



## 2026 Coding and Payment Guide - Pelvic Floor

The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. They are thought to be relevant to Pelvic Floor procedures and are referenced throughout this document. We recommend consulting your relevant manuals for appropriate coding options. Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements.

All rates shown throughout this guide are 2026 Medicare unadjusted national average; actual rates will vary geographically and/or by individual facility. "Allowed Amount" is the amount Medicare determines to be the maximum allowance for any Medicare covered procedure. Actual payment will vary based on the maximum allowance, less any applicable deductibles, co-insurance, etc.

To determine whether there are relevant C-codes for any Boston Scientific products, please visit our C-code finder at <http://www.bostonscientific.com/en-US/reimbursement/ccode-finder.html>. (See additional information on page 5).

CPT® codes with their respective long descriptions will be found on page 5.

### Physician Payment – Medicare Unadjusted National Average

| CPT® Code   | Code Description   | MD In-Facility Medicare Allowed Amount (NF) | Total Facility Based RVUs (NF) | MD In-Office Medicare Allowed Amount | Total Office Based RVUs |
|---|--|---|--------------------------------|--------------------------------------|-------------------------|
| <b>Pelvic Floor Repair Procedures – applicable to Capiro™ Slim for Native Tissue Repair or Biologic Graft</b> |  |   |                                |                                      |                         |
| 57240   | Anterior repair, cystocele   | \$545                                       | 16.32                          | N/A                                  | N/A                     |
| 57250   | Posterior repair, rectocele  | \$545                                       | 16.33                          | N/A                                  | N/A                     |
| 57260   | Combined A&P repair  | \$687                                       | 20.58                          | N/A                                  | N/A                     |
| 57265   | Combined A&P repair w/ enterocele repair                                       | \$768                                       | 23.00                          | N/A                                  | N/A                     |
| +57267  | Insertion of mesh; vaginal approach  | \$219                                       | 6.56                           | N/A                                  | N/A                     |
| 57268   | Repair of enterocele; vaginal approach   | \$457                                       | 13.67                          | N/A                                  | N/A                     |
| 57282   | Colpopexy, vaginal; extra-peritoneal approach                                  | \$615                                       | 18.42                          | N/A                                  | N/A                     |
| 57285   | Paravaginal defect repair (including cystocele if performed); vaginal approach | \$615                                       | 18.41                          | N/A                                  | N/A                     |
| 57295   | Revision (including removal) of prosthetic vaginal graft; vaginal approach     | \$449                                       | 13.44                          | N/A                                  | N/A                     |
| <b>Sacrocolpopexy - applicable to the Upsilon™ Y-Mesh</b>   |  |   |                                |                                      |                         |
| 57280   | Colpopexy, abdominal approach  | \$857                                       | 25.65                          | N/A                                  | N/A                     |
| 57425   | Laparoscopy, surgical, colpopexy   | \$860                                       | 25.74                          | N/A                                  | N/A                     |
| <b>Sling Procedure for Female Stress Urinary Incontinence</b>   |  |   |                                |                                      |                         |
| 57287   | Removal or revision of sling for SUI   | \$660                                       | 19.77                          | N/A                                  | N/A                     |
| 57288   | Sling operation for SUI  | \$664                                       | 19.87                          | N/A                                  | N/A                     |
| <b>Bulkamid® Urethral Bulking Agent</b>   |  |   |                                |                                      |                         |
| 51715   | Endoscopic injection of implant material into urethra and/or bladder neck      | \$176                                       | 5.28                           | \$346                                | 10.37                   |
| L8606   | Injectable bulking agent, synthetic; 1 mL syringe                              | N/A   | N/A                            | *\$237 - \$316                       | N/A                     |

\*"N/A" indicates that Medicare has not deemed this procedure to be reimbursable in this setting.

\*DMEPOS Fee Schedule: Floor to ceiling amounts: <https://www.cms.gov/medicare/payment/fee-schedules/dmepos/dmepos-fee-schedule/dme25-d>

## Hospital Outpatient and ASC Payment – Medicare Unadjusted National Average

| CPT® Code  | Code Description   | APC  | Hospital Outpatient Status Indicator | Hospital Outpatient Medicare Allowed Amount | ASC Medicare Allowed Amount |
|--|--|------|--------------------------------------|---|-----------------------------|
| <b>Pelvic Floor Repair Procedures – applicable to Capio™ Slim for Native Tissue Repair or Biologic Graft</b> |  |      |                                      |   |                             |
| 57240  | Anterior repair, cystocele   | 5415 | J1                                   | \$5,111                                     | \$2,296                     |
| 57250  | Posterior repair, rectocele  | 5415 | J1                                   | \$5,111                                     | \$2,296                     |
| 57260  | Combined A&P repair  | 5415 | J1                                   | \$5,111                                     | \$2,296                     |
| 57265  | Combined A&P repair w/ enterocele repair                                       | 5415 | J1                                   | \$5,111                                     | \$2,296                     |
| +57267   | Insertion of mesh; vaginal approach  | N/A  | N                                    | N/A   | N/A                         |
| 57268  | Repair of enterocele; vaginal approach   | 5415 | J1                                   | \$5,111                                     | \$2,296                     |
| 57282  | Colpopexy, vaginal; extra-peritoneal approach                                  | 5416 | J1                                   | \$7,576                                     | \$3,227                     |
| 57285  | Paravaginal defect repair (including cystocele if performed); vaginal approach | 5416 | J1                                   | \$7,576                                     | \$3,227                     |
| 57295  | Revision (including removal) of prosthetic vaginal graft; vaginal approach     | 5414 | J1                                   | \$3,307                                     | \$1,738                     |
| <b>Sacrocolpopexy applicable to Upsilon™ Y-Mesh</b>  |  |      |                                      |   |                             |
| 57280  | Colpopexy, abdominal approach  | N/A  | C                                    | N/A   | N/A                         |
| 57425  | Laparoscopy, surgical, colpopexy   | 5362 | J1                                   | \$10,860                                    | \$5,121                     |
| <b>Sling Procedure for Female Stress Urinary Incontinence</b>  |  |      |                                      |   |                             |
| 57287  | Removal or revision of sling for SUI   | 5414 | Q2                                   | \$3,307                                     | \$1,738                     |
| 57288  | Sling operation for SUI  | 5415 | J1                                   | \$5,111                                     | \$2,974                     |
| <b>Bulkamid® Urethral Bulking Agent</b>  |  |      |                                      |   |                             |
| 51715  | Endoscopic injection of implant material into urethra and/or bladder neck      | 5374 | J1                                   | \$3,601                                     | \$2,377                     |
| L8606  | Injectable bulking agent, synthetic; 1 mL syringe                              | N/A  | N                                    | N/A   | N/A                         |

\*N/A" indicates that Medicare has not deemed this procedure to be reimbursable in this setting.

## Hospital Inpatient Payment – Medicare Unadjusted National Average

MS-DRG assignment is based on a combination of diagnoses and procedure codes reported. While MS-DRGs listed in this guide represent likely assignments, Boston Scientific cannot guarantee assignment to any one specific MS-DRG.

| MS-DRG | Description   | Reimbursement |
|--------|---|---------------|
| 662    | Minor bladder procedures with major complication or comorbidity (MCC) | \$22,278      |
| 663    | Minor bladder procedures with complication or comorbidity (CC)        | \$11,062      |
| 664    | Minor bladder procedures without CC/MCC                               | \$7,618       |
| 748    | Female reproductive system reconstructive procedures                  | \$10,095      |

The patient's medical record must support the existence and treatment of the complication or co-morbidity.

## ICD-10 CM Diagnosis Codes

| ICD-10 CM Diagnosis Code  | Description  |
|---|--|
| <b>Sling Procedure for Female Stress Urinary Incontinence</b>               |  |
| N36.41  | Hypermobility of urethra   |
| N36.42  | Intrinsic sphincter deficiency (ISD)                                 |
| N36.43  | Combined hypermobility of urethra and intrinsic sphincter deficiency |
| N39.3   | Stress incontinence (female) (male)                                  |
| <b>Pelvic Floor Repair Procedures</b>                                       |  |
| N81.0   | Urethrocele  |
| N81.10  | Cystocele, unspecified   |
| N81.11  | Cystocele, midline   |
| N81.12  | Cystocele, lateral   |
| N81.2   | Incomplete uterovaginal prolapse                                     |
| N81.3   | Complete uterovaginal prolapse                                       |
| N81.4   | Uterovaginal prolapse, unspecified                                   |
| N81.5   | Vaginal enterocele   |
| N81.6   | Rectocele  |
| N81.89  | Other female genital prolapse  |
| N99.3   | Prolapse of vaginal vault after hysterectomy                         |
| <b>Bulkamid® Urethral Bulking Procedure for Stress Urinary Incontinence</b> |  |
| N36.42**  | Intrinsic sphincter deficiency (ISD)                                 |
| N39.3   | Stress incontinence (female) (male)                                  |
| N39.4   | Other specified urinary incontinence                                 |
| N39.41  | Urge incontinence  |
| N39.42  | Incontinence without sensory awareness                               |
| N39.43  | Post-void dribbling  |
| N39.44  | Nocturnal enuresis   |
| N39.45  | Continuous leakage   |
| N39.46  | Mixed incontinence   |
| N39.49  | Other specified urinary incontinence                                 |
| N39.490   | Overflow incontinence  |
| N39.491   | Coital incontinence  |
| N39.492   | Postural (urinary) incontinence                                      |
| N39.498   | Other specified urinary incontinence                                 |
| N39.8   | Other specified disorders of urinary system                          |
| N39.9   | Disorder of urinary system, unspecified                              |
| R32   | Unspecified urinary incontinence                                     |

\*\* Use additional code to identify associated urinary stress incontinence (N39.3). The ICD-10-CM codes describe conditions commonly treated with Bulkamid. Other codes may apply based on the patient condition. For a complete list of codes and descriptions, consult the current ICD-10-CM manual.

## ICD-10 PCS Procedure Codes

| ICD-10 PCS Procedure Code                                     | Description  |
|---|--|
| <b>Sling Procedure for Female Stress Urinary Incontinence</b> |  |
| 0TSC0ZZ   | Reposition Bladder Neck, Open Approach   |
| 0TUC07Z   | Supplement Bladder Neck with Autologous Tissue Substitute, Open Approach                                       |
| 0TUC0KZ   | Supplement Bladder Neck with Nonautologous Tissue Substitute, Open Approach                                    |
| 0TUC47Z   | Supplement Bladder Neck with Autologous Tissue Substitute, Percutaneous Endoscopic Approach                    |
| 0TUC4KZ   | Supplement Bladder Neck with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach                 |
| 0TPD07Z   | Removal of Autologous Tissue Substitute from Urethra, Open Approach  |
| 0TPD0JZ   | Removal of Synthetic Substitute from Urethra, Open Approach  |
| 0TPD0KZ   | Removal of Nonautologous Tissue Substitute from Urethra, Open Approach   |
| 0TWD07Z   | Revision of Autologous Tissue Substitute in Urethra, Open Approach   |
| 0TWD0JZ   | Revision of Synthetic Substitute in Urethra, Open Approach   |
| 0TWD0KZ   | Revision of Nonautologous Tissue Substitute in Urethra, Open Approach  |
| <b>Pelvic Floor Repair Procedures</b>                         |  |
| 0JUC07Z   | Supplement of Pelvic Region Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Open Approach    |
| 0JUC0JZ   | Supplement of Pelvic Region Subcutaneous Tissue and Fascia with Synthetic Substitute, Open Approach            |
| 0JUC0KZ   | Supplement of Pelvic Region Subcutaneous Tissue and Fascia with Nonautologous Tissue Substitute, Open Approach |
| 0JQC0ZZ   | Repair Pelvic Region Subcutaneous Tissue and Fascia, Open Approach   |
| 0USG0ZZ   | Reposition Vagina, Open Approach   |
| 0UUG07Z   | Supplement Vagina with Autologous Tissue Substitute, Open Approach   |
| 0UUG0JZ   | Supplement Vagina with Synthetic Substitute, Open Approach   |
| 0UUG0KZ   | Supplement Vagina with Nonautologous Tissue Substitute, Open Approach  |
| 0UUF0ZZ   | Repair Cul-de-sac, Open Approach   |
| 0UUF07Z   | Supplement Cul-de-sac with Autologous Tissue Substitute, Open Approach   |
| 0UUF0JZ   | Supplement Cul-de-sac with Synthetic Substitute, Open Approach   |
| 0UUF0KZ   | Supplement Cul-de-sac with Nonautologous Tissue Substitute, Open Approach                                      |
| 0UPH07Z   | Removal of Autologous Tissue Substitute from Vagina and Cul-de-sac, Open Approach                              |
| 0UPH0JZ   | Removal of Synthetic Substitute from Vagina and Cul-de-sac, Open Approach                                      |
| 0UPH0KZ   | Removal of Nonautologous Tissue Substitute from Vagina and Cul-de-sac, Open Approach                           |
| 0UWH07Z   | Revision of Autologous Tissue Substitute in Vagina and Cul-de-sac, Open Approach                               |
| 0UWH0JZ   | Revision of Synthetic Substitute in Vagina and Cul-de-sac, Open Approach                                       |
| 0UWH0KZ   | Revision of Nonautologous Tissue Substitute in Vagina and Cul-de-sac, Open Approach                            |
| 0UUG47Z   | Supplement Vagina with Autologous Tissue Substitute, Percutaneous Endoscopic Approach                          |
| 0UUG4JZ   | Supplement Vagina with Synthetic Substitute, Percutaneous Endoscopic Approach                                  |
| 0UUG4KZ   | Supplement Vagina with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach                       |
| 0USG4ZZ   | Reposition Vagina, Percutaneous Endoscopic Approach  |

## C-Code Information

For all C-Code information, please reference the C-code Finder: <http://www.bostonscientific.com/en-US/reimbursement/ccode-finder.html>.

On claims for Medicare beneficiaries, hospitals should report not only the appropriate CPT® Code, but also all applicable C-Codes.

- C-Codes are tracking codes established by the Centers for Medicare & Medicaid Services (CMS) to assist Medicare in establishing future APC payment rates. C-Codes only apply to Medicare hospital outpatient claims. They do not trigger additional payment to the facility with the exception of designated transitional pass-through payment (TPT) devices.
- It's important that hospitals report C-Codes as well as the associated device costs as this will help inform and potentially increase future outpatient hospital payment rates.

## CPT® Code with Long Descriptions

| CPT® Code  | Code Description   |
|--|--|
| <b>Pelvic Floor Repair Procedures – applicable to Capio™ Slim for Native Tissue Repair or Biologic Graft</b> |  |
| 57240  | Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed  |
| 57250  | Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy   |
| 57260  | Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;  |
| 57265  | Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair   |
| 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) |
| 57268  | Repair of enterocele, vaginal approach (separate procedure)  |
| 57282  | Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)  |
| 57285  | Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach  |
| 57295  | Revision (including removal) of prosthetic vaginal graft; vaginal approach   |
| <b>Sacrocolpopexy applicable to the Upsilon™ Y-Mesh</b>  |  |
| 57280  | Colpopexy, abdominal approach  |
| 57425  | Laparoscopy, surgical, colpopexy (suspension of vaginal apex)  |
| <b>Sling Procedure for Female Stress Urinary Incontinence</b>  |  |
| 57287  | Removal or revision of sling for stress incontinence (eg, fascia or synthetic)   |
| 57288  | Sling operation for stress incontinence (eg, fascia or synthetic)  |
| <b>Bulkamid® Urethral Bulking Agent</b>  |  |
| 51715  | Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck  |
| L8606  | Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies   |

Physician payment rates are 2026 Medicare national averages. Source: Centers for Medicare and Medicaid Services. CMS-1832-F, Physician Fee Schedule – Addendum B, Relative Value File October 2025 release, RVU24D file.  
<https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1832-f>

The 2026 National Average Medicare physician payment rates have been calculated using a 2026 conversion factor effective January 1, 2026, of \$33,4009. Rates subject to change.

Hospital outpatient payment rates are 2026 Medicare OPPS Addendum B national averages. Source: Centers for Medicare and Medicaid Services. CMS OPPS – November 2025 release, CMS-1834-FC file.  
<https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1834-fc>

ASC payment rates are 2026 Medicare ASC Addendum AA national averages. ASC rates are from the 2026 Ambulatory Surgical Center Covered Procedures List. Source: Centers for Medicare and Medicaid Services. CMS ASC November 2025 release, ASC Approved HCPCS Code and Payment Rates <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and-notice/cms-1834-fc>

National average (wage index greater than one and hospital submitted quality data and is a meaningful EHR user) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor, and capital amounts. Source: August 4, 2025. Federal Register, CMS-1833-IFC. FY 2026 rates. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ipp-final-rule-home-page>

ICD-10 MS-DRG definitions from the CMS ICD-10-CM/PCS MS-DRG v42.0 Definitions Manual. Source:  
[https://www.cms.gov/icd10m/fy2025-NPRM-Version42-fullcode-cms/fullcode\\_cms/P0001.html](https://www.cms.gov/icd10m/fy2025-NPRM-Version42-fullcode-cms/fullcode_cms/P0001.html)

Please note: this coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.

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Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

#### Sequestration Disclaimer

Rates referenced in these guides do not reflect Sequestration or other reductions that may be implemented in 2026.

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