

TactiFlex™ Duo Ablation Catheter, Sensor Enabled™ Reimbursement Guide

This TactiFlex™ Duo Ablation Catheter, Sensor Enabled™ Reimbursement Guide is intended to provide educational material tied to the coding, coverage, and payment information related to the TactiFlex™ Duo Ablation Catheter when used in accordance with the product labeling.

Inpatient Coding

To report irreversible electroporation (IRE) and/or radiofrequency (RF) intracardiac catheter ablations in a hospital inpatient setting, providers should use the following ICD-10-PCS codes:

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

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). Please refer to the [NTAP guide](#) on the Electrophysiology Reimbursement website for more information.

Outpatient Coding

To report intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation (PVI) in the outpatient setting, providers should utilize the following CPT* code(s):

CPT* Code	Description
93656	Comprehensive electrophysiologic evaluation with transeptal catheterizations, insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, and intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography with imaging supervision and interpretation, right ventricular pacing/recording, and His bundle recording, when performed
+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 (Use 93657 in conjunction with 93656)

(+) = Indicates add-on code. List add-on code separately in addition to code for primary procedure

*Procedure has a medically unlikely edit (MUE) of 2 units

HCPCS Codes

These HCPCS C-codes should be used to report use of the following devices:

Device	HCPCS Code	Description
TactiFlex™ Duo Ablation Catheter, Sensor Enabled™	C2630	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip
Advisor™ HD Grid X Mapping Catheter, Sensor Enabled™	C1732	Catheter, electrophysiology, diagnostic/ablation, 3D, or vector mapping
Agilis™ NxT Steerable Introducer	C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away
ViewFlex™ X ICE Catheter, Sensor Enabled™	C1759	Catheter, intracardiac echocardiography

Coverage

Medicare does not have explicit local or national coverage policies for intracardiac catheter ablation procedures. Coverage is dependent on whether the procedure is deemed reasonable and necessary based on clinical documentation. Private payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. Abbott recommends that providers refer to specific payer policies to confirm that coverage criteria are met, and, when required, request prior authorization from patients' health plans.

National Medicare Rates

All rates shown are the national Medicare rates for the listed sites of service and effective dates. For hospital/locality specific rates, email Abbotteconomics@abbott.com.

Hospital Outpatient (HOPD), Ambulatory Surgical Center (ASC) & Physician

Effective January 1, 2026 – December 31, 2026

CPT ⁺ Code	Short Descriptor	Work RVU	National Medicare Rate		
			HOPD	ASC	Physician
93656	AF Ablation	16.58	\$26,704	\$20,256	\$807
+93657	Add 'l linear or focal ablation	5.36	Packaged	Packaged	\$261

Package service/item = no separate payment made

Inpatient

Effective October 1, 2026 – September 30, 2027

MS-DRG	Short Description	National Medicare Rate
273	Percutaneous Intracardiac Procedures and Other Procedures w MCC	\$31,761
274	Percutaneous Intracardiac Procedures and Other Procedures w/o MCC	\$24,620
317	Concomitant left atrial appendage closure and cardiac ablation	\$52,381

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

References

1. Physician Prospective Payment-Final rule with Comment Period and Final CY2026 Payment Rates. CMS-1832-F: <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-f>
2. Hospital Outpatient Prospective Payment- Notice of Final Rulemaking (NFRM) CY2026. CMS-1834-FC: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc>
3. Hospital Inpatient Prospective Payment-Final Rule FY 2027 CMS-1849-F: <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2027-ipp-final-rule-home-page>
4. CMS Alpha-Numeric Index HCPCS code set: <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS>

Important Safety Information: [TactiFlex™ Duo Ablation Catheter, Sensor Enabled™ Clinical Evidence](#)

Important Safety Information: [The Advisor™ HD Grid Mapping Catheter, Sensor Enabled™](#)

Important Safety Information: [Agilis™ NxT Steerable Introducer, Dual Reach™](#)

Important Safety Information: [ViewFlex™ X ICE Catheter, Sensor Enabled™](#)

CAUTION: Product(s) intended for use by or under the direction of a physician. Prior to use, reference the Instructions for Use, inside the product carton (when available) or at www.eifu.abbott for more detailed information on Indications, Contraindications, Warnings, Precautions and Adverse Events.

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