



Summary of CY2026 Medicare Final Rules for Physician Fee Schedule

Atrial Fibrillation Solutions

On October 31st, CMS released finalized payment rules for the Medicare Physician Fee Schedule (PFS). Final policies and payment rates will take effect on January 1, 2026.

Final physician payment rates for AF Solutions-related procedures are listed at the end of this memo.

Physician Fee Schedule (PFS)

As required by statute, beginning in CY 2026, there will be two separate conversion factors used to calculate physician payment: one for Qualifying Alternative Payment Model (APM) Participants (QPs) and one for physicians and practitioners who are not QPs. Because the majority of QPs are primary care providers, the rates discussed in this memo are calculated using the conversion factor for non-QPs.

Overall, CMS is finalizing an across-the-board 3.3% increase in Medicare CY 2025 non-QP physician payments.

Finalized Adjustments to Relative Value Units (RVUs)

- CMS is finalizing a -2.5% efficiency adjustment to the intraservice portion of physician time and work RVUs for non-time-based services. This adjustment will be applied every 3 years but will not apply to newly created codes.
- CMS finalized changes to how it pays for indirect practice expenses (PE), citing the shift of physicians from independent practice to hospital employment. The change generally produces total RVU reductions for facility-based services such as TAVR, PCI, and cardiac ablation.

LAAC

- The LAAC CPT® code 33340 underwent an American Medical Association (AMA) Resource-based Relative Value Scale Update Committee (RUC) re-evaluation in 2024, the first since the code's creation 11 years ago in 2015.¹ The intent of revaluation is to reflect evolving practice, increased procedure familiarity, and the availability of next generation devices.
- CMS finalized the RUC recommended work RVU of 10.25, a reduction from 14.00. After applying a -2.5% efficiency adjustment, the final work RVU was further reduced to 9.99. The finalized CY2026 national unadjusted physician payment for LAAC, reflecting adjustments to work, practice expense (PE), and malpractice Relative Value Units (RVUs), is \$619. This represents a 16% decrease compared to the CY2025 national unadjusted payment rate. The total RVU decrease met the threshold where cuts will be phased in over two years, with the additional impact to PE RVUs implemented in 2027.
- The ACC, SCAI, and HRS have strongly opposed this reduction, citing significant flaws in the survey instrument used to determine the valuation. In response, the societies are actively resurveying CPT code 33340 for consideration at the January 2026 RUC meeting.*

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Boston Scientific encourages all selected physicians to participate in the re-survey and provide complete estimates of the typical time, intensity, and complexity involved in performing LAAC procedures, which are critical to determining appropriate Relative Value Units (RVUs).

Ablation

- The finalized CY 2026 national unadjusted physician payment for PVI ablation (CPT 93656), reflecting adjustments to work, practice expense (PE), and malpractice Relative Value Units (RVUs) is \$807. This represents a 10% decrease compared to CY 2025.

FARAWATCH™

- There is no separate physician valuation survey nor distinct value assigned for FARAWATCH™ (concomitant) procedures. The final payment rates for standalone LAAC and AF ablation procedures are used in Medicare's calculation of the physician payment rate for FARAWATCH™ (concomitant) procedures.
- When one physician performs both procedures, the final national unadjusted rate is \$1,117, a 12% decrease compared to CY 2025.

Comments / Questions

If you have questions or would like additional information, contacts are below:

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Source Information

Read the full CY2026 Physician Fee Schedule Finalized Rule (CMS-1832-F) at the following link: [CMS-1832-F | CMS](#)

Read the ACC announcement on the CY2026 Physician Fee Schedule Final Rule at the following link: [*CMS Releases 2026 Physician Fee Schedule Final Rule - American College of Cardiology](#)

Disclaimer: 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.

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.

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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.

Table 1. Finalized Physician Fee Schedule

Physician Fee Schedule (PFS) CY 2025 Final vs CY 2026 Final										
			FACILITY RATE				OFFICE RATE			
CPT® Code	Modifier	CPT® Description	CY 2025 Final	CY 2026 Final	CY 2025 Final vs CY 2026 Final \$	CY 2025 Final vs CY 2026 Final %	CY 2025 Final	CY 2026 Final	CY 2025 Final vs CY 2026 Final \$	CY 2025 Final vs CY 2026 Final %
AF Solutions (Electrophysiology + Watchman)										
Electrophysiology Procedures										
93462		Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	\$196	\$177	(\$19)	-10%	\$196	\$203	\$7	4%
93600	26	Bundle of His recording	\$109	\$113	\$4	4%	\$109	\$113	\$4	4%
93602	26	Intra-atrial recording	\$108	\$112	\$4	4%	\$108	\$112	\$4	4%
93603	26	Right ventricular recording	\$108	\$112	\$4	4%	\$108	\$112	\$4	4%
93609	26	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)	\$257	\$268	\$11	4%	\$257	\$268	\$11	4%
93610	26	Intra-atrial pacing	\$152	\$157	\$5	3%	\$152	\$157	\$5	3%
93612	26	Intraventricular pacing	\$150	\$157	\$7	4%	\$150	\$157	\$7	4%
93613		Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	\$275	\$248	(\$27)	-10%	NA	NA	NA	NA
93615		Esophageal recording of atrial electrogram with or without ventricular electrogram(s);	NA	NA	NA	NA	\$0	\$0	\$0	NA
93616		Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing	NA	NA	NA	NA	\$0	\$0	\$0	NA
93618	26	Induction of arrhythmia by electrical pacing	\$203	\$211	\$8	4%	\$203	\$211	\$8	4%
93619	26	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	\$362	\$376	\$14	4%	\$362	\$376	\$14	4%
93620	26	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	\$583	\$603	\$21	4%	\$583	\$603	\$21	4%
93621	26	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)	\$77	\$79	\$2	3%	\$77	\$79	\$2	3%
93622	26	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)	\$160	\$165	\$5	3%	\$160	\$165	\$5	3%
93623	26	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	\$52	\$52	\$1	1%	\$52	\$52	\$1	1%
93624	26	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	\$226	\$234	\$8	4%	\$226	\$234	\$8	4%

93642	26	Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	\$237	\$246	\$9	4%	\$237	\$246	\$9	4%
93644		Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	NA	NA	NA	NA	\$183	\$189	\$6	3%
93650		Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	\$552	\$497	(\$55)	-10%	NA	NA	NA	NA
93653		Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	\$791	\$711	(\$80)	-10%	NA	NA	NA	NA
93654		Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed	\$954	\$857	(\$97)	-10%	NA	NA	NA	NA
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)	\$290	\$261	(\$30)	-10%	NA	NA	NA	NA
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	\$897	\$807	(\$90)	-10%	NA	NA	NA	NA
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)	\$291	\$261	(\$30)	-10%	NA	NA	NA	NA
93662	26	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	\$67	\$69	\$2	3%	\$67	\$69	\$2	3%

Watchman™ Left Atrial Appendage Closure (LAAC) Procedure										
33340		Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	\$740	\$619	(\$121)	-16%	NA	NA	NA	NA
Computed Tomography (CT)										
75572	26	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	\$79	\$80	\$1	2%	\$79	\$80	\$1	2%
75574	26	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	\$109	\$111	\$2	1%	\$109	\$111	\$2	1%
Transesophageal Echocardiogram (TEE)										
93312	26	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	\$101	\$105	\$4	4%	\$101	\$105	\$4	4%
93355		Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D	\$213	\$192	(\$21)	-10%	NA	NA	NA	NA
Intracardiac Echocardiography (ICE)										
93662	26	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	\$67	\$69	\$2	3%	\$67	\$69	\$2	3%

Legend

Greater than -10% decrease
Between -5% to -10% decrease
Between 5% to 10% increase
Greater than 10% increase