



# FARAPULSE™

## Pulsed Field Ablation System

### 2026 Coding, Coverage, and Payment Quick Reference

#### 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.

#### Coding

Intracardiac catheter ablations performed with the FARAPULSE Pulsed Field Ablation System are classified by the following CPT® codes for outpatient hospital and physician coding. For additional information related to intracardiac catheter ablation coding and reimbursement, refer to: ([EP Intracardiac Ablation Guide](#)).

CPT Code	Code Description
93656†	Comprehensive electrophysiologic evaluation with transseptal catheterizations, insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, and intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography with imaging supervision and interpretation, right ventricular pacing/recording, and His bundle recording, when performed
+93657†	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)
+93655*	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure).

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

†The FARAWAVE/FARAWAVE NAV Catheter is indicated for:

- The isolation of pulmonary veins in the treatment of drug-refractory, recurrent, symptomatic Paroxysmal Atrial Fibrillation (PAF).
- The isolation of pulmonary veins and the posterior wall in the treatment of drug-refractory, symptomatic Persistent Atrial Fibrillation (episode duration less than one year).

\* The FARAPULSE Catheter is indicated for use as an adjunctive device for the creation of an ablation line between the inferior vena cava and the tricuspid valve when any FARAWAVE Catheter is used in the endocardial treatment of drug-refractory, symptomatic persistent atrial fibrillation (episode duration no greater than 12 months)..

To report irreversible electroporation (IRE) intracardiac catheter ablations in the inpatient setting, providers should utilize:

ICD-10-PCS Code	Code Description
02583ZF	Destruction of conduction mechanism using irreversible electroporation, percutaneous approach

\*New Technology Add-on Payment (NTAP): The NTAP program applies only to Medicare, Inpatient, Fee-For-Service (FFS) cases. On an individual claim basis, to qualify for NTAP, reported costs must surpass reimbursement, with 65% of the excess costs covered (up to \$6,337.50).

The following HCPCS C-codes should be used to report use of the FARAWAVE™, FARAWAVE™ NAV, FARAPPOINT PFA Catheters 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
FARAWAVE NAV PFA Catheter		
FARAPPOINT PFA Catheter		
FARADRIVE Steerable Sheath	C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel away

## Payment

### Physician Payment

All rates shown are 2026 Medicare national averages; actual rates will vary geographically and/or by individual facility.

CPT Code	Short Description	Work RVUs	Total Facility RVUs	Facility Rate
<b>Intracardiac Ablations</b>				
93656	Comprehensive EP evaluation & intracardiac catheter ablation of <b>atrial fibrillation</b> by pulmonary vein isolation	16.58	24.15	\$807
+93655	Intracardiac catheter ablation arrhythmia add-on	5.36	7.81	\$261
+93657	Intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation add-on	5.36	7.81	\$261
<b>Complex AF Ablation</b>				
93656	Comprehensive EP evaluation & intracardiac catheter ablation of <b>atrial fibrillation</b> by pulmonary vein isolation	16.58	24.15	\$807
+93655	Intracardiac catheter ablation arrhythmia add-on	5.36 x 2	7.81 x 2	\$522
+93657	Intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation add-on	5.36 x 2	7.81 x 2	\$522

<b>Total Complex AF Ablation Payment<sup>†</sup></b>		<b>38.02</b>	<b>55.39</b>	<b>\$1,850</b>
<b>Concomitant Cardiac Ablation and LAAC Procedure</b>				
93656	Comprehensive EP evaluation & intracardiac catheter ablation of <b>atrial fibrillation</b> by pulmonary vein isolation	16.58	24.15	\$807
33340	Occlusion of the left atrial appendage with intraluminal device, percutaneous approach	9.99	18.52	\$619
<b>Concomitant Procedure Physician Payment Total*</b>		<b>21.56</b>	<b>33.41</b>	<b>\$1,116</b>

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

<sup>†</sup>CMS Medically Unlikely Edits allow: Code 93655 to be reported up to 2x with any of the three 'primary' ablation services, when two different arrhythmia foci are being treated; Code 93657 to be reported with 93656 up to 2x if, upon completion of PVI, diagnostic measurements indicate remaining triggers for AFib

\*Multiple procedure payment reduction applies for concomitant single physician payment. Other scenarios may apply

### Ambulatory Surgical Center (ASC) Payment

All rates shown are 2026 Medicare national averages; actual rates will vary geographically and/or by individual facility.

CPT Code	Short Description	Status Indicator	ASC Rate
93656	Comprehensive EP evaluation & intracardiac catheter ablation of <b>atrialfibrillation</b> by pulmonary vein isolation	J8	\$20,256
+93655	Intracardiac catheter ablation arrhythmia add-on	N1	Packaged
+93657	Intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation add-on	N1	Packaged

### Hospital Outpatient Payment

All rates shown are 2026 Medicare national averages; actual rates will vary geographically and/or by individual facility.

CPT Code	Short Description	Status Indicator	APC	Hospital Outpatient Rate
93656	Comprehensive EP evaluation & intracardiac catheter ablation of <b>atrial fibrillation</b> by pulmonary vein isolation	J1	5213	\$26,704
+93655	Intracardiac catheter ablation arrhythmia add-on	N		Packaged
+93657	Intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation add-on	N		Packaged

### Hospital Inpatient Payment

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.

All rates shown are 2026 Medicare national averages; actual rates will vary geographically and/or by individual facility.

Possible MS-DRG Assignment	Description	Payment
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273	Percutaneous Intracardiac Procedures and Other Procedures w MCC	\$30,020
274	Percutaneous Intracardiac Procedures and Other Procedures w/o MCC	\$23,953
317	Concomitant Left Atrial Appendage Closure and Cardiac Ablation	\$48,656

**ICD-10-PCS Procedure Codes**

Hospital inpatient claims must contain the appropriate ICD-10-PCS code(s) to indicate the items and services that are furnished. The table below contains a list of possible ICD-10-PCS codes that may be used to bill for intracardiac catheter ablation and mapping procedures. Providers should select the most appropriate code(s) with the highest level of detail to describe the service(s) rendered.

Procedure	ICD-10 PCS Code	Description
Mapping	02K83ZZ	Map Conduction Mechanism, Percutaneous Approach
Pulsed Field Ablation	02583ZF	Destruction of conduction mechanism using irreversible electroporation, percutaneous approach
Left Atrial Appendage Closure (LAAC)	02L73DK	Occlusion of left atrial appendage with intraluminal device, percutaneous approach

\*New Technology Add-on Payment (NTAP): The NTAP program applies only to Medicare, Inpatient, Fee-For-Service (FFS) cases. On an individual claim basis, to qualify for NTAP, reported costs must surpass reimbursement, with 65% of the excess costs covered (up to \$6,337.50).

## Coding Resources for AF Solutions

### Internal BSC:

[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. Current Procedural Terminology (CPT) © 2025 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association.
2. CMS CY2025 Physician Fee Schedule (PFS) Final Rule: CMS 1807-F, including related PFS addenda. Conversion Factor used in calculations = \$33.4009. Effective through December 31, 2026.
3. CMS CY2025 Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems Final Rule: CMS-1809-FC, including related addenda. Effective through December 31, 2026.
4. CMS FY2026 IPPS Final Rule: CMS-1833-F, including data files. National average (wage index greater than one) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts. Actual reimbursement will vary for each provider and institution for a variety of reasons including geographic differences in labor and non-labor costs, hospital teaching status, and/or proportion of low-income patients). Effective through September 30, 2026.
5. CMS FY 2026 IPPS Final Rule: CMS-1833-F. Effective through September 30, 2026. [FY 2026 IPPS Final Rule Home Page | CMS](#)
6. CMS ICD-10-CM/PCS MS-DRG v42.1 Definitions Manual. FY2025 (10/1/2025-09/30/2026). Not intended as an all-inclusive list of MS-DRGs.
7. HCPCS 2024 Level II Professional Edition. American Medical Association, 2024.

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### Product Information

[FARAPULSE Pulsed Field Ablation System Indications, Safety and Warnings - Boston Scientific](#)



See important notes on the uses and limitations of this information on page 5.

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