

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 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.

2024 Physician Procedural Coding and Payment Reference

Effective January 1, 2024

CPT Code	Code Description	Physician Payment	RVUs in Facility
Erectile Dysfunction Treatment with Inflatable Penile Prosthesis			
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	\$790	24.12
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	\$716	21.88
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	\$775	23.66
54410	Removal and replacement of all component(s) of a multi component, inflatable penile prosthesis at the same operative session	\$845	25.81
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	\$1,005	30.70
Erectile Dysfunction Treatment with Malleable Penile Prosthesis			
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	\$523	15.96
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	\$524	16.00
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	\$705	21.52
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	\$879	26.84
Other Penile Restoration Procedure Codes			
54110	Excision of penile plaque (Peyronie disease);	\$612	18.70
54111	Excision of penile plaque (Peyronie disease); with graft up to 5 cm in length	\$781	23.85
54112	Excision of penile plaque (Peyronie disease); with graft > 5 cm in length	\$915	27.95
54360	Plastic operation on penis to correct angulation	\$706	21.56
Testicular Procedures			
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	\$324	9.89
54522	Orchiectomy, partial	\$576	17.60
54530	Orchiectomy, radical, for tumor; inguinal approach	\$501	15.30
54660	Insertion of testicular prosthesis (separate procedure)	\$354	10.81
54690	Laparoscopy, surgical; orchiectomy	\$642	19.60
55175	Scrotoplasty; simple	\$360	11.00
55180	Scrotoplasty; complicated	\$676	20.64
Male Incontinence Treatment			
53440	Sling operation for correction of male urinary incontinence (e.g., fascia or synthetic)	\$737	22.50
53442	Removal or revision of sling for male incontinence (e.g., fascia or synthetic)	\$770	23.53

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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

- 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.