



## 2026 Coding and Payment Guide – Prostate Biopsy

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 Prostate Biopsy 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>.

CPT® codes with their respective long descriptions will be found on page 3.

### 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
<b>Transperineal Prostate Biopsy Procedures - applicable to PrecisionPoint™ Transperineal Access System</b>					
55709	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])	\$163	4.88	\$582	17.43
55710	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance biopsy, first targeted lesion	\$188	5.64	\$653	19.54
55712	Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion	\$158	4.73	\$607	18.18
55715	Biopsy, prostate, each additional, MRI-ultrasound fusion or in-bore CT- or MRI-guided targeted lesion (List separately in addition to code for primary procedure)	\$47	1.41	\$81	2.43
<b>Additional Prostate Biopsy Procedures</b>					
55705	Biopsy, prostate; any approach, non-imaging- guided	\$100	2.99	\$233	6.99
55706	Prostate stereotactic template saturation sampling	\$203	6.09	N/A	NA
55707	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])	\$136	4.08	\$342	10.25
55708	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance, first targeted lesion	\$170	5.08	\$420	12.57
55711	Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion	\$136	4.06	\$367	11.00
55713	Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first targeted lesion	\$186	5.56	\$765	22.90
55714	Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion	\$169	5.06	\$746	22.34
55715	Biopsy, prostate, each additional, MRI-ultrasound fusion or in-bore CT- or MRI-guided targeted lesion (List separately in addition to code for primary procedure)	\$47	1.41	\$81	2.43

"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
<b>Transperineal Prostate Biopsy Procedures - applicable to PrecisionPoint™ Transperineal Access System</b>					
55709	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])	5374	J1	\$3,601	\$1,723
55710	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance biopsy, first targeted lesion	5374	J1	\$3,601	\$1,723
55712	Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion	5374	J1	\$3,601	\$1,723
55715	Biopsy, prostate, each additional, MRI-ultrasound fusion or in-bore CT- or MRI-guided targeted lesion (List separately in addition to code for primary procedure)	N/A	N	Packaged	Packaged
<b>Additional Prostate Biopsy Procedures</b>					
55705	Biopsy, prostate; any approach, non-imaging- guided	5374	J1	\$3,601	\$1,723
55706	Prostate stereotactic template saturation sampling	5374	J1	\$3,601	\$1,723
55707	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])	5374	J1	\$3,601	\$1,723
55708	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance, first targeted lesion	5374	J1	\$3,601	\$1,723
55711	Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion	5374	J1	\$3,601	\$1,723
55713	Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first targeted lesion	5375	J1	\$5,478	\$2,730
55714	Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion	5375	J1	\$5,478	\$2,730
55715	Biopsy, prostate, each additional, MRI-ultrasound fusion or in-bore CT- or MRI-guided targeted lesion (List separately in addition to code for primary procedure)	N/A	N	Packaged	Packaged

## ICD-10 CM Diagnosis Codes

ICD-10 CM Diagnosis Code	Description
C61	Malignant neoplasm of prostate
D07.5	Carcinoma in situ of prostate
D29.1	Benign neoplasm of prostate
N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms
N40.2	Nodular prostate without lower urinary tract symptoms
N40.3	Nodular prostate with lower urinary tract symptoms
N41.1	Chronic prostatitis
N42.3	Nodular prostate with lower urinary tract symptoms
R93.89	Abnormal findings on diagnostic imaging of other specified body structures
R97.20	Elevated prostate specific antigen [PSA]

## CPT® Codes with Long Descriptions

CPT® Code	Long Description
55705	Biopsy, prostate; any approach, non-imaging- guided
55706	Prostate stereotactic template saturation sampling
55707	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])
55708	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance, first targeted lesion
55709	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])
55710	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance biopsy, first targeted lesion
55711	Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion
55712	Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion
55713	Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first targeted lesion
55714	Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion
55715	Biopsy, prostate, each additional, MRI-ultrasound fusion or in-bore CT- or MRI-guided targeted lesion (List separately in addition to code for primary procedure)

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-notices/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-notices/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-notices/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-ippa-final-rule-home-page>

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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