HEALTH ECONOMICS & REIMBURSEMENT

AVEIR™ LEADLESS PACEMAKER (LP) SYSTEM

Understanding the AVEIR™ LP System New Technology Add-On Payment (NTAP) Expiration

AVEIR™ LP System New Technology Add-on Payment (NTAP) expires September 30, 2026[1,2]

- NTAP was designed by Centers for Medicare & Medicaid Services (CMS) as a temporary supplemental payment to support early adoption of new technologies.
- Upon NTAP expiration, AVEIR™ LP System inpatient procedures are reimbursed under the standard Medicare DRG methodology, subject to applicable coding, coverage, and hospital-specific factors.[1]
- The financial impact of the AVEIR NTAP expiration may vary by hospital, depending on case mix, site of care, payer mix, and billing practices. Because NTAP applies to a subset of inpatient cases, some hospitals may experience limited impact, while others may see variable effects. Hospitals should independently assess potential implications.

Leadless procedures will continue to map to MS-DRGs 228 and 229.[5]

CMS's FY2027 IPPS Final Rule includes a weighted-average payment increase of approximately 6.4% for MS-DRGs 228 and 229.[5] However, actual hospital reimbursement will vary and may not reflect this average due to hospital-specific adjustments, case mix, and other factors.

Historically, NTAP provided incremental reimbursement to approximately 5-10% of eligible inpatient cases, eligible cases are subject to CMS criteria and time-limited program eligibility.[1-4]*

** Eligible Procedures are AVEIR™ DR Dual Chamber and AVEIR™ AR Upgrades. These historical estimates are illustrative only, are not predictive of future reimbursement, and may not reflect actual realized hospital margins or net financial impact after NTAP expiration*

Outpatient AVEIR™ DR Dual Chamber LP System procedures remain eligible for Transitional Pass-Through (TPT) payment through June 30, 2027.[6]

For general reimbursement information and public source references, contact LeadlessReimbursement@Abbott.com.

Abbott cannot provide coding or billing advice. Providers are responsible for coding and billing decisions.

Note: Medicare maintains National Coverage Determination (NCD) 20.8.4 for leadless pacemakers under coverage with evidence development (CED). Requirements may vary by Medicare Administrative Contractor (MAC); providers should review current NCD and MAC guidance.

Rx Only
Brief Summary: Prior to using these devices, please review the User's Guide for a complete listing of indications, contraindications, warnings, precautions, potential adverse events, and directions for use.

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References:
1. CMS FY 2026 Hospital Inpatient Prospective Payment System (IPPS) Proposed Rule: www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ipps-proposed-rule-home-page
2. Internal Abbott Data.

References (continued):
3. CMS FY 2025 Hospital Inpatient Prospective Payment System (IPPS) Final Rule – Data Files, including Standard Analytical Files (SAFs): https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2025-ipps-final-rule-home-page
4. CMS R13032CP/MM13933 - CMS CY 2026 Hospital Outpatient Prospective Payment System (OPPS) Final Rule: https://www.cms.gov/newsroom/fact-sheets/calendar-year-2026-hospital-outpatient-prospective-payment-system-opps-ambulatory-surgical-center. (Note: TPT is subject to OPPS packaging rules), status indicators, and claim-level factors).
5. CMS FY 2027 Hospital Inpatient Prospective Payment System (IPPS) 1849-F: https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2027-ipps-final-rule-home-page
6. CMS CY 2026 Hospital Outpatient Prospective Payment System (OPPS) Final Rule: https://www.cms.gov/newsroom/fact-sheets/calendar-year-2026-hospital-outpatient-prospective-payment-system-opps-ambulatory-surgical-center

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