2026 Commonly Billed Codes for ProACT™ Adjustable Continence Therapy

The ProACT adjustable balloon continence device is FDA approved for the treatment of adult men who have stress incontinence arising from intrinsic sphincter deficiency of at least twelve months duration following radical prostatectomy or transurethral resection of the prostate (TURP) and who have failed to respond adequately to conservative therapy.

Facility Coding

CPT Code	Descriptor	OPPS SI	OPPS APC	Medicare Unadjusted Allowed Amount
				Hospital
53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	J1	5377	$13,479
53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	J1	5376	$9,672
53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon	J1	5374	$3,601
53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	T	5371	$255

Note: CPT Codes 53451 and 53452 are device-intensive codes and require a device code to be billed on hospital outpatient claims. Hospitals may use the unlisted device code C1889, Implantable/insertable device, not otherwise classified, to report the ProACT device. Unlisted codes like C1889 typically require manual charge entry. It is very important that hospitals report C-Codes as well as the associated device costs. This will help inform and potentially increase future hospital outpatient payment rates.

Allowed amounts based on CMS-1834-FC 2026 OPPS and ASC Final Rule.