



2026 Coding and Payment Guide – Prosthetic Urology

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 Prosthetic Urology 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 averages; 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 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	Total Facility Based RVUs	MD In-Office Medicare Allowed Amount	Total Office Based RVUs
Inflatable Penile Prosthesis – applicable to AMS™ 700 and AMS Ambicor™					
54405	Insertion of inflatable penile prosthesis	\$729	21.82	N/A	N/A
54406	Removal of inflatable penile prosthesis	\$664	19.87	N/A	N/A
54408	Repair of inflatable penile prosthesis	\$718	21.50	N/A	N/A
54410	Removal & replacement of inflatable penile prosthesis	\$782	23.41	N/A	N/A
54411	Removal & replacement of inflatable penile prosthesis through infected field	\$929	27.8	N/A	N/A
Non-inflatable Penile Prosthesis – applicable to Spectra™ and Tactra™ Malleable Penile Prosthesis					
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	\$485	14.52	N/A	N/A
54415	Removal of non-inflatable or inflatable penile prosthesis	\$490	14.66	N/A	N/A
54416	Removal and replacement of non-inflatable or inflatable penile prosthesis	\$655	19.61	N/A	N/A
54417	Removal and replacement of non-inflatable or inflatable penile prosthesis through an infected field	\$812	24.30	N/A	N/A
Artificial Urinary Sphincter – applicable to AMS 800™					
53444	Insertion of tandem cuff	\$717	21.46	N/A	N/A
53445	Insertion of inflatable urethral/bladder neck sphincter	\$689	20.64	N/A	N/A
53446	Removal of inflatable urethral/bladder neck sphincter	\$588	17.59	N/A	N/A
53447	Removal & replacement of urethral/bladder neck sphincter	\$731	21.89	N/A	N/A
53448	Removal & replacement of urethral/bladder neck sphincter through infected field	\$1,143	34.22	N/A	N/A
53449	Repair of inflatable urethral/bladder neck sphincter	\$560	16.76	N/A	N/A
Male Sling – applicable to AdVance™ and AdVance™ XP Male Sling					
53440	Sling operation for male SUI	\$681	20.40	N/A	N/A
53442	Removal or revision of sling for male SUI	\$716	21.45	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
Inflatable Penile Prosthesis – applicable to AMS™ 700 and AMS Ambicor™					
54405	Insertion of inflatable penile prosthesis	5378	J1	\$21,175	\$18,019
54406	Removal of inflatable penile prosthesis	5374	Q2	\$3,601	\$1,723
54408	Repair of inflatable penile prosthesis	5375	J1	\$5,478	\$2,730
54410	Removal & replacement of inflatable penile prosthesis	5378	J1	\$21,175	\$17,546
54411	Removal & replacement of inflatable penile prosthesis through infected field	5378	J1	\$21,175	\$18,069
Non-inflatable Penile Prosthesis - applicable to Spectra™ and Tactra™ Malleable Penile Prosthesis					
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	5377	J1	\$13,479	\$11,037
54415	Removal of non-inflatable or inflatable penile prosthesis	5374	Q2	\$3,601	\$1,723
54416	Removal and replacement of non-inflatable or inflatable penile prosthesis	5378	J1	\$21,175	\$17,660
54417	Removal and replacement of non-inflatable or inflatable penile prosthesis through an infected field	5377	J1	\$21,175	\$17,479
Artificial Urinary Sphincter - applicable to AMS 800™					
53444	Insertion of tandem cuff	5378	J1	\$21,175	\$17,532
53445	Insertion of inflatable urethral/bladder neck sphincter	5378	J1	\$21,175	\$18,007
53446	Removal of inflatable urethral/bladder neck sphincter	5375	Q2	\$5,478	\$2,730
53447	Removal & replacement of urethral/bladder neck sphincter	5378	J1	\$21,175	\$17,696
53448	Removal & replacement of urethral/bladder neck sphincter through infected field	N/A	C	N/A	N/A
53449	Repair of inflatable urethral/bladder neck sphincter	5376	J1	\$9,672	\$4,996
Male Sling - applicable to AdVance™ and AdVance™ XP Male Sling					
53440	Sling operation for male SUI	5377	J1	\$13,479	\$10,826
53442	Removal or revision of sling for male SUI	5375	J1	\$5,478	\$2,730

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
673	Other kidney and urinary tract procedures with MCC	\$30,574
674	Other kidney and urinary tract procedures with CC	\$17,017
675	Other kidney and urinary tract procedures without CC/MCC	\$11,944
709	Penis procedures with CC/MCC	\$16,934
710	Penis procedures without CC/MCC	\$10,196

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
Penile Prosthesis	
F52.21	Male erectile disorder
N52.01	Erectile dysfunction due to arterial insufficiency
N52.02	Corporo-venous occlusive erectile dysfunction
N52.03	Combined arterial insufficiency and corporo-venous occlusive erectile dysfunction
N52.2	Drug-induced 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
N52.35	Erectile dysfunction following radiation therapy
N52.36	Erectile dysfunction following interstitial seed therapy
N52.37	Erectile dysfunction following prostate ablative therapy
N52.39	Other and unspecified postprocedural erectile dysfunction
N52.8	Other male erectile dysfunction
N52.9	Male erectile dysfunction, unspecified
Artificial Urinary Sphincter	
N36.42	Intrinsic sphincter deficiency (ISD)
Male Sling	
N39.3	Stress incontinence
N39.42	Incontinence without sensory awareness
N39.45	Continuous leakage
N39.46	Mixed incontinence
N39.492	Postural (urinary) incontinence
N39.498	Other specified urinary incontinence
Penile Prosthesis, Artificial Urinary Sphincter, and Male Sling	
T83.111A	Breakdown (mechanical) of implanted urinary sphincter, initial encounter
T83.121A	Displacement of implanted urinary sphincter, initial encounter
T83.191A	Other mechanical complication of implanted urinary sphincter, initial encounter
T83.410A	Breakdown (mechanical) of implanted penile prosthesis, initial encounter
T83.420A	Displacement of implanted penile prosthesis, initial encounter
T83.490A	Other mechanical complication of implanted penile prosthesis, initial encounter
T83.591A	Infection and inflammatory reaction due to implanted urinary sphincter, initial encounter
T83.598A	Infection and inflammatory reaction due to other prosthetic device, implant and graft in urinary system, initial encounter
T83.61XA	Infection and inflammatory reaction due to implanted penile prosthesis, initial encounter
T83.69XA	Infection and inflammatory reaction due to other prosthetic device, implant and graft in genital tract, initial encounter
T83.81XA	Embolism due to genitourinary prosthetic devices, implants and grafts, initial encounter
T83.82XA	Fibrosis due to genitourinary prosthetic devices, implants and grafts, initial encounter
T83.83XA	Hemorrhage due to genitourinary prosthetic devices, implants and grafts, initial encounter
T83.84XA	Pain due to genitourinary prosthetic devices, implants and grafts, initial encounter
T83.85XA	Stenosis due to genitourinary prosthetic devices, implants and grafts, initial encounter

ICD-10 CM Diagnosis Codes, continued

ICD-10 CM Diagnosis Code	Description
Penile Prosthesis, Artificial Urinary Sphincter, and Male Sling, continued	
T83.86XA	Thrombosis due to genitourinary prosthetic T83.86XA devices, implants and grafts, initial encounter
T83.89XA	Other specified complication of genitourinary prosthetic devices, implants and grafts, initial encounter
T83.9XXA	Unspecified complication of genitourinary prosthetic device, implant and graft, initial encounter
T85.79XA	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, initial encounter
T85.818A	Embolism due to other internal prosthetic devices, implants and grafts, initial encounter
T85.828A	Fibrosis due to other internal prosthetic devices, implants and grafts, initial encounter
T85.838A	Hemorrhage due to other internal prosthetic devices, implants and grafts, initial encounter
T85.848A	Pain due to other internal prosthetic devices, implants and grafts, initial encounter
T85.858A	Stenosis due to other internal prosthetic devices, implants and grafts, initial encounter
T85.868A	Thrombosis due to other internal prosthetic devices, implants and grafts, initial encounter
T85.898A	Other specified complication of other internal prosthetic devices, implants and grafts, initial encounter

ICD-10 PCS Procedure Codes

ICD-10 PCS Procedure Code	Description
Penile Prosthesis	
0VUS0JZ	Supplement Penis with Synthetic Substitute, Open Approach
0VPS0JZ	Removal of Synthetic Substitute from Penis, Open Approach
0VWS0JZ	Revision of Synthetic Substitute in Penis, Open Approach
Artificial Urinary Sphincter - applicable to AMS 800™	
0THC0LZ	Insertion of Artificial Sphincter into Bladder Neck, Open Approach
0THD0LZ	Insertion of Artificial Sphincter into Urethra, Open Approach
0TPB0LZ	Removal of Artificial Sphincter from Bladder, Open Approach
0TPD0LZ	Removal of Artificial Sphincter from Urethra, Open Approach
0TWB0LZ	Revision of Artificial Sphincter in Bladder, Open Approach
0TWD0LZ	Revision of Artificial Sphincter in Urethra, Open Approach
Male Sling - applicable to AdVance™ and AdVance™ XP Male Sling	
0TUC0JZ	Supplement Bladder Neck with Synthetic Substitute, Open Approach
0TUD0JZ	Supplement Urethra with Synthetic Substitute, Open Approach
0TPB0JZ	Removal of Synthetic Substitute from Bladder, Open Approach
0TPD0JZ	Removal of Synthetic Substitute from Urethra, Open Approach
0TWB0JZ	Revision of Synthetic Substitute in Bladder, Open Approach
0TWD0JZ	Revision of Synthetic Substitute in Urethra, Open 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® Codes with Long Descriptions

CPT® Code	Long Description
Inflatable Penile Prosthesis – applicable to AMS™ 700 and AMS Ambicor™ (C-code C1813)	
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
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
Non-inflatable Penile Prosthesis - applicable to Spectra™ and Tactra™ Malleable Penile Prosthesis (C-code C2622)	
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
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
Artificial Urinary Sphincter- applicable to AMS 800™ (C-code C1815)	
53444	Insertion of tandem cuff (dual cuff)
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session
53448	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue
53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
Male Sling - applicable to AdVance™ and AdVance™ XP Male Sling (C-code C1771)	
53440	Sling operation for correction of male urinary incontinence (e.g., fascia or synthetic)
53442	Removal or revision of sling for male urinary incontinence (e.g., fascia or synthetic)

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-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 judgment of the HCP.

Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services rendered. It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters. Boston Scientific does not promote the use of its products outside their FDA-approved or FDA-cleared label. Information included herein is current as of November 2025 but is subject to change without notice. Rates for services are effective January 1, 2026.

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.

CPT® Disclaimer

Current Procedural Terminology (CPT) Copyright 2025 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions apply to government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

All trademarks are the property of their respective owners.



Boston Scientific Corporation
300 Boston Scientific Way
Marlborough, MA 01752-1234

<https://www.bostonscientific.com/en-US/reimbursement.html>

Ordering Information

1.888.272.1001

©2026 Boston Scientific Corporation
or its affiliates. All rights reserved.

Effective: 1JAN2026

Expires: 31DEC2026

MS-DRG Rates Expire: 30SEP2026

URO-2028207-AB DEC 2025