



Medtronic

2026 updates and changes to Medicare hospital inpatient (IPPS), outpatient (OPPS), ambulatory surgical center (ASC), and physician (MPFS) fee schedules

Cardiac rhythm management and cardiac catheter ablations

(Based on Final Rules)

January 2026

Medtronic Health Economics, Policy, and Reimbursement

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Cardiac rhythm management + cardiac ablation solutions

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Support team**

Email:
rs.healthcareeconomics@medtronic.com

Phone:
866-877-4102
(8 a.m.-5 p.m. CT, M-F)

Pacemakers

Defibrillators

Patient monitoring

Cardiac catheter ablations

Cardiac diagnostic services

Mechanical circulatory support



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Medicare 2026 IPPS national reimbursement summary & rates

Executive summary, Final Rule

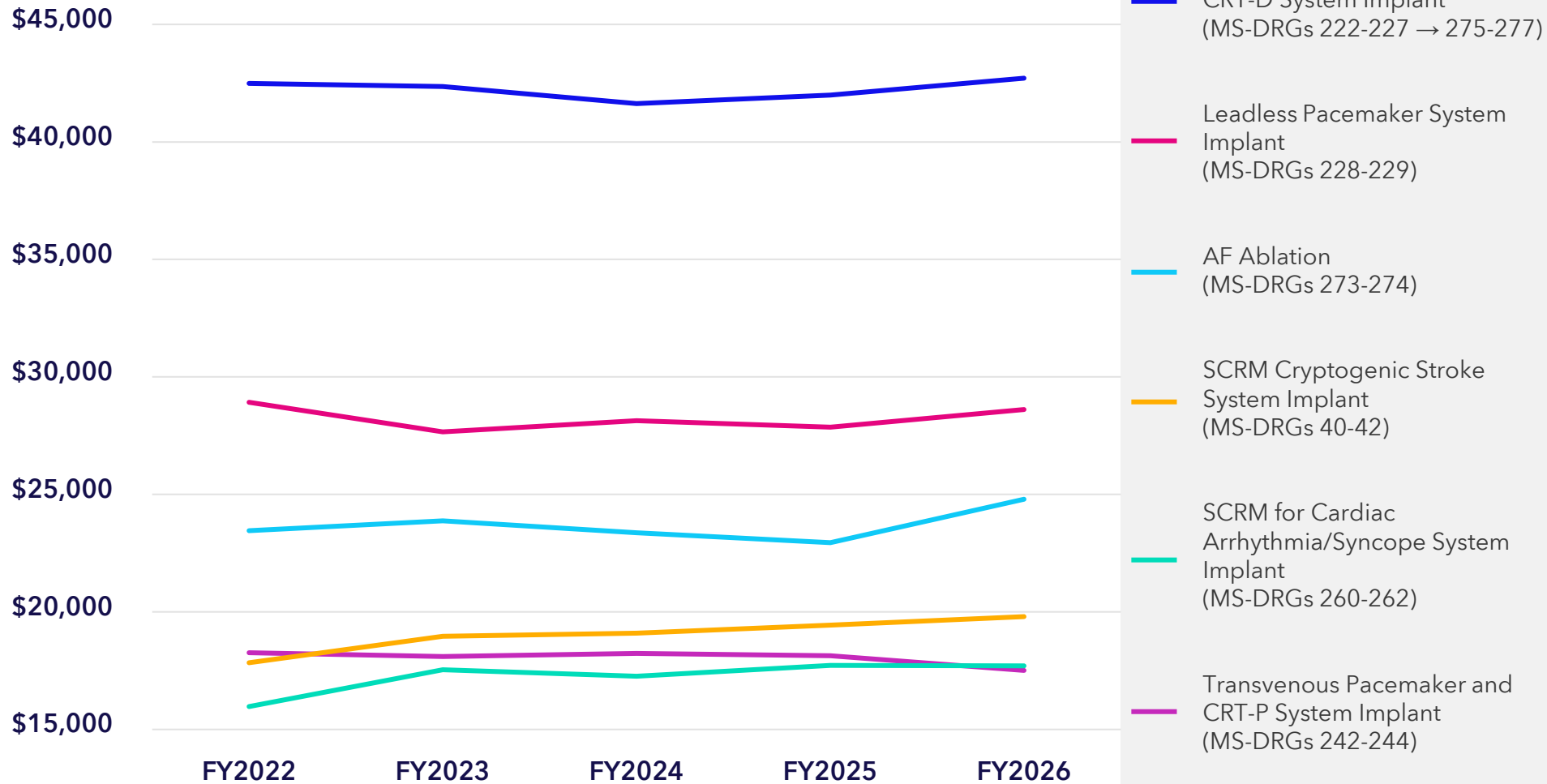
National average Medicare rates over time

CMS MS-DRG Payments 2022-2026

This summary includes the national volume-weighted average rates across relevant MS-DRGs representing these procedures and the corresponding changes over time, from Federal Fiscal Year 2022 - 2026. Most categories show stable or gradually increasing reimbursement rates over the five-year period, with the exception of Transvenous Pacemaker and CRT-P System Implants, which display a modest decline, and AF Ablation, which sees a notable increase in 2026.



Click or scan the QR code for the Medtronic CRM IPPS summary



FY 2026 IPPS Final Rule Home Page | CMS. Cms.gov. Published July 31, 2025. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ippss-final-rule-home-page>. Rates shown reflect the unadjusted IPPS payment rates. Actual reimbursement may vary based on hospital-specific factors, such as wage index, geographic adjustments, and other CMS payment modifiers. MS-DRG series 222-227 was replaced with 275-277 in FY2024 Medicare IPPS Final Rule.

Medicare hospital **inpatient** rate changes

2025 to 2026 summary

This highlights the percent of change in payment for major cardiac rhythm management, cardiac catheter ablation, and cardiac diagnostic service procedures between the IPPS 2025 payment year and 2026 payment year. This is a blend of all MS-DRGs associated with the typical case for the procedures listed. The following pages will walk through MS-DRG-specific changes. For information on which procedures fall into these MS-DRGs, please contact Medtronic reimbursement customer support.

Transvenous pacemakers
& CRT-P systems **-3.5%**

Leadless pacemakers **1.5%**

ICD / EV-ICD /
CRT-D system **1.4%**

Cardiac catheter ablations **7.7%**

Ventricular assist devices **1.9%**

Subcutaneous cardiac
rhythm monitors **-0.2%**
(arrhythmia & syncope)

2.0%
(stroke)

FY 2026 IPPS Final Rule Home Page | CMS. Cms.gov. Published July 31, 2025. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ipp-pps-final-rule-home-page>. Rates shown reflect the unadjusted IPPS payment rates. Actual reimbursement may vary based on hospital-specific factors, such as wage index, geographic adjustments, and other CMS payment modifiers. Rates represent the volume-weighted average rates across relevant DRGs representing these procedures.

Phase out of the Inpatient Only list

Inpatient Only (IPO) List

Identifies procedures that can only be performed in the inpatient setting due to their potential complications, infection, or other risks and concerns.

Reasoning

Gives providers greater flexibility to use their best clinical judgement for patient care, including the most appropriate setting for care, and potentially lowering costs for beneficiaries. Evolving medical practices and technology have made more complex procedures safely performable in outpatient settings.

Timeline

Three-year phase out period began January 1st, 2026 and will be conclude January 1st, 2028.

2026 codes

Approximately 285 codes, mostly musculoskeletal procedures, have been removed from the IPO and moved to Ambulatory Payment Classifications (APCs) for outpatient payment for 2026.

2026 updates for Medicare OPPS fee schedule

Executive summary, Final Rule

Medicare hospital **outpatient** rate changes

2025 to 2026 summary

This highlights the percent of change in payment for major cardiac rhythm and heart failure, and cardiac catheter ablation therapies between OPPS 2025 payment year and 2026 payment year. This is the payment rate of all the major APC associated with the typical case for the procedures below. The appendix will walk you through APC-specific changes. For information on which procedures will fall into these categories for purposes of this summary, please contact Medtronic reimbursement customer support team.

ICD / EV-ICD / CRT-D system	0.0%	CRT-P system	3.2%
Single chamber VR leadless pacemakers	3.2%	Cardiac ablation procedures	8.9%
Transvenous pacemakers	2.0%	Subcutaneous cardiac rhythm monitors	2.2%

OPPS 2026 Final Rule CMS-1834-FC | CMS. Cms.gov. Published November 21, 2025. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1834-fc>. Rates shown reflect the unadjusted OPPS payment rates. Actual reimbursement may vary based on hospital-specific factors, such as wage index, geographic adjustments, and other CMS payment modifiers.

2026 updates for ASC fee schedule

Executive summary, Final Rule

Comprehensive change in CPL inclusion criteria

As of January 1, 2026, CMS revised Covered Procedure List (CPL) criteria by eliminating general exclusion standards and reframing them as **“nonbinding physician considerations for patient safety”**

Inclusionary criteria

Is eligible to be reimbursed and separately paid under OPPS

Is reported by CPT codes in the 10000-69999 surgical procedure range; OR
The procedure can directly crosswalk to a code in this range or is clinically similar

Does not pose a significant safety risk

Does not require an overnight stay

Does not require active medical monitoring

Eliminated
criteria

Physician considerations

Results in extensive blood loss

Requires major invasion of body cavity

Directly involves major blood vessels

Generally emergent/life-threatening

Commonly require systemic thrombolytic therapy

OPPS 2026 Final Rule CMS-1834-FC | CMS. Cms.gov. Published November 21, 2025. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1834-fc>. Rates shown reflect the unadjusted OPPS payment rates. Actual reimbursement may vary based on hospital-specific factors, such as wage index, geographic adjustments, and other CMS payment modifiers.

Updates to the ASC CPL¹

Covered procedures list

A list of surgical procedures and ancillary services that are eligible for Medicare payment in an Ambulatory Surgery Center.

Codes in **cardiac rhythm** & **catheter ablation** that were added to ASC[†] CPL

CPT Code ²	Description
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction
93653	SVT ablation and comprehensive EPS
93655	Additional catheter ablation of discrete mechanism
93656	PVI ablation for AF with TS puncture and comprehensive EPS
93657	Additional linear or focal ablation of LA or RA for treatment of remaining AF after PVI

† Private payers may have their own place of service guidelines for coverage.

¹ Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS). Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems. Final rule with comment period. Fed Regist. 2025;90(42):1-1200. Table 131: Final Additions to the List of ASC Covered Procedures for CY 2026; 1068.

² CPT codes and descriptions only are copyright ©2025 American Medical Association. All rights reserved. No fee schedules are included in CPT. The American Medical Association assumes no liability for data contained or not contained herein.

Leadless pacemakers in the ASC



While leadless pacemaker procedures **are included on the ASC covered procedure list**, CMS specifies in Transmittal 3815, Change Request 10117, these procedures can only be performed in inpatient and outpatient hospital locations.



Leadless pacemaker procedures **are not reimbursed** in the ASC setting by Medicare.¹ Some commercial payers may provide reimbursement.

Resources

- ✓ [Reimbursement guide: Micra leadless pacemakers](#)
- ✓ [Medicare billing instruction for Micra leadless pacemakers](#)
- ✓ [Coding and Payment Guide: Ambulatory Surgery Center](#)
- ✓ [Prior Authorization resources for Micra leadless pacemakers](#)

¹ Centers for Medicare and Medicaid Services. Medicare Claims Processing Manual 100-04, Transmittal 3815. National Coverage Determination (NCD20.8.4): Leadless Pacemakers. Available at: <https://www.cms.gov/Regulations-andGuidance/Guidance/Transmittals/2017Downloads/R3815CP.pdf> Accessed on January 7, 2025.

CRT-P in the ASC

As of January 1st, 2023, a new ASC special payment policy went into effect for OPPS complexity adjusted APC procedure combinations which includes the following:

- CRT-Ps are included in this new payment policy
- New combination codes created for applicable procedures
- Codes C7537-C7540 were created for CRT-P system procedures

Why?

ASCs could not adopt the OPPS payment system of comprehensive payments for combined procedures. The new payment policy increases the payment for these procedures when reported with these new codes that combine the primary procedure and add-on code into a single code.

Medicare hospital ASC rate changes

2025 to 2026 summary

This highlights the percent of change in payment for major cardiac rhythm and heart failure, and cardiac catheter ablation therapies between MPFS 2025 payment year and 2026 payment year. This is the payment rate of all the major ASC HCPCS National Payment Rate associated with the typical case for the procedures below. The appendix will walk you through APC-specific changes. For information on which procedures will fall into these categories for purposes of this summary, please contact Medtronic reimbursement customer support team.

ICD / CRT-D system	-0.6%	Cardiac ablation procedures	N/A [†]
CRT-P system	2.2%	Subcutaneous cardiac rhythm monitors	2.1%
Transvenous pacemakers	0.6%		

† First year of approval in ASC

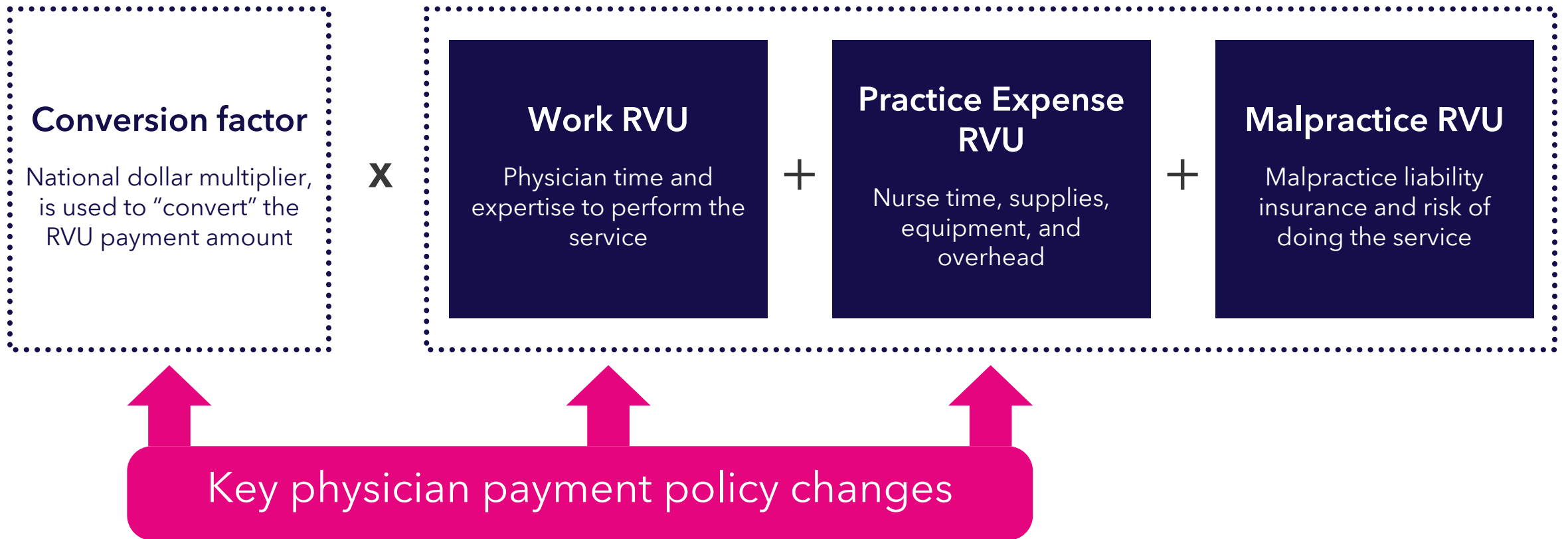
ASC 2026 Final Rule CMS-1834-FC | CMS. Cms.gov. Published November 21, 2025. <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and-notice/cms-1834-fc>. Rates shown reflect the unadjusted ASC payment rates. Actual reimbursement may vary based on hospital-specific factors, such as wage index, geographic adjustments, and other CMS payment modifiers.

2026 updates for Medicare physician fee schedule

Executive summary, Final Rule

Physician office payment is based on a formula, not direct costs

The Medicare physician payment amount is primarily a function of key factors as well as geographic factors.



Key physician payment policy changes

Conversion factors

CMS finalized new conversion factors for the 2026 Medicare Physician Fee Schedule:

- **\$33.5675** for **qualifying** alternative payment model (APM) participants (+3.77%)
- **\$33.4009** for **non-qualifying** APM participants (+3.26%)

Why?

The two conversion factors are **required by law**. The update reflects a 2.5% boost from the One Big Beautiful Bill Act and results from other policy changes that lower payments for many services, allowing overall rates to rise.

Key physician payment policy changes

Efficiency adjustment to work RVUs

CMS implemented an efficiency adjustment to most non-time-based codes in the PFS **decreasing the work RVU** and **intra-service time by 2.5%**.

CMS exempted certain services including:

- Newly created codes for CY 2026
- CMS telehealth list codes
- Time-based codes

Why?

This change was to recognize **providers becoming more efficient completing procedures over time**. As not all codes are revalued regularly, CMS believes these proficiencies have not been reflected in the time and work RVUs. The adjustment is based on a five-year review of productivity trends (Medicare Economic Index) and will be recalculated every three years.

Key physician payment policy changes

Facility based services

CMS revised how it pays for indirect practice expense (PE) for **facility-based services**. For 2026, the portion of indirect PE RVUs for hospital services will be **reduced by 50%**.

This resulted in approximately a 10% reduction in total RVUs for facility-based procedures.

Why?

With more physicians employed by hospitals, CMS believes **hospitals now cover many indirect costs** previously attributed to physician practices.

Medicare physician fee schedule rate changes

2025 to 2026 summary

This highlights the percent of change in payment for our cardiac therapy procedures between the Medicare Physician Fee Schedule 2025 payment year and 2026 payment year. For information on which procedures will fall into these categories for purposes of this summary, please contact Medicare reimbursement customer support team. The rates below reflect an average decrease across the CPTs within that therapy (for insertion/implantation.)

ICD system	-8.4%	Leadless pacemakers	-8.1%
CRT-D system	-10.1%	Transvenous pacemaker system	-7.9%
Subcutaneous cardiac rhythm monitors	-9.2% (Facility)	CRT-P system	-10.1%
	5.6% (Non-facility)	Cardiac ablation procedures	-10.0%

PFS 2026 Final Rule CMS-1832-F | CMS. Cms.gov. Published October 31, 2025. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1832-f>. Local physician rates will vary based on location specific factors not reflected in this document.

Coding reminders and updates

Conduction System Pacing (CSP) coding

Click or scan the QR code for the Medtronic resource



What is Conduction System Pacing (CSP)?

Traditionally, a lead intended for right ventricular pacing is placed at the right ventricular (RV) apex.

With conduction system pacing (CSP), a lead intended for RV pacing is placed at the His-bundle (HB) or in the left bundle branch (LBB) area to replicate the patient's intrinsic rhythm.

33206	Single chamber pacemaker implant, LBBAP or HBP. Lead in the RA.
33207	Single chamber pacemaker implant, LBBAP or HBP. Lead in the RV.
33208	Dual chamber pacemaker implant, LBBAP or HBP. Lead in the RA and RV.

EV-ICD Coverage update

Clarification to coverage

- ❑ EV-ICD has **always been covered** under NCD 20.4 Implantable Cardiac Defibrillators (ICDs).
- ❑ CMS transmittal 13483 added CPT codes 0571T-0614T as **specifically payable under NCD 20.4**.
- ❑ This information is also reference in MLN Matters MM14253. Referencing the update has also been added to the Medicare Claims Processing Manual, Chapter 32, section 270.
- ❑ This change is effective April 1st, 2026, and is retroactive back to FDA approval date of **October 20th, 2023**.
- ❑ You will need to bring any denied claims back to your MAC for adjustment. **The MAC is not going to search for the denied claims for you.**

New online Medicare Advantage complaints form

CMS implemented an online form for providers to submit **complaints regarding Medicare Advantage plans**. All provider complaints should be submitted using the form effective Jan. 5, 2026.

The form requests basic information about the complainant, beneficiary, provider, the Medicare Advantage plan and a complaint summary and provides optional fields for dates of service and the claim number.

Upon submission, the complaints will be collected into Health Plan Management System (HPMS) Complaints Tracking Module to be reviewed and assessed by CMS

Provider Complaints Form

Complaint information

Complainant First Name (Required)

Complainant Last Name (Required)

Complainant Telephone Number (Required)

Example: 000-000-0000

Complainant State (Required)



Scan the QR code for the CMS form

https://www.cms.gov/medicare/health-drug-plans/provider-complaints-form?mkt_tok=NzEwLVpMTC02NTEAAAGfObh5dS6xBi02TvoF9w4KZ5I-2tdX_mXZkg_RLebTMwI7YFSTx-L4Lk69gYKpwsqboCVM08rW_V5Sz47UVWSupjhrEXINavhmgBjMZLti5zGaBNw

Additional resources

Medtronic economic resources

Cardiac rhythm management and cardiac ablation solutions

Consult with [Regional Economic Managers](#) to access best-in-class healthcare economic tools and resources



U.S. reimbursement, health policy, and payment reform



Procedure and service line economics



Disease state economics



Economic value of Medtronic technology



Value-based healthcare partnerships



Local market assessments

Reimbursement customer support

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- › Sample prior authorization letters
- › Sample pre-service appeal letters
- › Summary of guidelines and key evidence

Reveal LINQ™ and LINQ II™ prior authorization resources



Micra™ leadless pacemaker prior authorization resources



Click on the document title or scan the QR code for the Medtronic resource

Aurora EV-ICD™ system prior authorization resources



www.Medtronic.com/CRHFreimbursement

C-code finder

Medtronic 75

REIMBURSEMENT

C-code finder

Search for C-codes

Medicare provides C-codes, a type of HCPCS II code, for hospital use in billing Medicare for some medical devices and supplies in the hospital outpatient setting. The C-code finder is a database of commonly used Medtronic products and their corresponding C-codes.

The objective of this information is to provide Medtronic customers with resources to assist with C-coding for our devices.

Medtronic provides this information for your convenience only. Information provided is gathered from third-party sources and is subject to change without notice due to frequently changing billing mechanisms. Medtronic makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare or other payers as to the correct form of billing or the amount that will be paid to providers of service. The provider has the responsibility to determine medical necessity and to submit appropriate codes for care provided. Please contact your Medicare contractor, other payers, reimbursement specialists and/or legal counsel for interpretation of coding policies.

This document provides assistance for FDA approved or cleared indications. Where reimbursement is sought for use of a product that may be inconsistent with, or not expressly specified in, the FDA cleared or approved labeling (e.g., instructions for use, operator's manual or package insert), consult with your billing advisors or payers on handling such billing issues.

Search on model number, product name, C-code, C-code description, or product category. Add an asterisk (*) to the end of a partial number or search term to find all potential matches.

Q Search for C-codes

Looking for other HCPCS resources? Find them here.

- [Medical surgical HCPCS billing and coding guide](#)
- [Spine C-code HCPCS Level II coding guide](#)



www.Medtronic.com/c-code



Stay updated

We have improved our cardiac rhythm management and cardiac catheter ablation reimbursement website.

In order to continue to receive up-to-date information about upcoming reimbursement educational opportunities, please complete the email sign up form linked below.

Stay updated.

Sign up to receive information about upcoming CRM and CAS reimbursement education opportunities.

[Sign up](#)

Sign up here: [Medtronic CRM and CAS reimbursement website](#)

The link is at the bottom of the webpage.



Click or scan the QR code for the Medtronic resource

References

2026 Medicare IPPS, OPSS, ASC, & MPFS updates & changes

Brief statement(s)

Brief Statement for Aurora EV-ICD™ MRI SureScan™ System and Associated Tunneling Tools

Indications

Device: The Aurora EV-ICD™ MRI SureScan™ Model DVEA3E4 device is indicated for the automated treatment of patients who have experienced, or are at significant risk of developing, life-threatening ventricular tachyarrhythmias through the delivery of antitachycardia pacing, cardioversion, and defibrillation therapies. Medical conditions that may indicate a patient for an EV-ICD for primary or secondary prevention of sudden cardiac death due to life-threatening ventricular tachyarrhythmias include: previous ventricular tachyarrhythmias, coronary disease with left ventricular dysfunction, cardiomyopathy, inherited primary arrhythmia syndromes, and congenital heart disease.

Note: For patient-specific recommendations regarding indications for primary and secondary prevention of sudden cardiac death, refer to current clinical guidelines from the European Society of Cardiology (ESC), American Heart Association (AHA), American College of Cardiology (ACC), and Heart Rhythm Society (HRS).

Lead: The Epsila EV™ MRI SureScan™ Model EV2401 extravascular lead is indicated for use in the anterior mediastinum for pacing therapies, cardioversion, and defibrillation when an extravascular implantable cardioverter defibrillator is indicated to treat patients who have experienced, or are at significant risk of developing, life-threatening ventricular tachyarrhythmias.

Tunneling Tools: The Epsila EV™ Model EAZ101 sternal tunneling tool is indicated for use in the implant of a compatible anterior mediastinum defibrillation lead.

The Epsila EV™ Model EAZ201 transverse tunneling tool is indicated for use in the implant of a compatible anterior mediastinum defibrillation lead.

MR Conditions for Use

The Aurora EV-ICD MRI SureScan system is MR Conditional and, as such, is designed to allow patients to be safely scanned by an MRI machine when used according to the specified MR conditions for use. A complete SureScan system is required for use in the MR environment. Before performing an MR scan, refer to the MRI technical manual for MRI-specific warnings and precautions. When programmed to On, the MRI SureScan feature allows the patient to be safely scanned. A complete SureScan system includes a SureScan extravascular ICD device (Model DVEA3E4) with a SureScan extravascular lead (Model EV2401). To verify that components are part of a SureScan system, visit <http://www.mrisurescan.com>. Any other combination may result in a hazard to the patient during an MRI scan.

Contraindications

The Aurora EV-ICD MRI SureScan Model DVEA3E4 device is contraindicated for use in the following situations:

If implanted with a unipolar pacemaker, a device delivering dual-chamber or triple-chamber pacing, and/or a device delivering antitachyarrhythmia therapies

If incessant ventricular tachycardia (VT) or ventricular fibrillation (VF) exists

If the patient's primary disorder is chronic atrial tachyarrhythmia with no concomitant VT or VF

If symptomatic bradycardia exists

If tachyarrhythmias with transient or reversible causes exist

The Epsila EV MRI SureScan Model EV2401 lead is contraindicated for any application that is not specified in the Indications.

The Epsila EV Model EAZ101 sternal tunneling tool is contraindicated for use in patients with a prior sternotomy.

The Epsila EV Model EAZ201 transverse tunneling tool is contraindicated for any application that is not specified in the Indications.

2026 Medicare IPPS, OPSS, ASC, & MPFS updates & changes

Brief statement(s)

Brief Statement for Aurora EV-ICD™ MRI SureScan™ System and Associated Tunneling Tools

Warnings and Precautions

Device and Lead: It is important to read the Aurora EV-ICD MRI Technical Manual before conducting an MRI scan on a patient with an implanted SureScan system. The MRI SureScan feature permits a mode of operation that allows a patient with a SureScan system to be safely scanned by an MRI machine. When programmed to On, MRI SureScan operation disables arrhythmia detection and all user-defined diagnostics. Do not scan a patient without first programming the MRI SureScan mode to On. Scanning the patient without programming the MRI SureScan mode On may result in patient harm or damage to the SureScan system.

Patients and their implanted systems must be screened to meet the following requirements for MRI: no implanted lead extenders, lead adaptors or abandoned leads present; no broken leads or leads with intermittent electrical contact as confirmed by lead impedance history; and the Sure Scan device must be operating within the projected service life; the device does not provide pacing therapy when SureScan mode is programmed On. Do not scan pacemaker-dependent patients. MRI scans during the lead maturation period have not been prospectively studied by Medtronic and are not recommended. If scanning a patient with multiple devices, ensure all devices meet the MRI labeling conditions.

Use only the Epsilon EV MRI SureScan Model EV2401 extravascular lead with a Medtronic EV4 implantable cardioverter defibrillator system. The known potential adverse consequences of using any other combination may include undersensing of cardiac activity, failure to deliver necessary therapy, or an intermittent electrical connection. All can present serious risks for adverse events to the patient. The EV4 connector is a Medtronic proprietary design, not an industry standard. No claims of safety and efficacy can be made with regard to devices that are not labeled as EV4 by Medtronic.

Pre-implant consideration for concomitant implant with a neurostimulator and cardiac device implants: Some patients have medical conditions that require the implant of both a neurostimulator and a cardiac device (for example, a pacemaker, a defibrillator, or a monitor). In this case, physicians involved with either device should contact Medtronic Technical Services or their Medtronic representative before implanting the patient with the second device. Based on the particular devices that the physicians have prescribed, Medtronic can provide the necessary precautions and warnings related to the implant procedure.

Use of the DVEA3E4 device has not been evaluated in patients who have undergone a prior sternotomy.

The DVEA3E4 device has not been tested specifically for pediatric use.

Use of the EV2401 lead has not been evaluated in patients who have undergone a prior sternotomy. Performing a sternotomy on a patient with an implanted lead has not been evaluated.

Do not implant the EV2401 lead using any tools other than the Medtronic tunneling tools designed for implanting the extravascular ICD system.

Tunneling Tools: The tunneling tools have not been tested for use with non-Medtronic products or for pediatric use.

Use of the EAZZ01 transverse tunneling tool have not been evaluated in patients who have undergone a prior sternotomy.

Potential Adverse Events

Implant and usage of this system may result in adverse events, which may lead to injury, death, or other serious adverse reactions. Potential adverse events include, but are not limited to acute tissue trauma, allergic reaction, bradyarrhythmia, cardiac arrest, cardiac inflammation, cardiac perforation, cardiac tamponade, death, device migration, discomfort, dizziness, dyspnea, erosion, extracardiac stimulation, fever, hematoma, hemorrhage, hemothorax, hiccups, hospitalization, inappropriate shock, infection, insulation failure, lead abrasion, lead fracture, lead migration or dislodgement, lethargy, mental anguish, organ damage (liver, mammary arteries, diaphragmatic arteries), pain, palpitations, pericardial effusion, pericarditis, pneumothorax, return of cardiac symptoms, seroma, syncope, tachyarrhythmia, toxic reaction, and wound dehiscence.

Potential MRI adverse events include the following: lead electrode heating resulting in tissue damage near the lead electrodes or patient discomfort or both; spontaneous tachyarrhythmia occurring during the scan that is not detected and treated because tachyarrhythmia detection is suspended while MRI SureScan mode is programmed to On; device heating resulting in tissue damage in the implant pocket or patient discomfort or both; MR-induced muscle stimulation resulting in patient discomfort; damage to the device or lead causing the system to fail to detect or treat irregular heartbeats or causing the system to treat the patient's condition incorrectly; damage to the functionality or mechanical integrity of the device resulting in the inability of the device to communicate with the programmer; and movement or vibration of the device or leads resulting in dislodgment.

See the Aurora EV-ICD MRI SureScan technical manual before performing an MRI Scan, and the device, lead and tunneling tools manuals for detailed information regarding the implant procedure, indications, contraindications, warnings, precautions, and potential complications/adverse events. Refer to the Medtronic Manual Library website www.medtronic.com/manuals. For further information, please call Medtronic at 1-800-328-2518 and/or consult Medtronic's website at www.medtronic.com or www.mrisurescan.com.

Caution: Federal law (USA) restricts these devices to sale by or on the order of a physician

2026 Medicare IPPS, OPSS, ASC, & MPFS updates & changes

Brief statement(s)

Brief Statement

Combined Micra™ VR2 and Micra™ AV2 Indications (or Intended Use)

Micra VR2 Model MC2VR01 is indicated for use in patients who have experienced one or more of the following conditions:

- paroxysmal or permanent high-grade AV block in the presence of AF
- paroxysmal or permanent high-grade AV block in the absence of AF, as an alternative to dual chamber pacing, when a dual-chamber transvenous pacing system is considered difficult, high risk, or not deemed necessary for effective therapy
- symptomatic bradycardia-tachycardia syndrome or sinus node dysfunction (sinus bradycardia or sinus pauses), as an alternative to atrial or dual chamber pacing, when a dual-chamber transvenous pacing system is considered difficult, high risk, or not deemed necessary for effective therapy

Rate-responsive pacing is indicated to provide increased heart rate appropriate to increasing levels of activity.

The device is designed to be used only in the right ventricle.

Micra AV2 Model MC2AVR1 is indicated for VDD pacing in patients when a dual chamber transvenous pacing system is considered a poor option or not deemed necessary for effective therapy, and when a right ventricular transcatheter pacing system promoting AV synchrony at rest is acceptable. Conditions when a patient is considered a poor candidate for transvenous pacing may include, but are not limited to, tortuous anatomy, a need to preserve venous access, or increased risk of infection. The device provides AV synchrony at rest and rate responsive

(VVIR) pacing during periods of high patient activity.

Device-mediated AV synchrony can vary depending on patient condition and activity levels, and it can be limited at high sinus rates. During periods of intermittent AV synchrony, the device will provide ventricular pacing support with an increased potential for pacing rate variability. Micra AV2 is indicated for use in patients who have experienced one of the following:

- Paroxysmal or permanent high-grade AV block in the absence of AF
- Paroxysmal or permanent high-grade AV block in the presence of paroxysmal AF
- Paroxysmal or permanent high-grade AV block in the presence of persistent AF when attempts at restoring sinus rhythm are still planned

The device is designed to be used only in the right ventricle.

Contraindications

Micra VR2 Model MC2VR01 and Micra AV2 Model MC2AVR1 are contraindicated for patients who have the following types of medical devices implanted: an implanted device that would interfere with the implant of the Micra device in the judgment of the implanting physician, an implanted inferior vena cava filter, a mechanical tricuspid valve, or an implanted cardiac device providing active cardiac therapy that may interfere with the sensing performance of the Micra device.

The device is contraindicated for patients who have the following conditions: femoral venous anatomy unable to accommodate a 7.8 mm (23 French) introducer sheath or implant on the right side of the heart (for example, due to obstructions or severe tortuosity), morbid obesity that prevents the implanted device from obtaining telemetry communication within ≤12.5 cm (4.9 in), or known intolerance to the materials listed in the Instruction for Use, or to heparin, or sensitivity to contrast

Warnings and Precautions

End of Service (EOS) – When the EOS condition is met, the clinician has the option of permanently programming the device to Off and leaving it in the heart, or retrieving the device, provided the device has not yet become encapsulated. Removal of the Micra device after it has become encapsulated may be difficult because of the development of fibrotic tissue. If removal of the device is required, it is recommended that the removal be performed by a clinician who has expertise in the removal of implanted leads.

MRI conditions for use – Before an MRI scan is performed on a patient implanted with the Micra device, the cardiology and radiology professionals involved in this procedure must understand the requirements specific to their tasks as defined in the device manuals.

Rate-responsive mode may not be appropriate for patients who cannot tolerate pacing rates above the programmed Lower Rate. The patient's age and medical condition should be considered by physicians and patients as they select the pacing system, mode of operation, and implant technique best suited to the individual.

Precautions should be taken before administering anticoagulant agents, antiplatelet agents, or contrast media in patients with known hypersensitivity to these agents.

The use of deactivated Micra devices in situ and an active Micra device, or an active transvenous pacemaker or defibrillator, has not been clinically tested to determine whether EMI or physical interaction is clinically significant. Bench testing supports that implantation of an active Micra device, or an active transvenous pacemaker or defibrillator, next to an inactivated Micra device is unlikely to cause EMI or physical interaction. Post-approval studies are planned to characterize risks of co-implanted, deactivated Micra devices. Currently recommended end of device life care for a Micra device may include the addition of a replacement device with or without explanation of the Micra device, which should be turned off.

For Micra AV2 Model MC2AVR1, patient activities and environments which present mechanical vibrations to the patient can interfere with the mechanical sensing of atrial contractions. This can result in a loss of AV synchrony.

Potential Adverse Events or Potential Complications

Potential complications include, but are not limited to, toxic/allergic reaction, oversensing, pacemaker syndrome, cardiac arrest, necrosis, and surgical complications such as cardiac perforation, pericardial effusion, cardiac tamponade, device embolization, hematoma, AV fistula, vessel dissection, infection, cardiac inflammation, and thrombosis.

See the device manuals for detailed information regarding the implant procedure, indications, contraindications, warnings, precautions, MRI conditions for use, and potential complications/ adverse events.

For further information, please call Medtronic at 800-328-2518 and/or consult the Medtronic website at medtronic.com.

Caution: Federal law (USA) restricts these devices to sale by or on the order of a physician.

2026 Medicare IPPS, OPSS, ASC, & MPFS updates & changes

References

CPT Reference:

CPT Copyright © 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to government use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for the data contained or not contained herein.

IPPS Rate Reference:

FY 2026 IPPS Final Rule Home Page | CMS. Cms.gov. Published July 31, 2025. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ippss-final-rule-home-page>
Rates shown reflect the unadjusted IPPS payment rates. Actual reimbursement may vary based on hospital-specific factors, such as wage index, geographic adjustments, and other CMS payment modifiers.

OPSS Rate Reference:

OPSS 2026 Final Rule CMS-1834-FC | CMS. Cms.gov. Published November 21, 2025. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc>
Rates shown reflect the unadjusted OPSS payment rates. Actual reimbursement may vary based on hospital-specific factors, such as wage index, geographic adjustments, and other CMS payment modifiers.

ASC Rate Reference:

ASC 2026 Final Rule CMS-1834-FC | CMS. Cms.gov. Published November 21, 2025. <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and-notices/cms-1834-fc>
Rates shown reflect the unadjusted ASC payment rates. Actual reimbursement may vary based on hospital-specific factors, such as wage index, geographic adjustments, and other CMS payment modifiers.

MPFS Rate Reference:

PFS 2026 Final Rule CMS-1832-F | CMS. Cms.gov. Published October 31, 2025. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-f>
Local physician rates will vary based on location specific factors not reflected in this document.

Centers for Medicare and Medicaid Services. Hospital Outpatient Regulations and Notices. cms.gov. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices> Accessed January 22, 2026.

Hospital specific rates will vary based on various hospital-specific factors not reflected in this document and CMS may make adjustments to any or all of the data inputs from time to time

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Appendix

Resource links



[CMS FY2025 IPPS Final Rule Home Page](#)



[CMS Coverage Policies: MCD Search](#)



[CMS ICD-10-CM/PCS MS-DRG v42.0 Definitions Manual](#)



Rate appendix

OPPS/MPFS rates based on Final Rule

Medicare outpatient 2025 vs 2026 national average payment

Select pacemaker procedures

CPT® Code	Description	2026 SI	Final 2025 APC	Final 2025 OPPS payment	Final 2026 APC	Final 2026 OPPS payment	\$ change	% change
Insertion permanent transvenous pacemaker system								
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	J1	5223	\$10,465	5223	\$10,678	\$213	2.04%
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	J1	5223	\$10,465	5223	\$10,678	\$213	2.04%
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	J1	5223	\$10,465	5223	\$10,678	\$213	2.04%
Upgrade a single pacemaker to a dual pacemaker								
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	J1	5223	\$10,465	5223	\$10,678	\$213	2.04%
Leadless permanent pacemaker procedures								
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (e.g., fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed	J1	5224	\$19,071	5224	\$19,679	\$608	3.19%

2025 OPPS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1809-fc>

2026 OPPS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1834-fc>

Medicare outpatient 2025 vs 2026 national average payment

Select pacemaker procedures (continued)

CPT® Code	Description	2026 SI	Final 2025 APC	Final 2025 OPPS payment	Final 2026 APC	Final 2026 OPPS payment	\$ change	% change
Pacemaker generator changeouts								
33227	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	J1	5222	\$8,276	5222	\$8,455	\$179	2.16%
33228	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	J1	5223	\$10,465	5223	\$10,678	\$213	2.04%
33229	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	J1	5224	\$19,071	5224	\$19,679	\$608	3.19%
Removal of permanent pacemaker generator only								
33233	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	Q2	5222	\$8,276	5222	\$8,455	\$179	2.16%
Leadless permanent pacemaker procedures								
33275	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (e.g., fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed	J1	5183	\$3,148	5183	\$3,226	\$78	2.49%

2025 OPPS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1809-fc>

2026 OPPS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1834-fc>

Medicare outpatient 2025 vs 2026 national average payment

Select implantable cardioverter defibrillator procedures

CPT® Code	Description	2026 SI	Final 2025 APC	Final 2025 OPPS payment	Final 2026 APC	Final 2026 OPPS payment	\$ change	% change
Insertion of permanent transvenous defibrillator system								
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	J1	5232	\$32,062	5232	\$32,069	\$7	0.02%
Insertion defibrillator generator only								
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	J1	5231	\$22,446	5231	\$22,725	\$279	1.24%
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	J1	5232	\$32,062	5232	\$32,069	\$7	0.02%
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	J1	5231	\$22,446	5231	\$22,725	\$279	1.24%
Removal defibrillator generator only								
33241	Removal of implantable defibrillator pulse generator only	Q2	5221	\$3,639	5221	\$3,818	\$179	4.91%

2025 OPPS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc>

2026 OPPS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc>

Medicare outpatient 2025 vs 2026 national average payment

Select implantable cardioverter defibrillator procedures (continued)

CPT® Code	Description	2026 SI	Final 2025 APC	Final 2025 OPPS payment	Final 2026 APC	Final 2026 OPPS payment	\$ change	% change
Defibrillator generator changeouts								
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	J1	5231	\$22,446	5231	\$22,725	\$279	1.24%
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	J1	5231	\$22,446	5231	\$22,725	\$279	1.24%
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	J1	5232	\$32,062	5232	\$32,069	\$7	0.02%

2025 OPPS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc>

2026 OPPS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc>

Medicare outpatient 2025 vs 2026 national average payment

Select implantable cardiovascular physiologic monitoring

CPT® Code	Description	2026 SI	Final 2025 APC	Final 2025 OPPS payment	Final 2026 APC	Final 2026 OPPS payment	\$ change	% change
Implantable cardiovascular physiologic monitoring - remote interrogation								
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	Q1	5741	\$37	5741	\$38	\$1	2.25%

2025 OPPS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1809-fc>

2026 OPPS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1834-fc>

Medicare outpatient 2025 vs 2026 national average payment

Select extravascular implantable cardioverter defibrillator (EV-ICD) procedures

CPT® Code	Description	2026 SI	Final 2025 APC	Final 2025 OPPS payment	Final 2026 APC	Final 2026 OPPS payment	\$ change	% change
Insertion of extravascular implantable cardioverter defibrillator								
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	J1	5232	\$32,062	5232	\$32,069	\$7	0.02%
0572T	Insertion of substernal implantable defibrillator electrode	J1	5222	\$8,276	5222	\$8,455	\$179	2.16%
Removal or repositioning of extravascular implantable cardioverter defibrillator electrode								
0573T	Removal of substernal implantable defibrillator electrode	Q2	5221	\$3,639	5221	\$3,818	\$179	4.91%
0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	Q2	5221	\$3,639	5221	\$3,818	\$179	4.91%

2025 OPSS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1809-fc>

2026 OPSS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1834-fc>

Medicare outpatient 2025 vs 2026 national average payment

Select cardiac resynchronization therapy procedures

CPT® Code	Description	2026 SI	Final 2025 APC	Final 2025 OPPS payment	Final 2026 APC	Final 2026 OPPS payment	\$ change	% change
CRT-P insertion								
33208	Insertion/replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular (dual chamber system)	J1	5224	\$19,071	5224	\$19,679	\$608	3.19%
+33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)							
CRT-D insertion								
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	J1	5232	\$32,062	5232	\$32,069	\$7	0.02%
+33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)							

2025 OPPS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc>

2026 OPPS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc>

Medicare outpatient 2025 vs 2026 national average payment

Select subcutaneous cardiac rhythm monitor procedures

CPT® Code	Description	2026 SI	Final 2025 APC	Final 2025 OPPS payment	Final 2026 APC	Final 2026 OPPS payment	\$ change	% change
Subcutaneous cardiac rhythm monitor procedures (includes loop records)								
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	J1	5222	\$8,276	5222	\$8,455	\$179	2.16%
33286	Removal, subcutaneous cardiac rhythm monitor	Q2	5071	\$704	5071	\$723	\$19	2.83%
Subcutaneous cardiac rhythm monitoring remote interrogation (includes loop recorders)								
93298	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	Q1	5741	\$37	5741	\$38	\$1	2.25%

2025 OPPS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc>

2026 OPPS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc>

Medicare outpatient 2025 vs 2026 national average payment

Select subcutaneous cardiac rhythm monitor procedures

CPT® Code	Description	2026 SI	Final 2025 APC	Final 2025 OPPS payment	Final 2026 APC	Final 2026 OPPS payment	\$ change	% change
Cardiac ablation procedures								
93656	Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation	J1	5213	\$24,532	5213	\$26,704	\$2,172	8.85%
+93655	Intracardiac catheter ablation of 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)	N	-	\$-	-	\$-	\$-	-
+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)	N	-	\$-	-	\$-	\$-	-

2025 OPSS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc>

2026 OPSS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc>

Medicare **MPFS** rates for select cardiac rhythm,
heart failure, cardiac catheter ablation
therapies, and cardiac diagnostic services

based on Final Rule

Medicare physician 2025 vs 2026 national average payment

Select pacemaker procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2025 total payment	2026 total payment	% change	2025 total payment	2026 total payment	% change
Insertion permanent transvenous pacemaker system								
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial		N/A	N/A	N/A	\$436	\$402	-7.78%
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular		N/A	N/A	N/A	\$458	\$422	-7.89%
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular		N/A	N/A	N/A	\$495	\$456	-7.88%
Leadless permanent pacemaker procedures								
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (e.g., fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed		N/A	N/A	N/A	\$456	\$420	-8.08%
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (e.g., fluoroscopy, venous ultrasound, ventriculography, femoral ventriculography), when performed		N/A	N/A	N/A	\$483	\$447	-7.33%

2025 PFS Final Rule CMS-1807-F release November 1, 2024. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1807-f>

2026 PFS Final Rule CMS-1832-F release October 31, 2025. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1832-f>

Medicare physician 2025 vs 2026 national average payment

Select pacemaker procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2025 total payment	2026 total payment	% change	2025 total payment	2026 total payment	% change
Removal permanent transvenous pacemaker system								
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system		N/A	N/A	N/A	\$325	\$302	-7.01%
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system		N/A	N/A	N/A	\$340	\$315	-7.34%
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system		N/A	N/A	N/A	\$357	\$330	-7.60%

2025 PFS Final Rule CMS-1807-F release November 1, 2024. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1807-f>

2026 PFS Final Rule CMS-1832-F release October 31, 2025. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1832-f>

Medicare physician 2025 vs 2026 national average payment

Select implantable cardioverter defibrillator procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2025 total payment	2026 total payment	% change	2025 total payment	2026 total payment	% change
Insertion of permanent transvenous defibrillator system								
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber		N/A	N/A	N/A	\$871	\$798	-8.40%
Insertion defibrillator generator only								
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads		N/A	N/A	N/A	\$358	\$333	-7.00%
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads		N/A	N/A	N/A	\$384	\$355	-7.45%
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead		N/A	N/A	N/A	\$345	\$320	-7.11%

2025 PFS Final Rule CMS-1807-F release November 1, 2024. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1807-f>

2026 PFS Final Rule CMS-1832-F release October 31, 2025. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1832-f>

Medicare **physician** 2025 vs 2026 national average payment

Select implantable cardioverter defibrillator procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2025 total payment	2026 total payment	% change	2025 total payment	2026 total payment	% change
Defibrillator generator change outs								
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system		N/A	N/A	N/A	\$356	\$329	-7.61%
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system		N/A	N/A	N/A	\$371	\$342	-7.64%
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system		N/A	N/A	N/A	\$386	\$355	-7.98%

2025 PFS Final Rule CMS-1807-F release November 1, 2024. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1807-f>

2026 PFS Final Rule CMS-1832-F release October 31, 2025. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1832-f>

Medicare **physician** 2025 vs 2026 national average payment

Select extravascular implantable cardioverter defibrillator (EV-ICD) procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2025 total payment	2026 total payment	% change	2025 total payment	2026 total payment	% change
Insertion of extravascular implantable cardioverter defibrillator								
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed							Contractor priced
0572T	Insertion of substernal implantable defibrillator electrode							Contractor priced
Removal or repositioning of extravascular implantable cardioverter defibrillator electrode								
0573T	Removal of substernal implantable defibrillator electrode							Contractor priced
0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode							Contractor priced

2025 PFS Final Rule CMS-1807-F release November 1, 2024. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1807-f>

2026 PFS Final Rule CMS-1832-F release October 31, 2025. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1832-f>

Medicare **physician** 2025 vs 2026 national average payment

Select extravascular implantable cardioverter defibrillator (EV-ICD) procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2025 total payment	2026 total payment	% change	2025 total payment	2026 total payment	% change
Extravascular cardioverter defibrillator generator change outs								
0580T	Removal of substernal implantable defibrillator pulse generator only		Contractor priced					
0614T	Removal and replacement of substernal implantable defibrillator pulse generator		Contractor priced					

2025 PFS Final Rule CMS-1807-F release November 1, 2024. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1807-f>

2026 PFS Final Rule CMS-1832-F release October 31, 2025. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1832-f>

Medicare physician 2025 vs 2026 national average payment

Select cardiac resynchronization therapy procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2025 total payment	2026 total payment	% change	2025 total payment	2026 total payment	% change
Insertion cardiac resynchronization therapy – pacemaker (CRT-P) system								
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial		N/A	N/A	N/A	\$458	\$422	-7.89%
+33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)		N/A	N/A	N/A	\$439	\$394	-10.07%
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular		N/A	N/A	N/A	\$495	\$456	-7.88%
+33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)		N/A	N/A	N/A	\$439	\$394	-10.07%

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Medicare physician 2025 vs 2026 national average payment

Select cardiac resynchronization therapy procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2025 total payment	2026 total payment	% change	2025 total payment	2026 total payment	% change
Insertion permanent transvenous defibrillator system								
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber		N/A	N/A	N/A	\$871	\$798	-8.40%
+33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)		N/A	N/A	N/A	\$439	\$394	-10.07%

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Medicare **physician** 2025 vs 2026 national average payment

Select subcutaneous cardiac rhythm monitor procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2025 total payment	2026 total payment	% change	2025 total payment	2026 total payment	% change
Subcutaneous cardiac rhythm monitor procedures (includes loop recorders)								
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming		\$3,804	\$4,016	5.56%	\$83	\$76	-9.15%
33286	Removal, subcutaneous cardiac rhythm monitor		\$124	\$129	4.07%	\$82	\$75	-8.58%

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Medicare physician 2025 vs 2026 national average payment

Select ventricular assist device procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2025 total payment	2026 total payment	% change	2025 total payment	2026 total payment	% change
Ventricular assist device procedures								
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle		N/A	N/A	N/A	\$1,841	\$1,768	-3.98%
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle		N/A	N/A	N/A	\$1,691	\$1,636	-3.22%
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass		N/A	N/A	N/A	\$1,841	\$1,781	-3.22%
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass		N/A	N/A	N/A	\$2,165	\$2,096	-3.17%

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Medicare physician 2025 vs 2026 national average payment

Select cardiac ablation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2025 total payment	2026 total payment	% change	2025 total payment	2026 total payment	% change
Cardiac ablation procedures								
+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)		N/A	N/A	N/A	\$290	\$261	-10.19%
93656	Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, when necessary, right ventricular pacing/recording when necessary, and His bundle recording, when necessary, with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation		N/A	N/A	N/A	\$897	\$807	-10.04%
+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)		N/A	N/A	N/A	\$291	\$261	-10.29%

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Medicare physician 2025 vs 2026 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2025 total payment	2026 total payment	% change	2025 total payment	2026 total payment	% change
Pacemaker device programming - in person								
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system in one cardiac chamber	Global	\$64	\$67	3.78%	N/A	N/A	N/A
		26	\$30	\$31	3.26%	\$30	\$31	3.26%
		TC	\$35	\$36	4.22%	N/A	N/A	N/A
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	Global	\$75	\$78	4.59%	N/A	N/A	N/A
		26	\$35	\$37	5.17%	\$35	\$37	5.17%
		TC	\$40	\$42	4.09%	N/A	N/A	N/A

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Medicare **physician** 2025 vs 2026 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2025 total payment	2026 total payment	% change	2025 total payment	2026 total payment	% change
Pacemaker device programming - in person								
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker	Global	\$80	\$83	3.68%	N/A	N/A	N/A
		26	\$39	\$41	4.11%	\$39	\$41	4.11%
		TC	\$41	\$42	3.26%	N/A	N/A	N/A
Pacemaker device interrogation - in person								
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	Global	\$47	\$48	3.26%	N/A	N/A	N/A
		26	\$17	\$17	3.26%	\$17	\$17	3.26%
		TC	\$30	\$31	3.26%	N/A	N/A	N/A

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Medicare **physician** 2025 vs 2026 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2025 total payment	2026 total payment	% change	2025 total payment	2026 total payment	% change
Pacemaker device interrogation - in person								
93288	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	Global	\$54	\$55	3.26%	N/A	N/A	N/A
		26	\$19	\$20	3.26%	\$19	20	3.26%
		TC	\$34	\$35	3.26%	N/A	N/A	N/A
Pacemaker device evaluation - remote								
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional		\$28	\$29	4.45%	\$28	\$29	4.45%

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Medicare physician 2025 vs 2026 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2025 total payment	2026 total payment	% change	2025 total payment	2026 total payment	% change
Transvenous defibrillator programming - in person								
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	Global	\$76	\$79	3.70%	N/A	N/A	N/A
		26	\$39	\$40	3.26%	\$39	\$40	3.26%
		TC	\$37	\$38	4.17%	N/A	N/A	N/A
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	Global	\$93	\$97	3.26%	N/A	N/A	N/A
		26	\$53	\$54	2.63%	\$53	54	2.63%
		TC	\$40	\$42	4.09%	N/A	N/A	N/A

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Medicare physician 2025 vs 2026 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2025 total payment	2026 total payment	% change	2025 total payment	2026 total payment	% change
Pacemaker device programming - in person								
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician nor other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	Global	\$101	\$104	3.26%	N/A	N/A	N/A
		26	\$58	\$59	2.68%	\$58	\$59	2.68%
		TC	\$43	\$45	4.03%	N/A	N/A	N/A
Transvenous defibrillator programming - in person								
93289	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	Global	\$69	\$71	3.75%	N/A	N/A	N/A
		26	\$34	\$35	3.26%	\$34	\$35	3.26%
		TC	\$34	\$35	4.23%	N/A	N/A	N/A

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Medicare physician 2025 vs 2026 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2025 total payment	2026 total payment	% change	2025 total payment	2026 total payment	% change
Transvenous defibrillator device interrogation - remote								
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional		\$35	\$36	4.22%	\$35	\$36	4.22%
Implantable cardiovascular physiologic monitor interrogation (OptiVol) - in person								
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	Global	\$50	\$52	3.92%	N/A	N/A	N/A
		26	\$20	\$20	3.26%	\$20	\$20	3.26%
		TC	\$31	\$32	4.35%	N/A	N/A	N/A

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Medicare **physician** 2025 vs 2026 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2025 total payment	2026 total payment	% change	2025 total payment	2026 total payment	% change
Extravascular ICD programming - in person								
0575T	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional		Contractor priced					
Extravascular ICD evaluation - in person								
0577T	Electrophysiologic evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)		Contractor priced					

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Medicare **physician** 2025 vs 2026 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2025 total payment	2026 total payment	% change	2025 total payment	2026 total payment	% change
Extravascular ICD interrogation - in person								
0576T	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter							Contractor priced
Extravascular ICD interrogation - remote								
0578T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional							Contractor priced
0579T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results							Contractor priced

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Medicare **physician** 2025 vs 2026 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2025 total payment	2026 total payment	% change	2025 total payment	2026 total payment	% change
Implantable cardiovascular physiologic monitor interrogation (OptiVol) - remote								
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	Global	\$58	\$61	4.41%	N/A	N/A	N/A
		26	\$24	\$24	3.26%	\$24	\$24	3.26%
		TC	\$35	\$36	5.19%	N/A	N/A	N/A

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Medicare **physician** 2025 vs 2026 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2025 total payment	2026 total payment	% change	2025 total payment	2026 total payment	% change
Subcutaneous cardiac rhythm monitor interrogation - in person								
93291	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	Global	\$47	\$48	3.26%	N/A	N/A	N/A
		26	\$17	\$17	3.26%	\$17	\$17	3.26%
		TC	\$30	\$31	3.26%	N/A	N/A	N/A
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	Global	\$57	\$59	4.43%	N/A	N/A	N/A
		26	\$24	\$25	4.66%	\$24	\$25	4.66%
		TC	\$33	\$34	4.27%	N/A	N/A	N/A

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Medicare **physician** 2025 vs 2026 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2025 total payment	2026 total payment	% change	2025 total payment	2026 total payment	% change
Subcutaneous cardiac rhythm monitor interrogation - remote								
93298	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	Global	\$98	\$103	5.65%	N/A	N/A	N/A
		26	\$24	\$24	3.26%	\$24	\$24	3.26%
		TC	\$74	\$79	6.42%	N/A	N/A	N/A

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