



2025 Coding and Payment Guide - Pelvic Health

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 Health 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 2025 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-insurances, 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 4).

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
Pelvic Floor Repair Procedures – applicable to Capio™ Slim for Native Tissue Repair or Biologic Graft					
57240	Anterior repair, cystocele	\$598	18.5	N/A	N/A
57250	Posterior repair, rectocele	\$600	18.56	N/A	N/A
57260	Combined A&P repair	\$758	23.44	N/A	N/A
57265	Combined A&P repair w/ enterocele repair	\$848	26.21	N/A	N/A
57267	Insertion of mesh; vaginal approach	\$242	7.47	N/A	N/A
57268	Repair of enterocele; vaginal approach	\$495	15.3	N/A	N/A
57282	Colpopexy, vaginal; extra-peritoneal approach	\$676	20.89	N/A	N/A
57285	Paravaginal defect repair (including cystocele if performed); vaginal approach	\$675	20.86	N/A	N/A
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	\$490	15.14	N/A	N/A
Sacrocolpopexy - applicable to the Upsilon™ Y-Mesh					
57280	Colpopexy, abdominal approach	\$939	29.04	N/A	N/A
57425	Laparoscopy, surgical, colpopexy	\$946	29.25	N/A	N/A
Sling Procedure for Female Stress Urinary Incontinence					
57287	Removal or revision of sling for SUI	\$723	22.34	N/A	N/A
57288	Sling operation for SUI	\$726	22.44	N/A	N/A

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

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
Pelvic Floor Repair Procedures – applicable to Capio™ Slim for Native Tissue Repair or Biologic Graft					
57240	Anterior repair, cystocele	5415	J1	\$4,936	\$2,226
57250	Posterior repair, rectocele	5415	J1	\$4,936	\$2,226
57260	Combined A&P repair	5415	J1	\$4,936	\$2,226
57265	Combined A&P repair w/ enterocele repair	5415	J1	\$4,936	\$2,226
57267	Insertion of mesh; vaginal approach	N/A	N	N/A	N/A
57268	Repair of enterocele; vaginal approach	5415	J1	\$4,936	\$2,226
57282	Colpopexy, vaginal; extra-peritoneal approach	5416	J1	\$7,395	\$3,121
57285	Paravaginal defect repair (including cystocele if performed); vaginal approach	5416	J1	\$7,395	N/A
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	5414	J1	\$3,180	\$1,674
Sacrocolpopexy applicable to Upsilon™ Y-Mesh					
57280	Colpopexy, abdominal approach	N/A	C	N/A	N/A
57425	Laparoscopy, surgical, colpopexy	5362	J1	\$10,411	\$4,896
Sling Procedure for Female Stress Urinary Incontinence					
57287	Removal or revision of sling for SUI	5414	Q2	\$3,180	\$1,674
57288	Sling operation for SUI	5415	J1	\$4,936	\$2,887

"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)	\$22,263
663	Minor bladder procedures with complication or comorbidity (CC)	\$10,900
664	Minor bladder procedures without CC/MCC	\$7,706
748	Female reproductive system reconstructive procedures	\$9,722

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
Sling Procedure for Female Stress Urinary Incontinence	
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
Pelvic Floor Repair Procedures	
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

ICD-10 PCS Procedure Codes

ICD-10 PCS Procedure Code	Description
Sling Procedure for Female Stress Urinary Incontinence	
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

ICD-10 PCS Procedure Codes, continued

ICD-10 PCS Procedure Code	Description
Pelvic Floor Repair Procedures	
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
0UQF0ZZ	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
Pelvic Floor Repair Procedures – applicable to Capiro™ Slim for Native Tissue Repair or Biologic Graft	
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, ilioococcygeus)
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
Sacrocolpopexy applicable to the Upsilon™ Y-Mesh	
57280	Colpopexy, abdominal approach
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
Sling Procedure for Female Stress Urinary Incontinence	
57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)
57288	Sling operation for stress incontinence (eg, fascia or synthetic)

Physician payment rates are 2025 Medicare national averages. Source: Centers for Medicare and Medicaid Services. CMS-1807-F, Physician Fee Schedule – Addendum B, Relative Value File October 2024 release, RVU24D file. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f>

The 2025 National Average Medicare physician payment rates have been calculated using a 2025 conversion factor effective January 1, 2025, of \$32.3465. Rates subject to change.

Hospital outpatient payment rates are 2025 Medicare OPPS Addendum B national averages. Source: Centers for Medicare and Medicaid Services. CMS OPPS – November 2024 release, CMS-1809-FC file. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc>

ASC payment rates are 2025 Medicare ASC Addendum AA national averages. ASC rates are from the 2025 Ambulatory Surgical Center Covered Procedures List. Source: Centers for Medicare and Medicaid Services. CMS ASC November 2024 release, ASC Approved HCPCS Code and Payment Rates <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and/cms-1809-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: September 30, 2024. Federal Register, CMS-1808-IFC. FY 2025 rates. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2025-pps-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

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 2025.

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