



Summary of CY2026 Medicare Proposed Rules for Hospital Outpatient Prospective Payment, Ambulatory Surgical Center, & Physician Fee Schedule

Atrial Fibrillation Solutions

On July 14th and 15th, CMS released proposed payment rules for the Medicare Physician Fee Schedule (PFS), the Hospital Outpatient Prospective Payment System (OPPS), and Ambulatory Surgery Centers (ASC). Comments on these proposed rules are due September 12th and 15th, 2025. Once finalized, policies and payment rates will take effect on January 1, 2026.

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

- Table 1: Proposed Outpatient Hospital Payments
- Table 2: Proposed Ambulatory Surgery Center Payments
- Table 3: Proposed Physician Fee Schedule

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

CMS is proposing an overall payment increase of 2.4% for both OPPS and ASCs for Calendar Year 2026.

Ablation

- CMS proposed to add cardiac ablations to the ASC Covered Procedure List (CPL). PVI Ablation (CPT® 93656) is proposed to be paid at \$20,512 in the ASC setting. If finalized, these services would be reimbursed in the ASC for Medicare beneficiaries.
 - States may have different laws and regulations that could impact the adoption of ablation in ASCs. It is not expected that physicians in every state will be able to immediately perform ablation in ASCs on January 1, 2026.
 - Boston Scientific (BSC) maintains our commitment to supporting customers regardless of the site of service.
- AF Ablation hospital outpatient payment rates are proposed to increase by 10%, with a proposed national base payment of \$26,935.

LAAC

- CMS proposed elimination of the current IPO List of 1,731 services over a 3-year phase-in period, starting with 285 mainly musculoskeletal-related services in CY2026.
- LAAC was not proposed to be removed from the IPO List as part of the first phase (2026). If implemented as proposed, LAAC would remain inpatient only for Medicare beneficiaries in CY2026.

These proposals are currently open for public comment; public commenters can submit their insights and concerns directly to CMS about the proposals by September 15, 2025 at the following link (reference CMS-1834-P):

[Regulations.gov](https://www.regulations.gov).

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 proposing an across-the-board 3.3% increase in Medicare CY 2026 non-QP physician payments.

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. The intent of revaluation is to reflect evolving practice, increased procedure familiarity, and the availability of next generation devices.
- The total proposed CY2026 physician payment for LAAC, including adjustments to work, practice expense (PE) and malpractice RVUs, is \$619. This represents a proposed payment decrease of 16% compared to 2025.

Ablation

- The proposed CY 2026 physician payment for PVI ablation (CPT 93656) is \$811. This represents a 10% decrease compared to CY2025.

Ablate & Close

- There is no separate physician valuation survey nor distinct value assigned for Ablate & Close procedures. The final payment rates for standalone LAAC and AF ablation procedures are used in Medicare's calculation of the physician payment rate for a concomitant Ablate & Close procedure.
- The proposed changes to both standalone LAAC and AF ablation payment would impact physician payment for concomitant AF ablation and LAAC procedures. If finalized, when one physician performs both procedures, the proposed payment would decrease by 12%, from \$1,267 to \$1,121.

BSC acknowledges that these changes raise valid concerns for physicians, and we are committed to supporting physician specialty societies in advocating for appropriate valuation of these procedures.

These proposals are currently open for public comment; public commenters can submit their insights and concerns directly to CMS about the proposals by September 12, 2025 at the following link (reference CMS-1832-P): [Regulations.gov](https://www.regulations.gov).

Physicians are encouraged to engage with their respective specialty societies to learn about their perspectives and advocacy efforts. Stay tuned for more activities and communications from specialty societies.

Comments / Questions

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

WATCHMAN	AFS
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Source Information

Read the full CY2026 OPPTS/ASC Proposed Rule (CMS-1834-P) at the following link: [CMS-1834-P | CMS](#)
Read the full CY2026 Physician Fee Schedule Proposed Rule (CMS-1832-P) at the following link: [CMS-1832-P | 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.

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CY2026 Medicare Proposed Rules Issued for
Hospital Outpatient, Ambulatory Surgical Center, & Physician Fee Schedule

Table 1. Proposed Hospital Outpatient Payments

HOSPITAL OUTPATIENT CY 2025 Final vs CY 2026 Proposed							
		Status Indicator		Payment Rate			
APC	APC Description	CY 2025 Final	CY 2026 Proposed	CY 2025 Final	CY 2026 Proposed	CY 2025 Final vs CY 2026 Proposed \$	CY 2025 Final vs CY 2026 Proposed %
Electrophysiology							
5211	Level 1 Electrophysiologic Procedures	J1	J1	\$1,214	\$1,232	\$18	1%
5212	Level 2 Electrophysiologic Procedures (AV Node Ablation or EP Study)	J1	J1	\$7,588	\$7,971	\$383	5%
5213	Level 3 Electrophysiologic Procedures (AF, VT, or SVT Ablation)	J1	J1	\$24,532	\$26,935	\$2,403	10%
5524	Level 4 Imaging without Contrast	S	S	\$548	\$562	\$14	3%
5571	Level 1 Imaging with Contrast	S	S	\$178	\$180	\$2	1%

Data Sources
CY 2025 OPPS Final Rule Addendum A
CY 2026 OPPS Proposed 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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Hospital Outpatient, Ambulatory Surgical Center, & Physician Fee Schedule

Table 2. Proposed Ambulatory Surgery Center (ASC) Payments

Ambulatory Surgery Center (ASC) CY 2025 Final vs CY 2026 Proposed							
		Status Indicator		Payment Rate			
CPT® Code	CPT® Descriptions	CY 2025 Final	CY 2026 Proposed	CY 2025 Final	CY 2026 Proposed	CY 2025 Final vs CY 2026 Proposed \$	CY 2025 Final vs CY 2026 Proposed %
Electrophysiology							
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	\$5,962	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	\$19,409	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	NA	J8	NA	\$19,708	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	\$20,512	NA	NA

Data Sources
CY 2025 OPPS Final Rule Addendum AA
CY 2026 OPPS Proposed Notice Addendum AA

ASC Status Indicator & Description

J8	Device-intensive procedure; paid at adjusted rate.
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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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Table 3: Proposed Physician Fee Schedule

Physician Fee Schedule (PFS) CY 2025 Final vs CY 2026 Proposed										
			FACILITY RATE				OFFICE RATE			
CPT®	Modifi er	CPT® Description	CY 2025 Final	CY 2026 Propo sed	CY 2025 Final vs CY 2026 Propose d \$	CY 2025 Final vs CY 2026 Proposed %	CY 2025 Final	CY 2026 Propo sed	CY 2025 Final vs CY 2026 Propose d \$	CY 2025 Final vs CY 2026 Propose d %
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	\$178	(\$18)	-9%	\$196	\$205	\$9	5%
93600	26	Bundle of His recording	\$109	\$114	\$5	5%	\$109	\$114	\$5	5%
93602	26	Intra-atrial recording	\$108	\$113	\$5	4%	\$108	\$113	\$5	4%
93603	26	Right ventricular recording	\$108	\$113	\$5	4%	\$108	\$113	\$5	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	\$269	\$13	5%	\$257	\$269	\$13	5%
93610	26	Intra-atrial pacing	\$152	\$158	\$6	4%	\$152	\$158	\$6	4%
93612	26	Intraventricular pacing	\$150	\$158	\$8	5%	\$150	\$158	\$8	5%
93613		Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	\$275	\$249	(\$26)	-10%	NA	NA	NA	NA
93618	26	Induction of arrhythmia by electrical pacing	\$203	\$213	\$10	5%	\$203	\$213	\$10	5%
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	\$378	\$17	5%	\$362	\$378	\$17	5%
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	\$608	\$25	4%	\$583	\$608	\$25	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	\$80	\$3	4%	\$77	\$80	\$3	4%
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	\$166	\$6	4%	\$160	\$166	\$6	4%
93623	26	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	\$52	\$53	\$1	2%	\$52	\$53	\$1	2%

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Physician Fee Schedule (PFS) CY 2025 Final vs CY 2026 Proposed										
			FACILITY RATE				OFFICE RATE			
CPT®	Modifi er	CPT® Description	CY 2025 Final	CY 2026 Propo sed	CY 2025 Final vs CY 2026 Propose d \$	CY 2025 Final vs CY 2026 Proposed %	CY 2025 Final	CY 2026 Propo sed	CY 2025 Final vs CY 2026 Propose d \$	CY 2025 Final vs CY 2026 Propose d %
93624	26	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	\$226	\$235	\$9	4%	\$226	\$235	\$9	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	\$248	\$11	4%	\$237	\$248	\$11	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	\$500	(\$51)	-9%	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	\$715	(\$76)	-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	\$863	(\$91)	-10%	NA	NA	NA	NA

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Physician Fee Schedule (PFS) CY 2025 Final vs CY 2026 Proposed										
CPT®	Modifi er	CPT® Description	FACILITY RATE				OFFICE RATE			
			CY 2025 Final	CY 2026 Propo sed	CY 2025 Final vs CY 2026 Propose d \$	CY 2025 Final vs CY 2026 Proposed %	CY 2025 Final	CY 2026 Propo sed	CY 2025 Final vs CY 2026 Propose d \$	CY 2025 Final vs CY 2026 Propose d %
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	\$262	(\$28)	-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	\$811	(\$86)	-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	\$262	(\$28)	-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	1%	\$79	\$80	\$1	1%
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)										

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Physician Fee Schedule (PFS) CY 2025 Final vs CY 2026 Proposed										
			FACILITY RATE				OFFICE RATE			
CPT®	Modifi er	CPT® Description	CY 2025 Final	CY 2026 Propo sed	CY 2025 Final vs CY 2026 Propose d \$	CY 2025 Final vs CY 2026 Proposed %	CY 2025 Final	CY 2026 Propo sed	CY 2025 Final vs CY 2026 Propose d \$	CY 2025 Final vs CY 2026 Propose d %
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	\$193	(\$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%

Data Sources:
2025 National Physician Fee Schedule RVU File – July Release
Addendum B – RVU & Related Information Used in CY 2026 Proposed Rule

Legend

Greater than -10% decrease

Between -5% to -10% decrease

Between 5% to 10% increase

Greater than 10% increase