Summary of CY2026 Medicare Final Rules for Hospital Outpatient Prospective Payment and Ambulatory Surgical Center

Atrial Fibrillation Solutions

On November 21st, the Centers for Medicare & Medicaid Services (CMS) released the Final Medicare Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) rates and policies for CY 2026. Policies and payment rates will take effect on January 1st, 2026.

At the end of this document are tables that list the finalized payment rates under each different fee schedule and the percentage changes for AF Solutions (AFS) procedures of interest.

- Table 1: Finalized Outpatient Hospital Payments
- Table 2: Finalized Ambulatory Surgery Center Payments

Hospital Outpatient Prospective Payment System & Ambulatory Surgical Center Payment System (OPPS & ASC)

- CMS is finalizing an overall payment increase of 2.6% for both OPPSs and ASCs.
- Payment for intracardiac ablations (APC 5213) is finalized to increase 9% in the hospital outpatient setting for CY 2026 (to $26,704) (See Table 1 at the end of this summary).
- LAAC remains payable as inpatient only for Medicare beneficiaries in CY2026. Therefore, there are no OPPS nor ASC payment rates yet available.

ASC Covered Procedure List (CPL)

- CMS finalized its proposal to add 6 cardiac ablation procedure codes as well as 7 additional EP procedure codes requested through public comments to the ASC Covered Procedure List (CPL).
- PVI Ablation (CPT® Code 93656) is finalized to be paid at $20,256 in the ASC.
- CMS also responded to comments received on the proposed rule and added additional EP procedure codes to the list of services covered in the ASC, including codes for: cardioversion (CPT Codes 92960 and 92961), TEE (CPT Codes 93312 and 93318) and EP studies/evaluations (CPT Codes 93619, 93620, and 93642) (See Table 3 at the end of this summary for reimbursement details).
- CMS finalized its proposal to revise the ASC CPL criteria to modify the general standard criteria and to eliminate five of the general exclusion criteria, moving them into a new section as nonbinding physician considerations for patient safety.
- As a result of the changes in ASC CPL criteria, CMS is adding 289 procedures to the ASC CPL along with 271 codes that are being removed from the Inpatient Only (IPO) List in CY 2026.
- Boston Scientific is committed to supporting customers in this site of service and can leverage our Solutions and Partnership programs, our comprehensive cardiology product portfolio, and our differentiated ablation technologies.

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Inpatient Only (IPO) List

- CMS finalized elimination of the current IPO List of 1,731 services over a 3-year phase-in period, starting with 285 mostly musculoskeletal-related services in CY 2026. The agency maintained this approach despite stakeholder feedback from Boston Scientific, professional societies, and AdvaMed recommending a longer phase-in.
- LAAC was not included on the list of procedures that are being removed in the first year of the transition, which means LAAC will remain payable only as an inpatient service under Medicare for CY 2026.
- Boston Scientific will continue collaborating with AdvaMed and specialty societies as well as engaging directly with CMS to advocate for a thoughtful approach to APC assignment that ensures appropriate outpatient payment for LAAC as LAAC transitions off the IPO List in 2027 or 2028.
- As part of the implementation, CMS will exempt services removed from the IPO List from the "Two-Midnight Rule" until a determination can be made that the procedures are more commonly performed in the outpatient setting. The Two-Midnight Rule presumes inpatient admission is appropriate only when a stay is expected to span at least two midnights; shorter stays are generally treated as outpatient services.

FARAWATCH™

- LAAC remains inpatient only for Medicare beneficiaries in CY2026. Therefore, there is no established OPPS nor ASC payment for FARAWATCH™ (concomitant) procedures.
- Boston Scientific will continue collaborating with stakeholders to support appropriate APC assignments and outpatient reimbursement for combined ablation and LAAC procedures as LAAC exits the IPO list in 2027 or 2028.

Comments / Questions

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

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Source Information

Read the full CY2026 OPPS/ASC Finalized Rule (CMS-1834-FC) at the following link: CMS-1834-FC | CMS

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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.

Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components aren't assigned by the AMA, aren't part of CPT, and the AMA isn't recommending their use. The AMA doesn't directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

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.

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Table 1. Final Hospital Outpatient Payments

HOSPITAL OUTPATIENT CY 2025 Final vs CY 2026 Final							
		Status Indicator		Payment Rate			
APC	APC Description	CY 2025 Final	CY 2026 Final	CY 2025 Final	CY 2026 Final	CY 2025 Final vs CY 2026 Final $	CY 2025 Final vs CY 2026 Final %
Electrophysiology							
5211	Level 1 Electrophysiologic Procedures	J1	J1	$1,214	$1,244	$30	2%
5212	Level 2 Electrophysiologic Procedures (AV Node Ablation or EP Study)	J1	J1	$7,588	$7,969	$381	5%
5213	Level 3 Electrophysiologic Procedures (AF, VT, or SVT Ablation)	J1	J1	$24,532	$26,704	$2,172	9%
5524	Level 4 Imaging without Contrast	S	S	$548	$558	$10	2%
5571	Level 1 Imaging with Contrast	S	S	$178	$179	$1	1%
5572	Level 2 Imaging with Contrast	S	S	$357	$356	($1)	0

Data Sources

CY 2025 OPPS Final Rule Addendum A
CY 2026 OPPS Final Notice Addendum A

OPPS Status Indicator & Description

J1	Paid under OPPS; all covered Part B services on the claim are packaged with the primary "J1" service for the claim. Except services with OPPS status indicator of "F","G", "H", "L" and "U".
S	Paid under OPPS; separate APC payment.

Legend

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

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Table 2. Final Ambulatory Surgery Center (ASC) Payments

Ambulatory Surgery Center (ASC) CY 2025 Final vs CY 2026 Final							
		Status Indicator		Payment Rate			
CPT® Code	CPT® Descriptions	CY 2025 Final	CY 2026 Final	CY 2025 Final	CY 2026 Final	CY 2025 Final vs CY 2026 Final $	CY 2025 Final vs CY 2026 Final %
Electrophysiology Studies and Ablations							
92960	Cardioversion, elective, electrical conversion of arrhythmia; external	NA	G2	NA	$364	NA	NA
92961	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	NA	G2	NA	$364	NA	NA
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	NA	Z3	NA	$134	NA	NA
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	NA	Z2	NA	$297	NA	NA
93619	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	NA	Z2	NA	$4,149	NA	NA
93620	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	NA	Z2	NA	$4,149	NA	NA
93642	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)	NA	Z3	NA	$83	NA	NA
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	NA	J8	NA	$5,943	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	NA	J8	NA	$19,176	NA	NA

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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	NA	J8	NA	$19,482	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)	NA	N1	NA	NA	NA	NA
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	NA	J8	NA	$20,256	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)	NA	N1	NA	NA	NA	NA

Data Sources
CY 2025 OPPS Final Rule Addendum AA
CY 2026 OPPS Final Notice Addendum AA, BB

ASC Status Indicator & Description

J8	Device-intensive procedure; paid at adjusted rate.
G2	Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight.
Z2	Radiology or diagnostic service paid separately when provided integral to a surgical procedure on ASC list; payment based on OPPS relative payment weight.
Z3	Radiology or diagnostic service paid separately when provided integral to a surgical procedure on ASC list; payment based on MPFS nonfacility PE RVUs.
N1	Packaged service/item; no separate payment made.

Legend
Greater than -10% decrease
Between -5% to -10% decrease
Between 5% to 10% increase
Greater than 10% increase
Status Indicator Change

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