

New Technology Add-On Payment (NTAP) Guide for PFA Therapy

Overview

Pulsed Field Ablation (PFA) procedures performed in the inpatient setting are eligible for a New Technology Add-on Payment (NTAP), an incremental payment from Medicare (Fee for Service cases only).¹ Centers for Medicare & Medicaid Services (CMS) has determined the PFA NTAP maximum payment of \$6,337.50 for Fiscal Year 2027.¹ See below for more details regarding NTAP, including examples of how the NTAP payment is calculated, and frequently asked questions.

NTAP Calculation

The NTAP amount is based on the total covered cost to hospitals for a PFA case. If the total covered costs of a discharge (derived by multiplying the hospital's operating cost-to-charge ratio (CCR) by the total covered charges for the case) exceed the full MS-DRG payment, Medicare will provide the NTAP add-on payment equal to 65% of the difference between the full MS-DRG payment and hospital's reported cost for the discharge.² Please note that total case reimbursement may vary based on different factors such as outlier payments, however, this guide is only focused on NTAP calculations.

Illustrative NTAP Calculations

The two calculation examples below are for illustration purposes only. In these examples, the NTAP eligibility depends on several factors such as hospital-specific MS-DRG payment rate, operating CCR, and estimated total cost per case.

Table 1. Calculation example for an NTAP-eligible case

DESCRIPTION	CALCULATION		AMOUNT
Hospital Charges per Case (<i>Entire hospital stay, including device</i>)	A		\$110,000
Hospital-Specific Inpatient CCR (<i>published by Medicare</i>)	B		0.30
Hospital Estimated Cost Per Case	C	A x B	\$33,000
Hospital-Specific MS-DRG 274 Payment	D		\$28,000
Hospital Case Cost Minus Hospital-Specific MS-DRG Reimbursement (<i>Hospital case cost must exceed MS-DRG payment</i>)	E	C – D	\$5,000
65% of Hospital Case Cost Minus Hospital-Specific MS-DRG Payment	F	E x 0.65	\$3,250
NTAP Cap (determined by CMS)	G		\$6,337.50
NTAP Payment Amount	H	Lesser of F and G	\$3,250
Estimated Total Hospital Reimbursement [NTAP + hospital-specific MS-DRG payment]		D + H	\$31,250

Table 2. Calculation example for an NTAP-ineligible case

DESCRIPTION		CALCULATION	AMOUNT
Hospital Charges (<i>Entire hospital stay, including device</i>)	A		\$100,000
Hospital-Specific Inpatient CCR (<i>published by Medicare</i>)	B		0.24
Hospital Total Case Cost	C	A x B	\$24,000
Hospital-Specific MS-DRG 274 Payment	D		\$25,000
Hospital Case Cost Minus Hospital-Specific MS-DRG Reimbursement (<i>Hospital case cost must exceed MS-DRG payment</i>)	E	C – D	(\$1,000)
65% of Hospital Case Cost Minus Hospital-Specific MS-DRG Payment	F	E x 0.65	N/A
NTAP Cap (determined by CMS)	G		\$6,337.50
NTAP Payment Amount	H	Lesser of F and G	\$0
Estimated Total Hospital Reimbursement [NTAP + hospital-specific MS-DRG payment]		D + H	\$25,000

To report an irreversible electroporation (IRE) intracardiac catheter ablation (aka Pulse Field Ablation) in the inpatient setting, providers should utilize:

ICD-10-PCS CODE	DESCRIPTION
02583ZF	Destruction of conduction mechanism using irreversible electroporation, percutaneous approach

For Additional Information

Visit our website: [Electrophysiology Resources for Medical Reimbursement | Abbott](#)



Email our Field Reimbursement Team for coverage, coding or payment questions:
abbotteconomics@abbott.com

Frequently Asked Questions

1. Is the NTAP payment for each PFA procedure the same?

No, the NTAP is not a fixed amount and varies for each case. Each PFA case will be assessed for NTAP eligibility and payment individually. The maximum NTAP amount that a hospital can receive is \$6,337.50 per inpatient discharge. Please note that the NTAP amount is **paid once per discharge**, not per the number of devices used in a procedure.

2. Is there specific coding guidance to become eligible for NTAP?

No. There are no specific coding requirements other than using the appropriate **ICD-10-PCS code** that describes the use of PFA (ICD-10-PCS code **02583ZF**: *Destruction of conduction mechanism using irreversible electroporation, percutaneous approach*). The proper code utilization will trigger a calculation of the NTAP payment by your Medicare Administrator Contractor's claims processing system. For comprehensive coding guidance, download the Electrophysiology Coding Guide on the Abbott website: <https://www.cardiovascular.abbott/us/en/hcp/reimbursement/ep/coding-coverage.html>

3. Where can you access the hospital inpatient operating cost-to-charge-ratio (CCR) used in the NTAP payment calculation?

CCRs are sorted by provider and are available at [FY 2027 IPPS Final Rule Home Page | CMS](#). Download the Inpatient Prospective Payment System (IPPS) rule Impact File and search the Excel file by Medicare provider number to find your facility. You can locate the “Operating CCR” in the Excel’s Column AG.

4. How is the total hospital reimbursement amount (including NTAP) calculated for each case?

The total hospital reimbursement amount will consist of the hospital-specific MS-DRG payment in addition to 65% of the difference between the cost of discharge for the hospital and the hospital-specific MS-DRG payment, up to a maximum of \$6,337.50 per case.

5. Can the NTAP amount received by a hospital be less than the maximum \$6,337.50 allowed for a PFA case?

Yes, if the hospital-specific calculation of 65% of the hospital costs minus the hospital-specific DRG payment is less than \$6,337.50, then the lower amount is paid.

6. Do commercial payers and Medicare Advantage plans use NTAP payments?

No, NTAP payment only applies to cases covered under traditional Medicare (Fee-for-Service Medicare).

References:

1. CMS final FY2027 IPPS rule: <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2027-ippss-final-rule-home-page>
2. CMS claim submission requirements. Medicare Claims Processing Manual. <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c26pdf.pdf>
3. ICD-10-PCS Official Guidelines for Coding and Reporting 2026: <https://www.cms.gov/files/document/2026-official-icd-10-pcs-coding-guidelines.pdf>

Rx Only

Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events, and directions for use.

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