FARAPULSE™

Pulsed Field Ablation System

2024 Coding, Coverage, and Payment Quick Reference

Coding

Pulmonary Vein Isolation (PVI) intracardiac catheter ablations should be reported with the following CPT® code for outpatient hospital procedures and physicians:

CPT Code	Code Description
93656	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording, when performed

When medically necessary, report moderate (conscious) sedation provided by the performing physician with 99151-99153. When provided by another physician, report 99155-99157.

PVI intracardiac catheter ablations should be reported with the following ICD-10-PCS code for inpatient hospital procedures:

ICD-10-PCS Code	Code Description
Through March 31, 2024	
02583ZZ	Destruction of conduction mechanism, percutaneous approach
Effective April 1, 2024	
02583ZF	Destruction of conduction mechanism using irreversible electroporation, percutaneous approach

The following HCPCS C-codes should be used to report use of the FARAWAVE™ PFA Catheter and the FARADRIVE™ Steerable Sheath:

Device	HCPCS Code	Code Description
FARAWAVE PFA Catheter	C1733	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip
FARADRIVE Steerable Sheath	C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away

See important notes on the uses and limitations of this information on page 3.

Coverage

Medicare does not have explicit local or national coverage policies for intracardiac catheter ablation procedures. Coverage is dependent on whether the procedure is deemed reasonable and necessary based on clinical documentation.

Private payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. Boston Scientific recommends that providers refer to specific payer policies to confirm that coverage criteria are met, and, when required, request prior authorization from patients' health plans.

Payment

Physician Payment

All rates shown are 2024 Medicare national averages; actual rates will vary geographically and/or by individual facility.

CPT Code	Short Description	Work RVUs	Total Facility RVUs	Facility Rate
93656	Comprehensive EP evaluation & intracardiac catheter ablation of **atrial fibrillation** by pulmonary vein isolation	17.00	27.69	$922

When medically necessary, report moderate (conscious) sedation provided by the performing physician with 99151-99153. When provided by another physician, report 99155-99157.

Hospital Outpatient Payment

All rates shown are 2024 Medicare national averages; actual rates will vary geographically and/or by individual facility.

CPT Code	Short Description	APC	Hospital Outpatient Rate
93656	Comprehensive EP evaluation & intracardiac catheter ablation of **atrial fibrillation** by pulmonary vein isolation	5213	$22,629

See important notes on the uses and limitations of this information on page 3.

Hospital Inpatient Payment

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

All rates shown are 2024 Medicare national averages; actual rates will vary geographically and/or by individual facility.

Possible MS-DRG Assignment	Description	Payment
273	Percutaneous Intracardiac Procedures and Other Procedures w MCC	$27,285
274	Percutaneous Intracardiac Procedures and Other Procedures w/o MCC	$22,691

Coding Resources for AF Solutions

Internal BSC:

Rhythm Management - Health Economics and Market Access (sharepoint.com)

Showpad

External Customers link or contact your local BSC Representative:

http://www.bostonscientific.com/en-US/reimbursement/rhythm-management.html

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 label. Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. All trademarks are the property of their respective owners.

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.

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.

References

1. 2024 Current Procedural Terminology. American Medical Association, copyright ©2023.
2. 2024 ICD-10-PCS. CMS.gov.
3. ICD-10 MS-DRGs Version 41.1 Effective April 1, 2024. CMS.gov
4. HCPCS 2023 Level II Professional Edition. American Medical Association, 2022.
5. CMS. CY2024 Physician Fee Schedule, Final Rule. CMS-1784-F2-CN.
6. CMS. CY2024 Hospital Outpatient Prospective Payment System, Final Rule: CMS-1786-CN, Addenda A, Addenda AA.
7. CMS. FY2024 Hospital Inpatient Prospective Payment System, Final Rule: CMS-1785-CN.

Sequestration Disclaimer

Rates referenced in these guides do not reflect Sequestration, automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates as of January 1, 2024.

CPT® Disclaimer

See important notes on the uses and limitations of this information on page 3.