2025 updates and changes to Medicare hospital inpatient (IPPS), outpatient (OPPS) and physician (MPFS) fee schedules

Cardiac rhythm management and cardiac catheter ablations

(Based on Final Rules)

Updated January 2025

Medtronic Health Economics, Policy, and Reimbursement

Disclaimer

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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. Please contact your Medicare contractor, other payers, reimbursement specialists and/or legal counsel for interpretation of coding, coverage and payment 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. Some payers may have policies that make it inappropriate to submit claims for such items or related service.

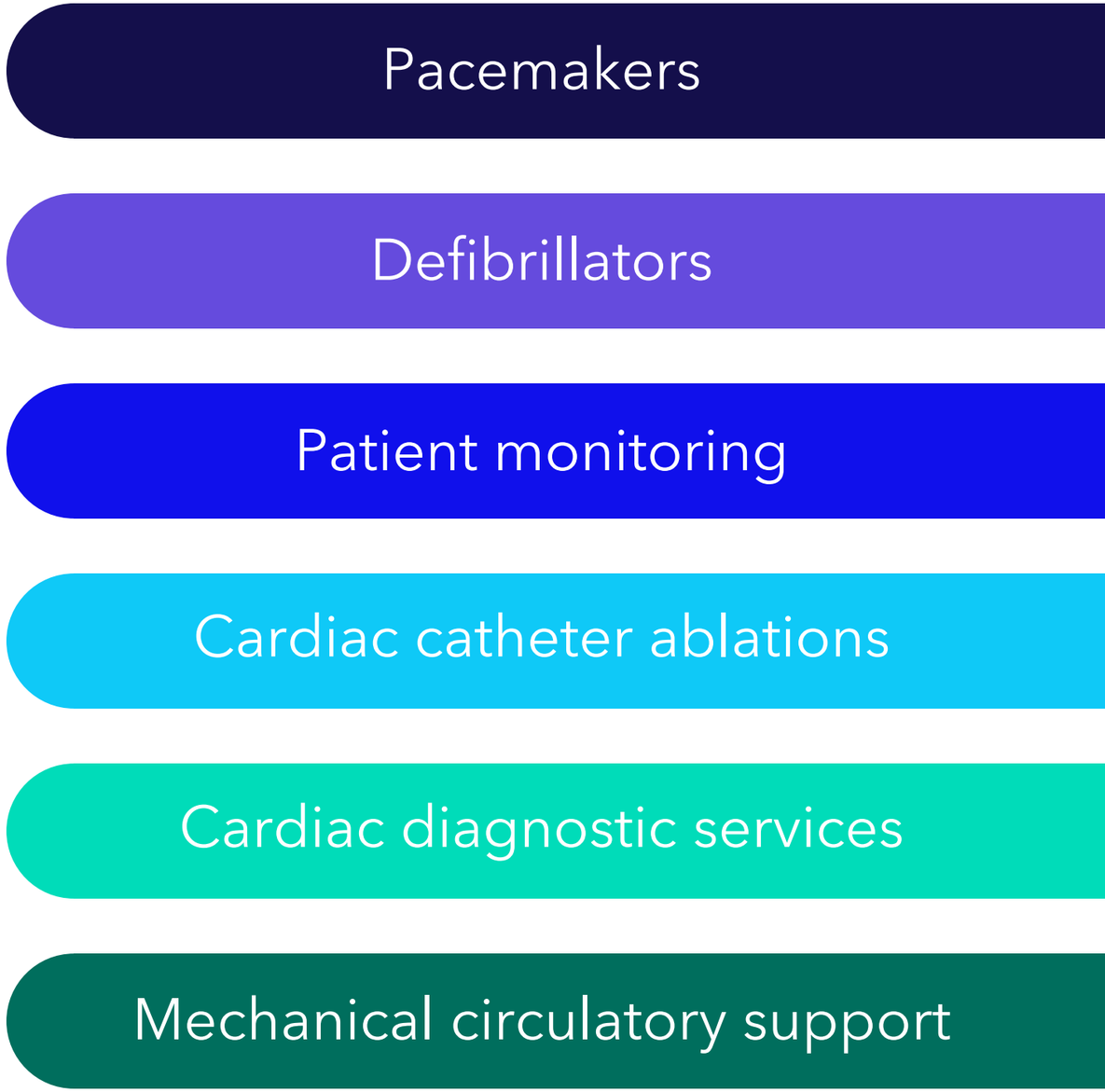
Cardiac rhythm management + cardiac ablation solutions

Visit our reimbursement website:
medtronic.com/crhfreimbursement

Contact the Reimbursement Customer Support team

Email:
rs.healthcareeconomics@medtronic.com

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



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(Table of contents is interactive.)

Medtronic

Medicare FY2025 IPPS national reimbursement summary & rates

Executive summary, Final Rule

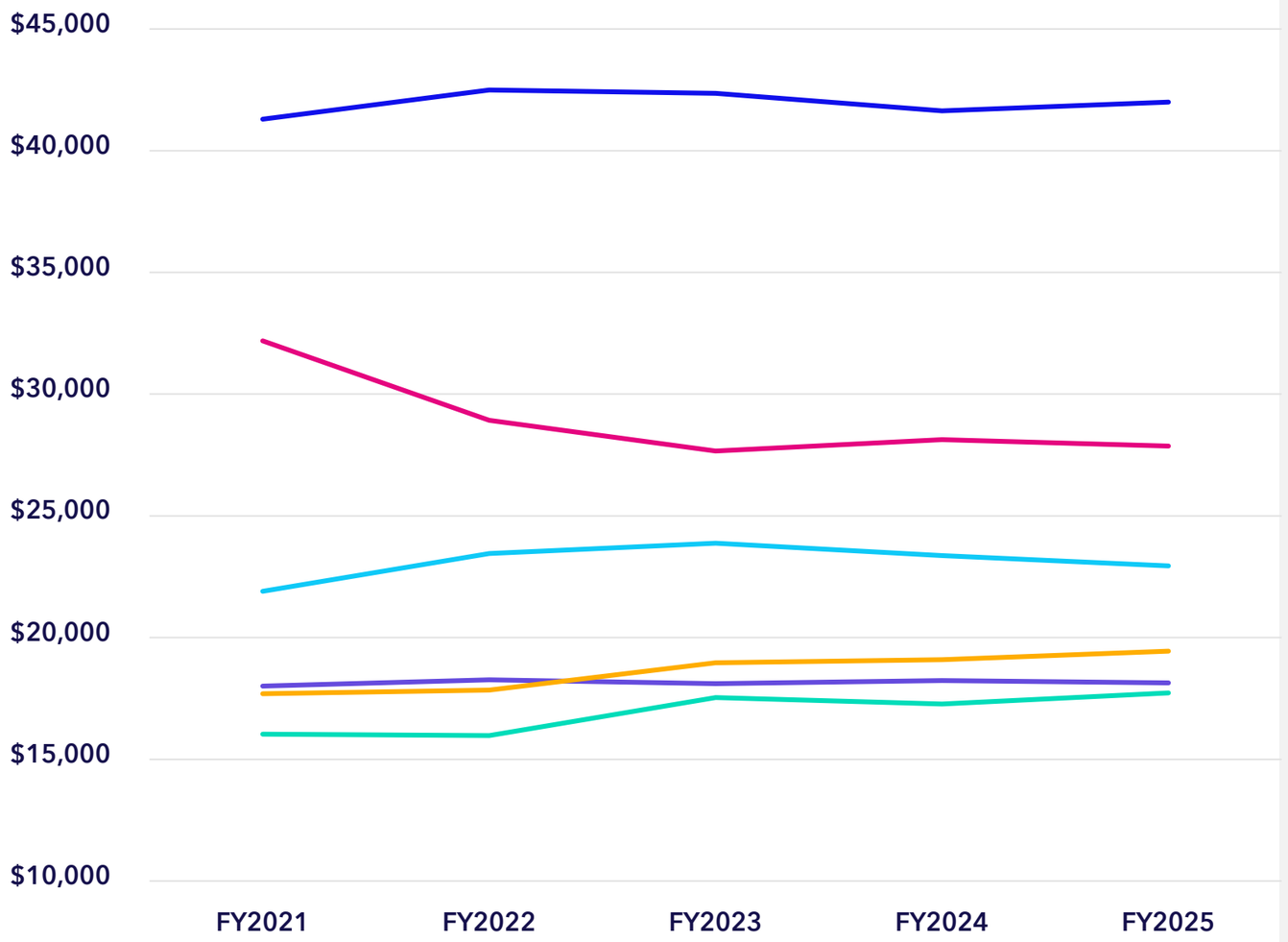
National average Medicare rates over time

CMS MS-DRG Payments FY2021–2025

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 2021 – 2025. These rates have increased slightly over this timeframe.

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

Rates represent the volume-weighted average rates across relevant DRGs representing these procedures.



Acute inpatient PPS, CMS https://www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps

IPPS rate changes for cardiac rhythm management and ablation therapies

FY2024 to FY2025

This highlights the percent of change in payment for major cardiac rhythm management, cardiac catheter ablation, and cardiac diagnostic service procedures between the IPPS 2024 payment year and 2025 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	-0.5%
Leadless pacemakers	-1.0%
ICD & CRT-D systems	0.9%
Cardiac catheter ablations	-1.8%
Ventricular assist devices	5.0%
Subcutaneous cardiac rhythm monitors	2.6% (arrythmia & syncope)
	1.8% (stroke)

Rates represent the volume-weighted average rates across relevant DRGs representing these procedures.

The IPPS FY2025 national payment rates are based on information published in the IPPS final rule CMS-1808-F and corresponding tables and data files which was published on August 1, 2024. IPPS Final Rule Home Page cms.gov https://www.cms.gov/medicare/acute-inpatient-pps/fy-2024-ipps-final-rule-home-page Updated August 2024. Accessed August 29, 2024.

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New DRG assignment for concomitant procedures

Executive summary, Final Rule

Medtronic

What are concomitant procedures?

Two related procedures performed during the same hospitalization are known as **concomitant procedures.**

The primary procedure is typically identified by which procedure has the higher weighted value assigned.

Hospital payment

The hospital is eligible for a single payment as if the primary procedure was performed alone.

Inpatient: Only one MS-DRG reimbursement will be paid to the hospital.

Outpatient: Only one C-APC reimbursement will be paid to the hospital.

Physician payment

The physician is eligible for 100% of the primary procedure AND payment for the secondary procedure, which may be reduced.

Example:

100% of MPFS payment rate for the primary procedure +

50% of MPFS payment rate for the secondary procedure

IMPORTANT: Order and spacing of procedures must be based on medical necessity. This is a clinical decision. Medtronic can play no role in advising on order and spacing of procedures. **This reimbursement structure is only applicable to certain procedures**. Contact your coding team for specific guidance.

https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2333CP.pdf

New MS-DRG 317 for concomitant procedures

Left atrial appendage closure (LAAC) + cardiac ablation

Effective October 1, 2024

The new MS-DRG will be effective for procedures incurred in fiscal year 2025 of the Inpatient Prospective Payment System (IPPS). The LAAC procedure is on the Inpatient Only List (IPO).

Click or scan the QR code for the Medtronic resource

Includes all LAA closure devices and all ablation energy sources

CMS listed multiple approaches for LAAC in their Final Rule, including **open, percutaneous, and percutaneous endoscopic**. MS-DRG 317 is also applicable to both **intraluminal and extraluminal** LAAC devices

CMS does **not specify the energy source for cardiac ablation**. Multiple catheter ablation modalities are applicable to MS-DRG 317.

MS-DRG	317
MS-DRG Descriptor	Concomitant left atrial appendage closure and cardiac ablation
FY2025 national unadjusted rate	$44,026

ICD-10 MS-DRGs Version 42 Effective October 1, 2024. cms.gov. https://www.cms.gov/icd10m/FY2025-NPRM-Version42-fullcode-cms/fullcode_cms/P0001.html Accessed September 18,2024

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NTAP for PFA

Executive summary, Final Rule

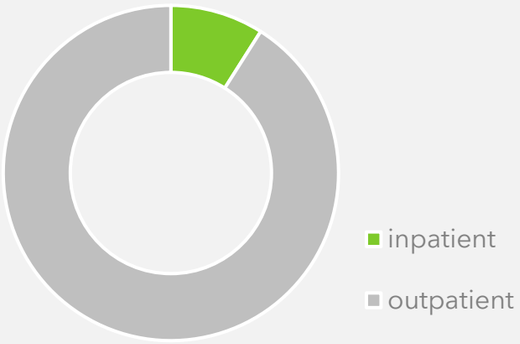
Medtronic

NTAP = New Technology Add-on Payment

- ✓ NTAP is a temporary incremental payment program that provides hospitals, in limited and specific cases, with an additional payment for **Medicare inpatient procedures** that utilize new, high-cost technologies that have received NTAP approval.

- ✓ PulseSelect PFA system was approved for NTAP starting Oct 1, 2024. For hospitals to effectively operationalize the NTAP, ICD-10-PCS code 02583ZF (irreversible electroporation in cardiac ablation) must be included on the inpatient claim.

Medicare setting of care mix, cardiac ablation, 2023

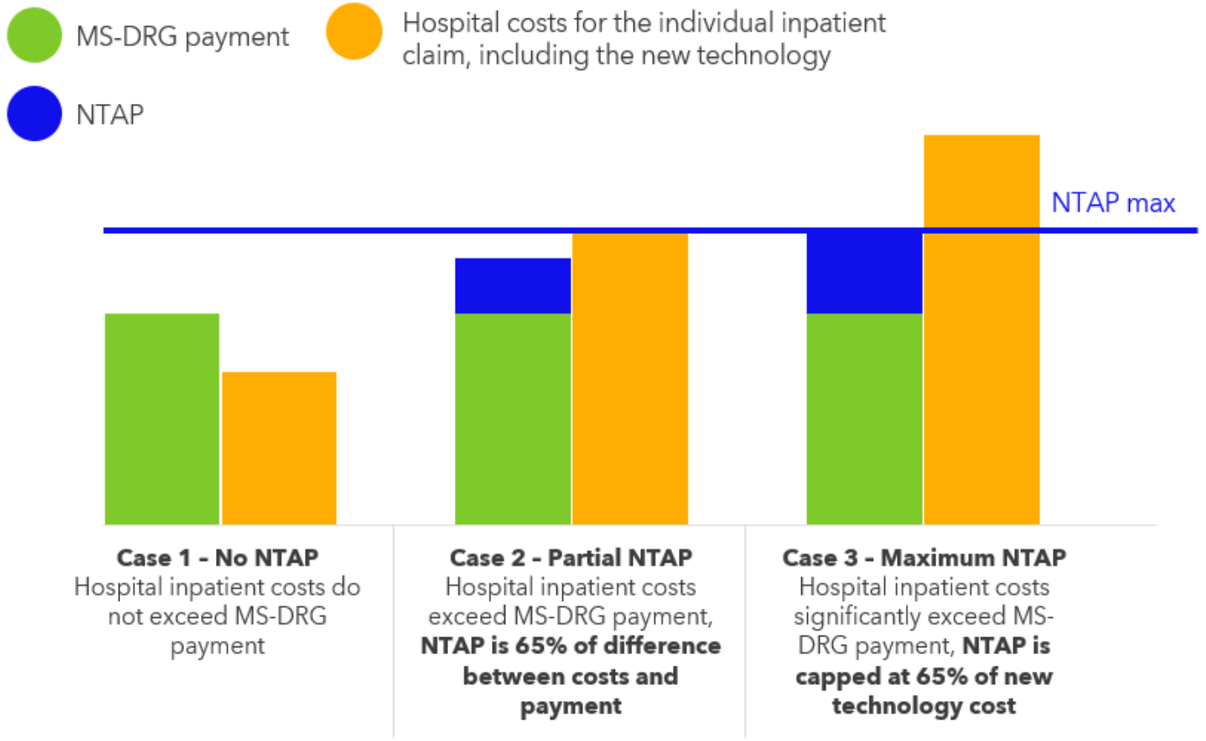


Source: Inovalon Insights Real-World Data (RWD): 2018-2023, 100% Medicare fee-for-service (FFS) Claims Data: 2018-2022, 100% Medicare Advantage Encounter Data 2018-2021, 100% Medicaid and CHIP T-MSIS Analytic File, 2018-2021.

The following must be true for a case to be eligible for NTAP[1]:

Patient is a Medicare fee-for-service beneficiary	✓
Procedure using eligible technology performed during inpatient hospitalization	✓
The claim includes the appropriate ICD-10 code(s)	✓
Costs of the case exceed the standard MS–DRG payment (i.e., cases with operating loss)	✓

NTAP illustration



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CY2025 updates for Medicare OPPS fee schedule

Executive summary, Final Rule

Medicare hospital outpatient rate changes

CY2024 to CY2025

This highlights the percent of change in payment for major cardiac rhythm and heart failure, and cardiac catheter ablation therapies between OPPS 2024 payment year and 2025 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	2.2%
Single chamber VR leadless pacemakers	2.6%
Transvenous pacemakers	2.8%
CRT-P system	2.6%
Cardiac ablation procedures	8.3%
Subcutaneous cardiac rhythm monitors	2.1%

Note: Percent change in payment for select procedures between the OPPS 2024 payment year and 2025 payment year depicted; categories represent a blend of all MS-DRGs associated with the typical case for the select procedures

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

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Ablations in the ASC setting?

Executive summary, Final Rule

Medtronic

Cardiac ablations and the Covered Procedures List (CPL) for ASCs

Covered procedures list

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

Cardiac ablations were **not** added to the Covered Procedures List (CPL) in 2025

Medicare allowed place of service: Inpatient + outpatient

Where is ASC exclusion information? Status indicator on the ASC Payment Rates - Addenda

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

2025 OPPS/ASC Final rule page: https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc

Medtronic

CY2025 updates for Medicare physician fee schedule

Executive summary, Final Rule

Medicare physician fee schedule rate changes

CY2024 to CY2025 summary

This highlights the percent of change in payment for our cardiac therapy procedures between the Medicare Physician Fee Schedule 2024 payment year and 2025 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	-2.6%
CRT-D system	-2.6%
Subcutaneous cardiac rhythm monitors	-2.4%
	-8.1% (in-office)
Leadless pacemakers	-2.6%
Transvenous pacemaker system	-2.5%
CRT-P system	-2.5%
Cardiac ablation procedures	-2.7%

Note: Percent change in payment for select procedures between the MPFS 2024 payment year and 2025 payment year depicted; categories represent a blend of CPT codes associated with the typical case for the select procedures
2025 PFS Final Rule CMS-1807-F released December 9, 2024. https://www.govinfo.gov/content/pkg/FR-2024-12-09/pdf/2024-25382.pdf

Practice Expense changes to non-facility SCRM payments beginning CY2022

CY2025 is the last year of the 4-year phased impact

PE inputs

Clinical labor
Supplies
Equipment

Budget neutrality

All adjustments must ensure budget neutrality within the Physician Fee Schedule

4-year phase-in

Planned reductions will occur over a 4-year time period

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

Coding reminders

Executive summary, Final Rule

Conduction System Pacing (CSP) coding

Click or scan the QR code for the Medtronic resource

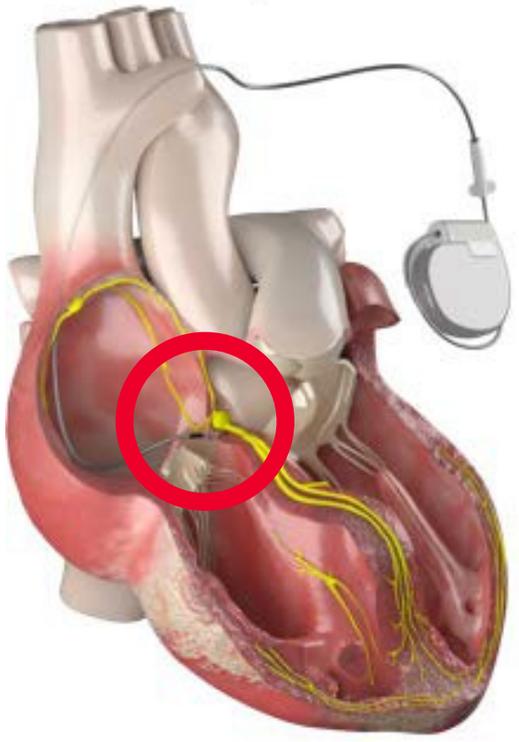
What is Conduction System Pacing (CSP)?

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

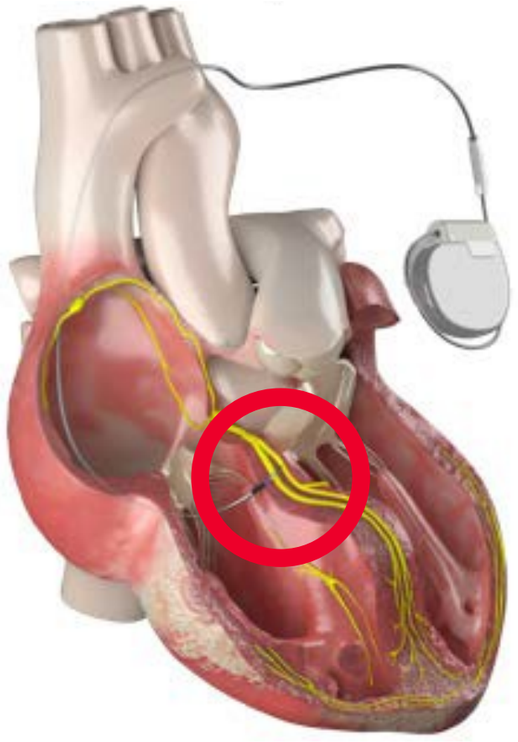
With conduction system pacing (CSP), a lead intended for RV pacing is placed at the His-bundle (HB) or in the left bundle branch (LBB) area to replicate the patient's intrinsic rhythm.

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.

His-bundle pacing (HBP)



Left bundle branch area pacing (LBBAP)



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Aurora™ EV-ICD payer landscape

Background

Medicare fee for service

Medicare has a National Coverage Determination **(NCD 20.4)** for all ICDs[1]

Pivotal trial had a mean age of 53.8 ± 13.1 years[3]

Medicare Advantage

- Required to follow Medicare fee-for-service coverage[2]
- May have different implementation requirements such as prior testing and prior authorization[2]
- Check with payers directly regarding specific policy criteria and/or limitations

Non-Medicare coverage

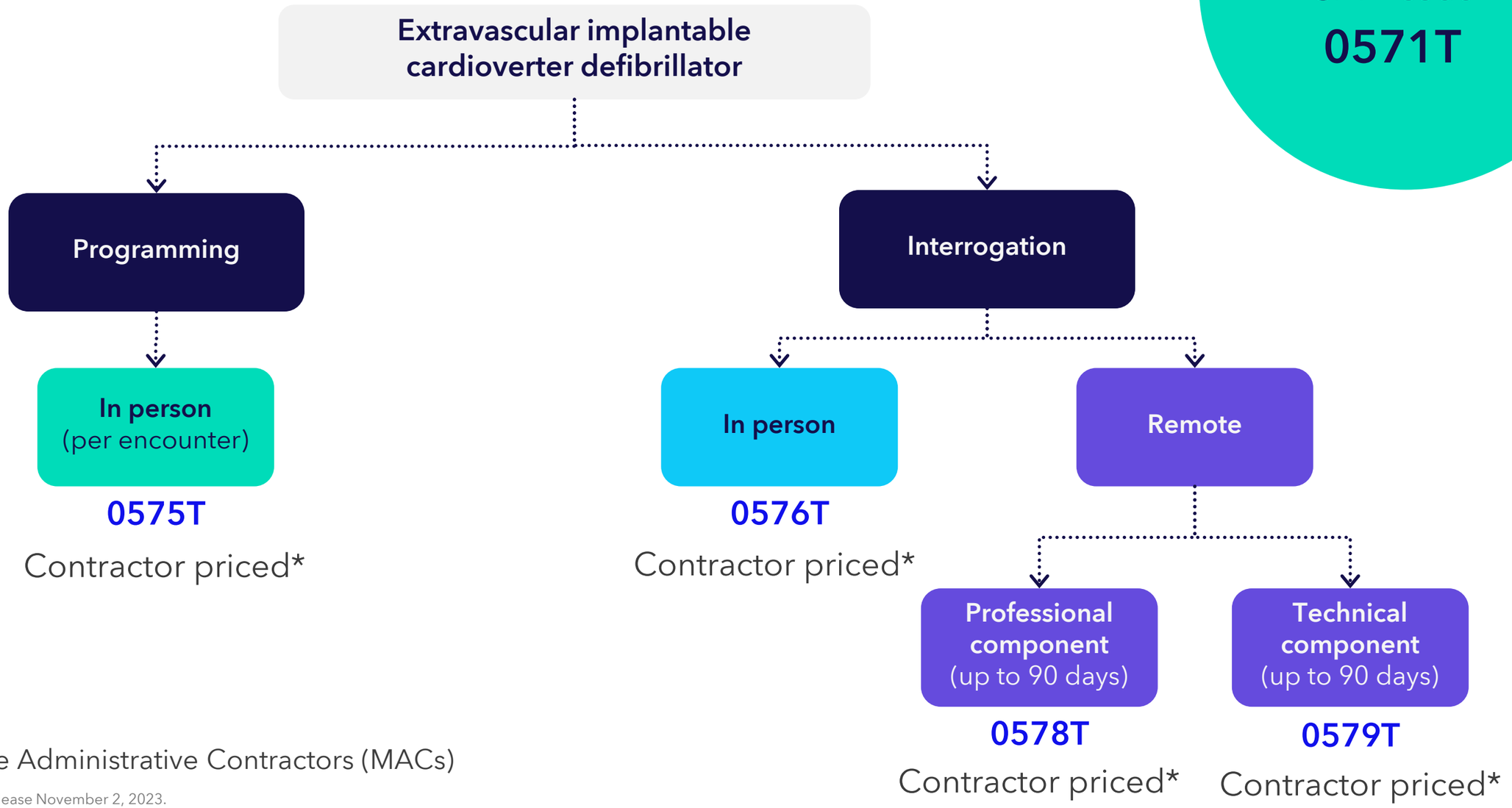
- Varies by payer policy
- We encourage providers to address coverage with private payers on an individual patient basis
- We recommend providers seek prior authorization

[1] CMS National Coverage Determination 20.4: IMPLANTABLE AUTOMATIC DEFIBRILLATORS. Available at: https://www.cms.gov/medicare-coverage-database/details/ncd-details. aspx?NCDId=110. Accessed January 31, 2022.
[2] Centers for Medicare and Medicaid Services. Medicare Managed Care Coverage Manual – Chapter 4 section 10.7.1 and 10.7.3 https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/mc86c04.pdf Accessed on January 17, 2020.
[3] Friedman P, et al. *N Engl J Med*. 2022;387:1292-1302.

Aurora™ Extravascular ICD-specific codes apply for monitoring

EV-ICD insertion CPT® code

0571T



*refers to Medicare Administrative Contractors (MACs)

2024 PFS Final Rule CMS-1784-F release November 2, 2023.
https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1784-f

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Remote monitoring coding updates

Executive summary, Final Rule

Medtronic

2024 updates for remote monitoring

Removal of G2066 for remote monitoring

- Effective January 1, 2024
- **Delete G2066**
- CPT® codes 93297 and 93298
- Modifiers for professional (**-26**) and technical (**TC**) components
- Remote monitoring is billable through OPPS
  - CMS issued a correction notice in February to confirm 93297 and 93298 are separately payable under OPPS
  - The status indicator has been changed to Q1
  - These changes are effective for services on or after January 1, 2024

Code G2066 for remote monitoring was deleted January 1, 2024

Modifiers (-TC) and (-26) are applicable to 93297 and 93298

Click or scan the QR code for the Medtronic resource

CMS Correction Notice: https://public-inspection.federalregister.gov/2024-02631.pdf?utm_campaign=pi+subscription+mailing+list&utm_medium=email&utm_source=federalregister.gov

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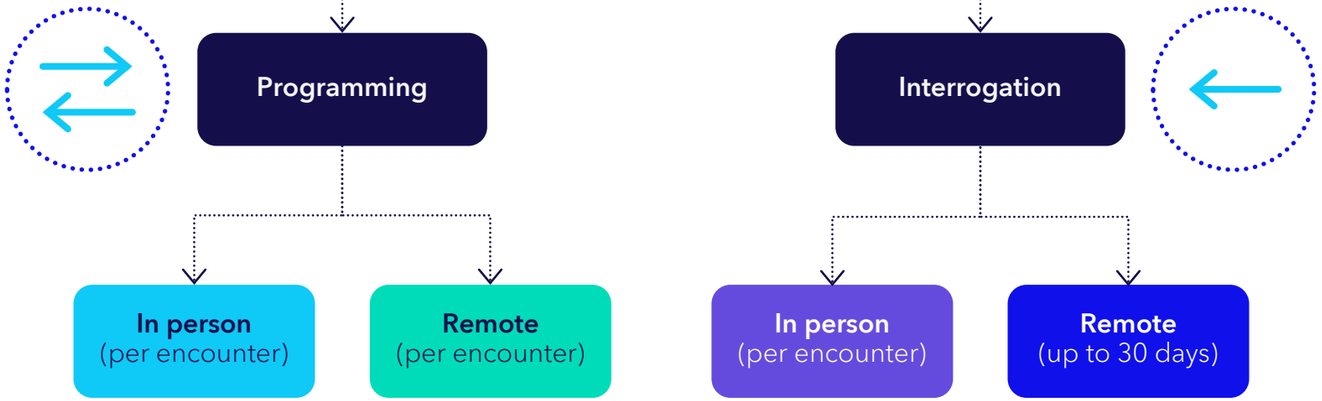
Device programming and interrogation codes

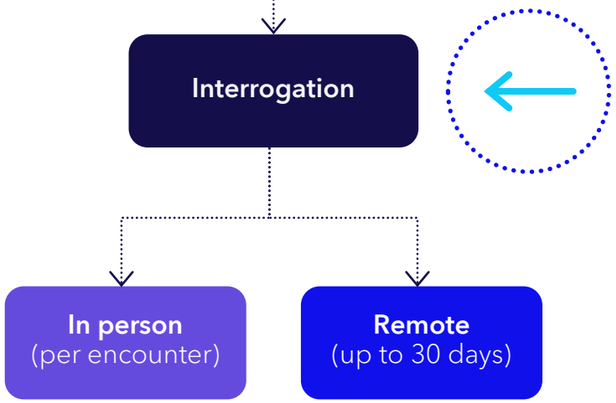
Click or scan the QR code for the Medtronic resource

Subcutaneous cardiac rhythm monitor



93285		0650T	93291		93298	
Global	$56.93	Contractor priced	Global	$46.58	Global	$97.69
-26	$23.94		-26	$16.82	-26	$23.61
-TC	$32.99		-TC	$29.76	-TC	$74.07

Implantable cardiovascular physiologic monitoring



93290		93297	
Global	$50.46	Global	$58.22
-26	$19.73	-26	$23.61
-TC	$30.73	-TC	$34.61

Programming device evaluation (in person) with iterative adjustment of the implantable device to **test the function of the device and select optimal programmed values with analysis,** review and report by a physician or other qualified healthcare professional

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

2025 PFS Final Rule CMS-1807-F released December 9, 2024. https://www.govinfo.gov/content/pkg/FR-2024-12-09/pdf/2024-25382.pdf

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Frequently asked questions

Frequently asked questions

Q **Are there still special billing requirements for Medicare coverage of Micra™ leadless pacemakers?**

A Yes. The Coverage with Evidence Development (CED) study is still on-going, and there are specific billing requirements to ensure Medicare coverage.

Click or scan the QR code for the Medtronic resource

Q **If a transvenous or subcutaneous ICD is removed and an Aurora™ EV-ICD system is placed, how would I code for that?**

A CPT® 33241 would be used for removing the old generator and CPT® 0571T would be used for implanting the EV-ICD system. There is a CCI edit in place that will require a modifier when documentation supports it.

Q **Can I charge CPT® 0577T for defibrillation threshold evaluation at the time of an initial implant of an Aurora™ EV-ICD system?**

A No, defibrillation threshold evaluation is included in the CPT code description for CPT® 0571T (EV-ICD system implant).

Additional resources

Having trouble with prior authorizations?

Check out our new resources!

General prior authorization guide

- General process of prior authorization
- Documentation and information to collect
- Payer differences
- Contacting the payer
- Submitting the request
- Peer-to-peer
- Initial submission vs. appeal

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

- 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

Aurora EV-ICD™ system prior authorization resources

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

www.Medtronic.com/CRHFreimbursement

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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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Email us at
rs.healthcareeconomics@medtronic.com

Chat with us on our website at:
www.Medtronic.com/CRHFreimbursement

Reimbursement foundations

Reimbursement Foundations

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16.5K subscribers

Learn about Medicare coverage, coding, and payment at a high level, including CMS proposed and final rule timelines, and available resources.

www.Medtronic.com/CRHFreimbursement

Expand the 'Education' section for access to this video link

Click or scan the QR code for the Medtronic resource

Educational video outlining:

- Reimbursement fundamentals
- Physician reimbursement
- Facility reimbursement
- Medtronic economic resources

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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.

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

Find C-codes by:

- Product name
- Model number
- Product category

www.Medtronic.com/c-code

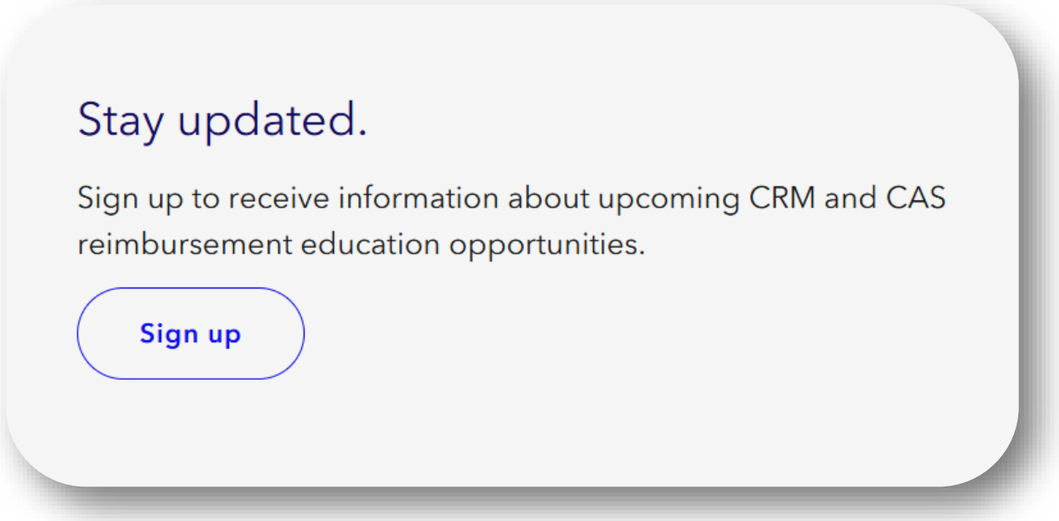
aimer for details

Medtronic

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.



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

Medtronic

References

2025 Medicare inpatient, outpatient, and physician 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.

2025 Medicare inpatient, outpatient, and physician 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 Epsila 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 EAZ201 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

2025 Medicare inpatient, outpatient, and physician 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.

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Brief statement(s)

PulseSelect™ Pulsed Field Ablation (PFA) System Brief Statement
Indications (or Intended Use): The PulseSelect Pulsed Field Ablation (PFA) System is indicated for use in cardiac electrophysiological mapping (stimulation and recording) and for treatment of drug refractory, recurrent, symptomatic paroxysmal atrial fibrillation or persistent atrial fibrillation (episode duration less than 1 year).
Contraindications: The PulseSelect PFA loop catheter is contraindicated for use in patients with the following conditions: • Active systemic infections • A known sensitivity to Heparin • Blood clotting abnormalities
• Permanently implanted metallic objects in the left atrium. The catheter is also contraindicated in conditions where the manipulation of the catheter within the heart would be unsafe, such as intracardiac mural thrombus. The catheter is not recommended for use in patients who cannot undergo standard anticoagulation protocol for a left-sided cardiac procedure, or who have had a recent coagulopathy or embolic event.
Warnings and Precautions: To reduce the possibility of hazards associated with use of the PulseSelect PFA loop catheter: • Use the catheter only in the recommended anatomical location. • Maintain the catheter position during the ablation. • If coughing occurs, reposition the catheter more proximally and review sedation management.
• Ensure electrodes are not in contact with any metal during ablations (for example the guide wire). • Maintain substantially circular array to ensure uniform field distribution. • If the electrode array is deployed to deliver ablation energy, avoid continuing to move the slide control forward to prevent the guide wire lumen from coming too close to the electrode array. It is recommended that the array be captured while it is submerged to help reduce the possibility of air becoming entrapped around the electrode array during capture and catheter insertion. Catheter integrity – Use care to avoid damage to the catheter. • Do not bend or kink the leading end of the catheter. Doing so could cause damage to the catheter lumen and make it unusable. • Monitor the catheter throughout the procedure. If a flash is observed in the luer, replace the catheter immediately. Electrode-electrode contact – Avoid contact between electrodes. Contact between electrodes may create a short circuit. Embolism risk – Introducing any catheter or sheath into the circulatory system entails the risk of air, gas, or thromboembolism, which can occlude vessels and lead to tissue infarction with serious consequences. • Avoid unnecessary catheter exchanges to minimize sheath-related embolic events. • Always advance and withdraw components slowly to minimize the vacuum created and the risk of air embolism. • Aspirate and flush the sheath frequently to help minimize the potential for embolic events resulting from the introduction of air or clot formation within the sheath. Fluoroscopy use during catheter placement – Only perform catheter ablation after giving adequate attention to the potential radiation exposure associated with the procedure, and taking steps to minimize this exposure. Give careful consideration before using the device in pregnant women. For single use only – The PFA catheter is intended only to be used once for a single patient. Do not reuse, reprocess, or resterilize the PFA catheter. Careful manipulation of the catheter is necessary to avoid cardiac damage, perforation, or tamponade. • Do not use excessive force to advance, withdraw, or rotate the catheter, especially if resistance is encountered. Excessive force may lead to catheter damage and blood loss. • Use imaging guidance during catheter advancement, manipulation, and placement • Vascular perforation is an inherent risk of catheter placement. • Performing ablation with the PFA catheter array inside the sheath may result in damage to the array or the sheath and should be avoided.
• Performing steering manipulation with the PFA catheter array inside the sheath may result in damage to the catheter steering mechanism or the sheath and should be avoided. • The PFA generator is capable of delivering significant energy. Do not touch the ablation electrodes of the PFA catheter while operating the generator. • If the system is to be tested outside of the body, the electrode array must be immersed in saline solution in a plastic container. Never test PFA delivery in direct contact with skin. Use of imaging during catheter manipulation and placement is strongly advised. Manipulating the catheter without imaging may result in damage to cardiac and vascular structures. Other devices, wires, or catheters – Avoid catheter entanglement with other devices, wires, or catheters, for example, intracardiac echo catheters. Failure to do so may increase the risk of entrapment of the array or damage to the array, which may affect retrieval of the device into the transseptal sheath.
Phrenic nerve injury – To reduce the potential for phrenic nerve injury, assess for proximity of the ablation catheter to the nerve using an appropriate technique such as pacing for local phrenic nerve capture or using the test pulse feature before ablation. Stop ablation immediately if phrenic nerve impairment is observed and assess for injury. Sheath and guide wire required – Do not attempt to advance or withdraw the catheter through the vasculature without the use of a sheath and guide wire, as it may result in damage to cardiac and vascular structures. Implanted devices, such as pacemakers and implantable cardioverter-defibrillators (ICDs), may be adversely affected by PFA energy. • Keep external sources of pacing and defibrillation available during ablation. • Program pacemaker sensing parameters to asynchronous pacing to ensure that PFA energy is not sensed as an intrinsic event.
• Deactivate ICD detection during the delivery of PFA energy. • Perform complete implantable device testing before and after ablation. • Monitor surface and intracardiac electrograms or vital signs during PFA energy delivery to assess for device interaction. Take appropriate action if any interaction is detected. • Refer to the appropriate implantable device technical manual for additional information. Electrical safety requirements – The PFA generator meets the requirements of IEC 60601-1. It is the user's responsibility after installation to verify and ensure that the generator meets the applicable local electrical safety requirements. Electric shock – To avoid risk of electric shock, this equipment must only be connected to a supply main with protective earth. Electromagnetic interference (EMI) radiated – The generator emits energy during ablation at a frequency level that may cause EMI with unshielded electronic equipment. To minimize EMI, the generator should be moved away from any other electronic device. If EMI is apparent during the application of energy, EMI may be reduced by repositioning the generator or other equipment. Electromagnetic interference (EMI) susceptibility – The generator has been designed to minimize electromagnetic interference (EMI). If interference should occur, move the generator away from the device generating the interference or place the generator at a different angle. Leakage current from connected devices – Use only isolated equipment (IEC 60601-1 Type CF equipment, or equivalent) with the PFA system and catheters or patient injury or death may occur.
Potential Adverse Events or Potential Complications: Potential adverse events associated with cardiac catheter ablation procedures include, but are not limited to, the following conditions: • Access site complications (such as, bruising, ecchymosis, arteriovenous fistula, hematoma, pseudoaneurysm) • Anemia • Arrhythmias, proarrhythmia (such as, atrial flutter, bradycardia, heart block, tachycardia) • Bleeding, possibly requiring transfusion • Bruising
• Cardiopulmonary arrest • Perforation of the heart or other organs during transseptal puncture or other procedures • Cardiac tamponade • Catheter entrapment in cardiac structures requiring intervention
• Cerebrovascular accident [such as stroke, transient ischemic attack (TIA)] • Chest discomfort, pain, or pressure
• Collateral damage to the conduction system or coronary vasculature • Cough • Death • Embolism • Esophageal damage (including atrial esophageal fistula) • Hemoptysis • Hypotension • Hypertension • Infections (such as, sepsis) • Myocardial infarction or ischemia • Nerve injury or nerve damage (for example phrenic nerve injury)
• Pericarditis or endocarditis • Pericardial effusion • Pneumothorax • Pulmonary edema • Pulmonary vein dissection • Pulmonary vein stenosis • Radiation injury or damage and late malignancy • Skin laceration or puncture • Sore throat • Unintended complete or incomplete atrioventricular node (AV-Node) or sinus node block or damage • Valvular insufficiency or damage.
Refer to the device technical manual for detailed information regarding the procedure, indications, contraindications, warnings, precautions, and potential complications/adverse events. For further information, please call Medtronic at 1-800-328-2518 and/or consult the Medtronic website at www.medtronic.com.
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References

CPT Reference:
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IPPS Rate Reference:
The IPPS 2025 National payment rates based on information published in the IPPS final rule CMS-1808-F which was released on August 1, 2024
FY 2024 IPPS Final Rule Home Page. cms.gov. https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2025-ipps-final-rule-home-page. Accessed November 5, 2024.
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.

OPPS Rate Reference:
The OPPS 2025 National payment rates based on information published in the OPPS/ASC final rule CMS-1809-FC and corresponding Addendum B table which was released on November 1, 2024.
Hospital Outpatient Regulations and Notices. cms.gov. https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc. Accessed November 5, 2024
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.

MPFS Rate Reference:
The Medicare Physician Fee Schedule (MPFS) 2025 National payment rates based on information published in the MPFS final rule CMS-1807-F.
PFS Federal Regulation Notices. cms.gov https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f. Accessed November 5, 2024.
PFS Relative Value Files. cms.gov https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files
Local physician rates will vary based on location specific factors not reflected in this document. CMS may make adjustments to any or all of the data inputs from time to time

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 November 5, 2024.
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]

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Rate appendix

OPPS/MPFS rates based on Final Rule

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

based on Final Rule

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Medicare outpatient 2024 vs 2025 national average payment

Select pacemaker procedures

CPT® Code	Description	2025 SI	Final 2024 APC	Final 2024 OPPS payment	Final 2025 APC	Final 2025 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	$10,185	5223	$10,465	$280	2.7%
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	J1	5223	$10,185	5223	$10,465	$280	2.7%
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	J1	5223	$10,185	5223	$10,465	$280	2.7%
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	$10,185	5223	$10,465	$280	2.7%
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	$18,585	5224	$19,071	$486	2.6%

2024 OPPS/ASC Final rule page: https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc
2025 OPPS/ASC Final rule page: https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc

Medicare outpatient 2024 vs 2025 national average payment

Select pacemaker procedures (continued)

CPT® Code	Description	2025 SI	Final 2024 APC	Final 2024 OPPS payment	Final 2025 APC	Final 2025 OPPS payment	$ change	% change
Pacemaker generator changeouts								
33227	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	J1	5222	$8,103	5222	$8,276	$173	2.1%
33228	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	J1	5223	$10,185	5223	$10,465	$280	2.7%
33229	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	J1	5224	$18,585	5224	$19,071	$486	2.6%
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	$8,103	5222	$8,276	$173	2.1%
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	$3,040	5183	$3,148	$108	3.6%

2024 OPPS/ASC Final rule page: https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc
2025 OPPS/ASC Final rule page: https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc

Medicare outpatient 2024 vs 2025 national average payment

Select implantable cardioverter defibrillator procedures

CPT® Code	Description	2025 SI	Final 2024 APC	Final 2024 OPPS payment	Final 2025 APC	Final 2025 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	$31,379	5232	$32,062	$683	2.2%
Insertion defibrillator generator only								
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	J1	5231	$22,482	5231	$22,446	-$36	-0.2%
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	J1	5232	$31,379	5232	$32,062	$683	2.2%
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	J1	5231	$22,482	5231	$22,446	-$36	-0.2%
Removal defibrillator generator only								
33241	Removal of implantable defibrillator pulse generator only	Q2	5221	$3,746	5221	$3,639	-$107	-2.9%

2024 OPPS/ASC Final rule page: https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc
2025 OPPS/ASC Final rule page: https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc

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Medicare outpatient 2024 vs 2025 national average payment

Select implantable cardioverter defibrillator procedures (continued)

CPT® Code	Description	2025 SI	Final 2024 APC	Final 2024 OPPS payment	Final 2025 APC	Final 2025 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	$22,482	5231	$22,446	-$36	-0.2%
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	J1	5231	$22,482	5231	$22,446	-$36	-0.2%
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	J1	5232	$31,379	5232	$32,062	$683	2.2%

2024 OPPS/ASC Final rule page: https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc
2025 OPPS/ASC Final rule page: https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc

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Medicare outpatient 2024 vs 2025 national average payment

Select implantable cardiovascular physiologic monitoring

CPT® Code	Description	2025 SI	Final 2024 APC	Final 2024 OPPS payment	Final 2025 APC	Final 2025 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	$36	5741	$37	$1	2.8%

2024 OPPS/ASC Final rule page: https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc
2025 OPPS/ASC Final rule page: https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc

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Medicare outpatient 2024 vs 2025 national average payment

Select extravascular implantable cardioverter defibrillator (EV-ICD) procedures

CPT® Code	Description	2025 SI	Final 2024 APC	Final 2024 OPPS payment	Final 2025 APC	Final 2025 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	$31,379	5232	$32,062	$683	2.2%
0572T	Insertion of substernal implantable defibrillator electrode	J1	5222	$8,103	5222	$8,276	$173	2.1%
Removal or repositioning of extravascular implantable cardioverter defibrillator electrode								
0573T	Removal of substernal implantable defibrillator electrode	Q2	5221	$3,746	5221	$3,639	-$107	-2.9%
0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	Q2	5221	$3,746	5221	$3,639	-$107	-2.9%

2024 OPPS/ASC Final rule page: https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc
2025 OPPS/ASC Final rule page: https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc

Medtronic

Medicare outpatient 2024 vs 2025 national average payment

Select cardiac resynchronization therapy procedures

CPT® Code	Description	2025 SI	Final 2024 APC	Final 2024 OPPS payment	Final 2025 APC	Final 2025 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	$18,585	5224	$19,071	$486	2.5%
+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	$31,379	5232	$32,062	$683	2.2%
+33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator pr pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)							

2024 OPPS/ASC Final rule page: https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc
2025 OPPS/ASC Final rule page: https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc

Medicare outpatient 2024 vs 2025 national average payment

Select subcutaneous cardiac rhythm monitor procedures

CPT® Code	Description	2025 SI	Final 2024 APC	Final 2024 OPPS payment	Final 2025 APC	Final 2025 OPPS payment	$ change	% change
Subcutaneous cardiac rhythm monitor procedures (includes loop records)								
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	J1	5222	$8,103	5222	$8,276	$173	2.1%
33286	Removal, subcutaneous cardiac rhythm monitor	Q2	5071	$671	5071	$704	$33	4.9%
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	$36	5741	$37	$1	2.8%

2024 OPPS/ASC Final rule page: https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc
2025 OPPS/ASC Final rule page: https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc

Medtronic

Medicare outpatient 2024 vs 2025 national average payment

Select subcutaneous cardiac rhythm monitor procedures

CPT® Code	Description	2025 SI	Final 2024 APC	Final 2024 OPPS payment	Final 2025 APC	Final 2025 OPPS payment	$ change	% change
Cardiac ablation procedures								
93656	Comprehensive electrophysiologic evaluation including transseptal 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	$22,653	5213	$24,532	$1,879	8.3%
+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	-	$-	-	$-	$-	-

2024 OPPS/ASC Final rule page: https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc
2025 OPPS/ASC Final rule page: https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc

Medtronic

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

based on Final Rule

Medtronic

Medicare physician 2024 vs 2025 national average payment

Select pacemaker procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2024 total payment	2025 total payment	% change	2024 total payment	2025 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	$439	$436	-0.7%
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular		N/A	N/A	N/A	$461	$458	-0.7%
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular		N/A	N/A	N/A	$499	$495	-0.8%
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	$461	$456	-1.1%
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	$487	$483	-0.8%

2024 PFS Final Rule CMS-1784-F release November 2, 2023. https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1784-f
2025 PFS Final Rule CMS-1807-F release November 1, 2024. https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f

Medtronic

Medicare physician 2024 vs 2025 national average payment

Select pacemaker procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2024 total payment	2025 total payment	% change	2024 total payment	2025 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	$328	$325	-0.9%
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system		N/A	N/A	N/A	$343	$340	-0.9%
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system		N/A	N/A	N/A	$360	$357	-0.8%

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

Medtronic

Medicare physician 2024 vs 2025 national average payment

Select implantable cardioverter defibrillator procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2024 total payment	2025 total payment	% change	2024 total payment	2025 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	$879	$871	-0.9%
Insertion defibrillator generator only								
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads		N/A	N/A	N/A	$362	$358	-1.1%
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads		N/A	N/A	N/A	$388	$384	-1.0%
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead		N/A	N/A	N/A	$356	$345	-3.1%

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

Medtronic

Medicare physician 2024 vs 2025 national average payment

Select implantable cardioverter defibrillator procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2024 total payment	2025 total payment	% change	2024 total payment	2025 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	$360	$356	-1.1%
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system		N/A	N/A	N/A	$374	$371	-0.8%
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system		N/A	N/A	N/A	$390	$386	-1.0%

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Medtronic

Medicare physician 2024 vs 2025 national average payment

Select extravascular implantable cardioverter defibrillator (EV-ICD) procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2024 total payment	2025 total payment	% change	2024 total payment	2025 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					

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

Medtronic

Medicare physician 2024 vs 2025 national average payment

Select extravascular implantable cardioverter defibrillator (EV-ICD) procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2024 total payment	2025 total payment	% change	2024 total payment	2025 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					

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Medicare physician 2024 vs 2025 national average payment

Select cardiac resynchronization therapy procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2024 total payment	2025 total payment	% change	2024 total payment	2025 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	$461	$458	-0.7%
+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	$442	$439	-0.7%
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular		N/A	N/A	N/A	$499	$495	-0.8%
+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	$442	$439	-0.7%

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Medtronic

Medicare physician 2024 vs 2025 national average payment

Select cardiac resynchronization therapy procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2024 total payment	2025 total payment	% change	2024 total payment	2025 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	$879	$871	-0.9%
+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	$442	$439	-0.7%

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Medtronic

Medicare physician 2024 vs 2025 national average payment

Select subcutaneous cardiac rhythm monitor procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2024 total payment	2025 total payment	% change	2024 total payment	2025 total payment	% change
Subcutaneous cardiac rhythm monitor procedures (includes loop recorders)								
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming		$4,071	$3,804	-6.6%	$84	$83	-1.2%
33286	Removal, subcutaneous cardiac rhythm monitor		$127	$124	-2.4%	$82	$82	-

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Medtronic

Medicare physician 2024 vs 2025 national average payment

Select ventricular assist device procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2024 total payment	2025 total payment	% change	2024 total payment	2025 total payment	% change
Ventricular assist device procedures								
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle		N/A	N/A	N/A	$1,570	$1,841	17.3%
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle		N/A	N/A	N/A	$1,710	$1,691	-1.1%
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass		N/A	N/A	N/A	$1,857	$1,841	-0.9%
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass		N/A	N/A	N/A	$2,185	$2,165	-0.9%

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Medtronic

Medicare physician 2024 vs 2025 national average payment

Select cardiac ablation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2024 total payment	2025 total payment	% change	2024 total payment	2025 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	$293	$290	-1.0%
93656	Comprehensive electrophysiologic evaluation including transseptal 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	$907	$897	-1.1%
+93657	Additional linear or focal intracardiac catheter ablation of the life 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	$293	$291	-0.7%

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Medtronic

Medicare physician 2024 vs 2025 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2024 total payment	2025 total payment	% change	2024 total payment	2025 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	$66	$64	-3.0%	N/A	N/A	
		26	$30	$30	-	$30	$30	-
		TC	$36	$35	-2.8%	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	$77	$75	-2.6%	N/A	N/A	
		26	$35	$35	-	$35	$35	-
		TC	$42	$40	-4.8%	N/A	N/A	

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Medtronic

Medicare physician 2024 vs 2025 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2024 total payment	2025 total payment	% change	2024 total payment	2025 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	$82	$80	-2.4%	N/A	N/A	
		26	$40	$39	-2.5%	$40	$39	-2.5%
		TC	$42	$41	-2.4%	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	$48	$47	-2.1%	N/A	N/A	
		26	$17	$17	-	$17	$17	-
		TC	$31	$30	-3.2%	N/A	N/A	

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Medtronic

Medicare physician 2024 vs 2025 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2024 total payment	2025 total payment	% change	2024 total payment	2025 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	$55	$54	-1.8%	N/A	N/A	
		26	$20	$19	-5.0%	$20	$19	-5.0%
		TC	$35	$34	-2.9%	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	$28	-	$28	$28	-

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Medtronic

Medicare physician 2024 vs 2025 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2024 total payment	2025 total payment	% change	2024 total payment	2025 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	$78	$76	-2.6%	N/A	N/A	
		26	$39	$39	-	$39	$39	-
		TC	$38	$37	-2.6%	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	$95	$93	-2.1%	N/A	N/A	
		26	$53	$53	-	$53	$53	-
		TC	$42	$40	-4.8%	N/A	N/A	

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Medtronic

Medicare physician 2024 vs 2025 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2024 total payment	2025 total payment	% change	2024 total payment	2025 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	$103	$101	-1.9%	N/A	N/A	
		26	$58	$58	-	$58	$58	-
		TC	$45	$43	-4.4%	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	$70	$69	-1.4%	N/A	N/A	
		26	$35	$34	-2.9%	$35	$34	-2.9%
		TC	$36	$34	-5.6%	N/A	N/A	

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Medtronic

Medicare physician 2024 vs 2025 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2024 total payment	2025 total payment	% change	2024 total payment	2025 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	$35	-	$35	$35	-
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	$52	$50	-3.8%	N/A	N/A	
		26	$20	$20	-	$20	$20	-
		TC	$32	$31	-3.1%	N/A	N/A	

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Medicare physician 2024 vs 2025 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2024 total payment	2025 total payment	% change	2024 total payment	2025 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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Medtronic

Medicare physician 2024 vs 2025 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2024 total payment	2025 total payment	% change	2024 total payment	2025 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					

2024 PFS Final Rule CMS-1784-F release November 2, 2023. https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1784-f
2025 PFS Final Rule CMS-1807-F release November 1, 2024. https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f

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Medicare physician 2024 vs 2025 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2024 total payment	2025 total payment	% change	2024 total payment	2025 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	$59	$58	-1.7%	N/A	N/A	
		26	$24	$24	-	$24	$24	-
		TC	$35	$35	-	N/A	N/A	

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

Medtronic

Medicare physician 2024 vs 2025 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2024 total payment	2025 total payment	% change	2024 total payment	2025 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	$48	$47	-2.1%	N/A	N/A	
		26	$17	$17	-	$17	$17	-
		TC	$31	$30	-3.2%	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	$59	$57	-3.4%	N/A	N/A	
		26	$24	$24	-	$24	$24	-
		TC	$34	$33	-2.9%	N/A	N/A	

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

Medtronic

Medicare physician 2024 vs 2025 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2024 total payment	2025 total payment	% change	2024 total payment	2025 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	$100	$98	-2.0%	N/A	N/A	
		26	$24	$24	-	$24	$24	-
		TC	$76	$74	-2.6%	N/A	N/A	

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