18.53
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	\$615	18.41
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	\$449	13.44
Transabdominal allograft or native tissue treatment for pelvic organ prolapse			
57280	Colpopexy, abdominal approach	\$857	25.65
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	\$860	25.74
57426	Revision (including removal) of prosthetic vaginal graft; laparoscopic approach	\$776	23.23
Urethral bulking for urinary incontinence			
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	\$176	5.28
Bladder injection for urinary incontinence			
52287	Cystourethroscopy with injection for chemodenervation of bladder	\$149	4.46
J0585**	Injection, onabotulinumtoxin A, 1 unit	\$6.497	
52327	Cystourethroscopy (including ureteral catheterization) with subureteric injection of implant material	\$225	6.74

*57267 is an add on code and must be coded first with one of the following codes: 45560, 57240-57265, 57285

**ASP Rate is effective as of 1st quarter 2026

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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