2024

Coloplast

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 2024 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.

2024 Procedural Coding and Payment Reference

Effective January 1, 2024

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	$19,240	$16,609
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	$3,325	$1,626
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	$4,935	$2,471
54410	Removal and replacement of all component(s) of a multi component, inflatable penile prosthesis at the same operative session	$19,240	$16,293
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	$19,240	-
Erectile Dysfunction Treatment with Malleable Penile Prosthesis			
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	$12,244	$10,508
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	$3,325	$1,626
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	$19,240	$16,334
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	$12,244	-
Other Penile Restoration Procedure Codes			
54110	Excision of penile plaque (Peyronie disease);	$3,325	$1,626
54111	Excision of penile plaque (Peyronie disease); with graft up to 5 cm in length	$4,935	$2,471
54112	Excision of penile plaque (Peyronie disease); with graft > 5 cm in length	$8,787	$5,796
54360	Plastic operation on penis to correct angulation	$3,325	$1,626
Testicular Procedures			
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	$3,325	$1,626
54522	Orchiectomy, partial	$3,325	$1,626
54530	Orchiectomy, radical, for tumor; inguinal approach	$3,300	$1,622
54660	Insertion of testicular prosthesis (separate procedure)	$4,935	$3,486
54690	Laparoscopy, surgical; orchiectomy	$5,503	$2,706
55175	Scrotoplasty; simple	$3,325	$1,626
55180	Scrotoplasty; complicated	$4,935	$2,471
Male Incontinence Treatment			
53440	Sling operation for correction of male urinary incontinence (e.g., fascia or synthetic)	$12,244	$10,090
53442	Removal or revision of sling for male incontinence (e.g., fascia or synthetic)	$4,935	$2,471

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
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
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

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
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 prothesis
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

The Centers for Medicare and Medicaid Services (CMS) utilizes the Medicare Severity DRG (MS-DRG) classification system (Version 40 Grouper) to differentiate severity of illness among patients. The MS-DRG system subdivides MS-DRG sets based on the presence or absence of Major Complications or Comorbidities (MCCs) and Complications or Comorbidities (CCs). Coding patients to the highest level of specificity is critical to appropriate MS-DRG assignment.

2024 Hospital Inpatient Payment Reference

Effective October 1, 2023

MS-DRG	Code Description	Payment Rate
662	Minor bladder procedures with MCC	$19,160
663	Minor bladder procedures with CC	$9,329
664	Minor bladder procedures without CC/MCC	$6,788
709	Penis procedures with CC/MCC	$13,555
710	Penis procedures without CC/MCC	$7,892
711	Testis procedures with CC/MCC	$13,573
712	Testis procedures without CC/MCC	$7,598

ICD-10 PCS codes require 7 characters. Not all codes below contain the number of characters required and may not represent a full description. Please see ICD-10 PCS coding reference for complete codes and descriptions based on the operation performed. The list is not intended to include all possible codes but a representative list of potential codes and partial codes as examples.

Hospital Inpatient ICD-10 PCS Coding

ICD-10-CM Procedure Code	Code Description
0TSB_,_,_	Reposition bladder
0TSC_,_,_	Reposition bladder neck
0TSD_,_,_	Reposition urethra, open approach
0TQB_,_,_	Repair bladder
0TQC_,_,_	Repair bladder neck
0TQD_,_,_	Repair urethra
0TPB8JZ	Removal of synthetic substitute from bladder, via natural or artificial opening endoscopic
0TPB_,_,_	Removal of nonautologous tissue substitute from bladder

ICD-10-CM Code	Code Description
0TPD0JZ	Removal of synthetic substitute from urethra, open approach
0TPD0KZ	Removal of nonautologous tissue substitute from urethra, open approach
0TPD37Z	Removal of autologous tissue substitute from urethra, percutaneous approach
0TPD3JZ	Removal of synthetic substitute from urethra, percutaneous approach
0TPD3KZ	Removal of nonautologous tissue substitute from urethra, percutaneous approach
0TPD47Z	Removal of autologous tissue substitute from urethra, percutaneous endoscopic approach
0TPD4JZ	Removal of synthetic substitute from urethra, percutaneous endoscopic approach
0TPD4KZ	Removal of nonautologous tissue substitute from urethra, percutaneous endoscopic approach
0TPD77Z	Removal of autologous tissue substitute from urethra, via natural or artificial opening
0TPD7JZ	Removal of synthetic substitute from urethra, via natural or artificial opening
0TPD7KZ	Removal of nonautologous tissue substitute from urethra, via natural or artificial opening
0TPD87Z	Removal of autologous tissue substitute from urethra, via natural or artificial opening endoscopic
0TPD8JZ	Removal of synthetic substitute from urethra, via natural or artificial opening endoscopic
0TPD8KZ	Removal of nonautologous tissue substitute from urethra, via natural or artificial opening endoscopic
0VB9_,_,_	Excision of right testis
0VBB_,_,_	Excision of left testis
0VBC0ZX	Excision of bilateral testes open approach, diagnostic
0VQS_,_,_	Repair penis
0VR90JZ	Replacement of right testis with synthetic substitute, open approach
0VRB0JZ	Replacement of left testis with synthetic substitute, open approach
0VRC0JZ	Replacement of bilateral testes with synthetic substitute, open approach
0VT9_,_,_	Resection of right testis
0VTB_,_,_	Resection of left testis
0VTC_,_,_	Resection of bilateral testes
0VU90JZ	Supplement right testis with synthetic substitute, open approach
0VUB0JZ	Supplement left testis with synthetic substitute, open approach
0VUC0JZ	Supplement bilateral testes with synthetic substitute, open approach
0VUS_,_,_	Supplement penis with synthetic substitute
0VWD_,_,_	Revision of synthetic substitute in testis
0VWDXJZ	Revision of synthetic substitute in testis, external approach
0VWS_,_,_	Revision of synthetic substitute in penis

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

- 2024 Current Procedural Terminology (CPT) Copyright 2023 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.
- Physician payment rates are 2024 national averages. Source: Centers for Medicare & Medicaid Services CY2024 Physician Fee Schedule Final Rule: Addendum B.
- Medicare payment rates calculated using a conversion factor of 32.74 Based on CY2024 Relative Value Units (RVU) information available as of January 2024.
- 2024 ICD-10-CM.
- 2024 ICD-10-PCS.
- 2024 HCPCS Level II Expert.
- Centers for Medicare & Medicaid Services CY2024 Hospital OPPS Final Rule: Addendum A, Addendum B.
- Centers for Medicare & Medicaid Services CY2024 ASC Final Rule: Addendum AA, BB,DD1.
- FY 2024 Hospital Inpatient Prospective Payment Rates (MS-DRG) obtained from CMS August 2023 Federal Register, CMS–1785–F and CMS–1788–F.

Coloplast Corp. Minneapolis, MN 55411 / Interventional Urology Surgical Support 1-800-258-3476

Coloplast