

HEALTH ECONOMICS & REIMBURSEMENT

AMBULATORY SURGICAL CENTER (ASC) & PHYSICIAN REIMBURSEMENT GUIDE

CARDIAC RHYTHM MANAGEMENT
ELECTROPHYSIOLOGY
NEUROMODULATION

Ambulatory Surgical Center, Physician

Effective January 1, 2026 to December 31, 2026

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OVERVIEW

This content is intended to provide reference material related to general guidelines for reimbursement when used consistently with the product’s labeling. This content includes information regarding coverage, coding and reimbursement.

DISCLAIMER

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IMPORTANT NOTE

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AMBULATORY SURGICAL CENTER (ASC)¹ & PHYSICIAN²

Effective January 1, 2026 to December 31, 2026

PACEMAKERS

		ASC	PHYSICIAN	
CPT* CODE	DESCRIPTION	ASC RATE	FACILITY RATE	OFFICE RATE
SYSTEM IMPLANT OR REPLACEMENT				
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	\$7,284	\$402	NA
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	\$7,565	\$422	
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	\$7,739	\$456	
GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)				
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	\$6,436	\$302	NA
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	\$7,554	\$315	
SYSTEM UPGRADE: SINGLE CHAMBER TO DUAL CHAMBER 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)	\$7,636	\$426	NA
GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)				
33233	Removal of permanent pacemaker pulse generator only	\$4,483	\$212	NA
GENERATOR REMOVAL WITH REPLACEMENT				
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	\$13,528	\$330	NA
GENERATOR IMPLANT				
33212	Insertion of pacemaker pulse generator only; with existing single lead	\$6,655	\$293	NA
33213	Insertion of pacemaker pulse generator only; with existing dual leads	\$7,681	\$304	
RELOCATION OF SKIN POCKET				
33222	Relocation of skin pocket for pacemaker	\$1,129	\$310	NA
LEAD PROCEDURES				
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	\$5,909	\$331	NA
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	\$6,499	\$330	
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	\$1,624	\$275	
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	\$2,092	\$348	
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	\$2,651	\$341	
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	\$2,092	\$429	
33235	Removal of transvenous pacemaker electrode(s); dual lead system	\$2,092	\$568	

NA = There is no established Medicare payment in this setting.
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AMBULATORY SURGICAL CENTER (ASC)¹ & PHYSICIAN²

Effective January 1, 2026 to December 31, 2026

CARDIAC DEVICE MONITORING

CPT ⁺ CODE	DESCRIPTION	ASC	PHYSICIAN	
		ASC RATE	FACILITY RATE	OFFICE RATE
PACEMAKER/CRT-P DEVICE MONITORING - 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 or leadless pacemaker system in one cardiac chamber	NA	\$31*	\$67
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		\$37*	\$78
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 system		\$41*	\$83
93288	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; single, dual, or multiple lead pacemaker system, or leadless pacemaker system		\$20*	\$55
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system		\$14*	\$44
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days		\$13*	\$40
PACEMAKER/CRT-P DEVICE MONITORING - 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	NA	\$29	\$29
93296 [^]	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results		NA	\$32
ICD/CRT-D DEVICE MONITORING - 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	NA	\$36	\$36
ICD/CRT-D DEVICE MONITORING - 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	NA	\$40*	\$79
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		\$54*	\$97
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 or other qualified health care professional; multiple lead transvenous implantable defibrillator system		\$59*	\$104
93289	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; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements		\$35*	\$71
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified healthcare professional; single, dual, or multiple lead implantable defibrillator system		\$22*	\$52

* The National Facility rates shown with an * reflect payment when modifiers 26 is used (i.e. payment only for the professional component).

[^] 93296: The physician practice may only bill the technical service if the physician personally performs the technical service or employs the staff member who performs the technical service. If a device industry representative is involved in performing the technical service under the physician's direction, then the physician may only bill the professional service (e.g., physician analysis, review(s) and reports(s)).

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AMBULATORY SURGICAL CENTER (ASC)¹ & PHYSICIAN²

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CARDIAC DEVICE MONITORING (CONTINUED)

CPT ⁺ CODE	DESCRIPTION	ASC	PHYSICIAN	
		ASC RATE	FACILITY RATE	OFFICE RATE
ICD/CRT-D DEVICE MONITORING - 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	NA	\$36	\$36
93296 [^]	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results		NA	\$32
IMPLANTABLE CARDIOVASCULAR PHYSIOLOGIC MONITORING - 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	NA	\$20*	\$52
IMPLANTABLE CARDIOVASCULAR PHYSIOLOGIC MONITORING - 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	NA	NA	\$61
ICM DEVICE MONITORING - IN PERSON				
93285	Programming device evaluation, (in person) with iterative adjustment of the implantable device to test function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	NA	\$25*	\$59
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; including heart rhythm derived data analysis, subcutaneous cardiac rhythm monitor system, including heart rhythm derived data		\$17*	\$48
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of heart rhythm derived data, analysis review(s) and report(s) by a physician or other qualified health care professional		NA	\$103

IMPLANTABLE/INSERTABLE CARDIAC MONITORS (ICM)

CPT ⁺ CODE	DESCRIPTION	ASC	PHYSICIAN	
		ASC RATE	FACILITY RATE	OFFICE RATE
IMPLANT				
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	\$7,176	\$76	\$4,016
REMOVAL				
33286	Removal, subcutaneous cardiac rhythm monitor	\$389	\$75	\$129

* The National Facility rates shown with an * reflect payment when modifiers 26 is used (i.e. payment only for the professional component).

[^] 93296: The physician practice may only bill the technical service if the physician personally performs the technical service or employs the staff member who performs the technical service. If a device industry representative is involved in performing the technical service under the physician's direction, then the physician may only bill the professional service (e.g., physician analysis, review(s) and reports(s)).

NA = There is no established Medicare payment in this setting.

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AMBULATORY SURGICAL CENTER (ASC)¹ & PHYSICIAN²

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IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

CPT ⁺ CODE	DESCRIPTION	ASC	PHYSICIAN	
		ASC RATE	FACILITY RATE	OFFICE RATE
SYSTEM IMPLANT OR REPLACEMENT				
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	\$24,776	\$798	NA
GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)				
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	\$18,921	\$329	NA
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	\$18,963	\$342	
GENERAL REMOVAL (BATTERY REMOVAL WITH REPLACEMENT)				
33264	Removal of pacing cardioverter-defibrillator plus generator with replacement of pacing cardioverter-defibrillator plus generator	\$24,920	\$355	NA
GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)				
33241	Removal of implantable defibrillator pulse generator only	\$2,092	\$198	NA
GENERATOR IMPLANT				
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	\$18,581	\$320	NA
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	\$18,932	\$333	
RELOCATION OF SKIN POCKET				
33223	Relocation of skin pocket for implantable defibrillator	\$1,129	\$364	NA
LEAD PROCEDURES				
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	\$5,909	\$331	NA
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	\$6,499	\$330	
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	\$1,624	\$275	
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	\$2,092	\$348	
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	\$2,651	\$341	
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	\$2,092	\$766	

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AMBULATORY SURGICAL CENTER (ASC)¹ & PHYSICIAN²

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CARDIAC RESYNCHRONIZATION THERAPY (CRT)

CRT procedures are often reported with add-on code 33225. Add-on code 33225 can be performed when medically appropriate with the primary service/procedure codes listed below. Add-on codes may not be reported as a stand-alone and must be billed when performed in conjunction with the primary service or procedure. Add-on codes qualify for separate payment for physicians and are not subject to the Physician Multiple Payment Reduction Rule. Medicare does not make separate payment for add-on code 33225 in the ASC setting.

CPT ⁺ CODE	DESCRIPTION	REPORT WITH PRIMARY PROCEDURE CODE	ASC	PHYSICIAN	
			ASC RATE	FACILITY RATE	OFFICE RATE
LEFT VENTRICULAR LEAD PLACEMENT FOR CRT PROCEDURES					
+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)	33206	\$7,284	\$394	NA
		33207	\$7,565		
		33208	\$7,739		
		33212	\$6,654		
		33213	\$7,681		
		33214	\$7,636		
		33216	\$5,909		
		33217	\$6,499		
		33221	\$13,016		
		33223	\$1,128		
		33228	\$7,554		
		33229	\$13,527		
		33230	\$18,931		
		33231	\$25,478		
		33233	\$4,483		
		33234	\$2,092		
		33235	\$2,092		
		33240	\$18,581		
33249	\$24,776				
33263	\$18,963				
33264	\$24,920				

NA = There is no established Medicare payment in this setting.

+ Indicates an add-on-code. List add-on-code(s) separately in addition to the primary procedure performed. It is incumbent upon the physician to determine which, if any, modifiers should be used first.

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ADDITIONAL CODES

		ASC	PHYSICIAN	
CPT ⁺ CODE	DESCRIPTION	ASC RATE	FACILITY RATE	OFFICE RATE
CRT-P PROCEDURES				
C7537	Insertion of atrial pacemaker with left ventricular lead	\$11,054	NA	NA
C7538	Insertion of ventricular pacemaker with left ventricular lead	\$11,334		
C7539	Insertion of atrial and ventricular pacemaker with left ventricular lead	\$11,508		
C7540	Removal and replacement of dual pacemaker with left ventricular lead	\$11,323		
OTHER CRT PROCEDURES				
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	\$7,699	\$442	NA
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	\$2,156	\$423	
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	\$13,528	\$330	
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	\$13,016	\$319	
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	\$24,920	\$355	
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	\$25,478	\$355	

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INTRACARDIAC ABLATION

		ASC	PHYSICIAN	
CPT ⁺ CODE	DESCRIPTION	ASC RATE	FACILITY RATE	OFFICE RATE
INTRACARDIAC ABLATION				
93650	Intracardiac catheter ablation of atrioventricular node function (AV)	\$5,943	NA	NA
93653	Intracardiac catheter ablation of supraventricular tachycardia (SVT)	\$19,176		
93654	Intracardiac catheter ablation of ventricular tachycardia (VT)	\$19,482		
93656	Intracardiac catheter ablation of atrial fibrillation (AF) by pulmonary vein isolation (PVI)	\$20,256		
+93655*	Intracardiac catheter ablation of a discrete mechanism of arrhythmia	Packaged		
+93657*	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of AF remaining after completion of PVI			

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

+ Indicates an add-on-code. List add-on-code(s) separately in addition to the primary procedure performed.

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AMBULATORY SURGICAL CENTER (ASC)¹ & PHYSICIAN²

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SPINAL CORD STIMULATION (SCS)

CPT ⁺ CODE	DESCRIPTION	ASC	PHYSICIAN	
		ASC RATE	FACILITY RATE	OFFICE RATE
TRIAL PROCEDURE				
63650	Percutaneous implantation of neurostimulator electrode array, epidural	\$5,031	\$375	\$2,390
PERMANENT PROCEDURES				
63650	Percutaneous implantation of neurostimulator electrode array, epidural	\$5,031	\$375	\$2,390
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	\$14,406	\$839	NA
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	\$27,486	\$319	
REVISION AND REMOVAL PROCEDURES				
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy when performed	\$949	\$309	\$744
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	\$2,003	\$850	NA
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	\$5,076	\$409	\$954
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) via laminotomy or laminectomy, including fluoroscopy, when performed	\$7,930	\$886	NA
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	\$2,003	\$306	
ELECTRONIC ANALYSIS AND DEVICE PROGRAMMING				
95970*	Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	NA	\$16	\$20
95971*	Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional		\$34	\$50
95972*	Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (e.g., sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional		\$35	\$60

* A physician or an auxiliary person employed by and under the direct supervision of that physician may provide, with or without the support of the manufacturer's representative, analysis and programming of a patient's medical product or device "incident to" the physician's other services performed in the office setting. A patient or his payer should not be billed for analysis and programming services performed at the direction of the physician by a manufacturer's representative. Contact your MAC or other payer for any questions regarding coverage, coding and payment.

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RADIOFREQUENCY ABLATION (RFA)

CPT ⁺ CODE	DESCRIPTION	ASC	PHYSICIAN	
		ASC RATE	FACILITY RATE	OFFICE RATE
CERVICAL SPINE/THORACIC SPINE				
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	\$949	\$172	\$459
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	NA	\$58	\$267
LUMBAR SPINE/SACRAL SPINE				
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	\$949	\$173	\$465
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	NA	\$51	\$252
GENICULAR NERVE				
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	\$949	\$133	\$411
SACROILIAC JOINT				
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (i.e., fluoroscopy or computed tomography)	\$949	\$177	\$496
OTHER PERIPHERAL NERVES				
*64640	Destruction by neurolytic agent; other peripheral nerve or branch	\$197	\$112	\$268
77002	Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)	NA	NA	\$121

* 64640 may not be billed more than 5 times on a single date of service.
 Carrier Priced: Reimbursement amount is determined by the geographic location.
 NA = There is no established Medicare payment in this setting.
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AMBULATORY SURGICAL CENTER (ASC)¹ & PHYSICIAN²

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DEEP BRAIN STIMULATION (DBS)

		ASC	PHYSICIAN	
CPT ⁺ CODE	DESCRIPTION	ASC RATE	FACILITY RATE	OFFICE RATE
DIAGNOSTIC SERVICES				
70450-26	Computed tomography, head or brain; without contrast material	NA	\$39	\$39
70551-26	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material		\$67	\$67
76376-26	3-D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound or other tomographic modality with image post processing under concurrent supervision; not requiring image post processing on an independent workstation		\$9	\$9
76377-26	3-D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound or other tomographic modality with image post processing under concurrent supervision; requiring image post processing on an independent workstation		\$37	\$37
LEAD PROCEDURES				
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g., thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	NA	\$1,496	NA
61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g., thalamus globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)		\$259	
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g., thalamus globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array		\$2,206	
61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g., thalamus globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)		\$459	
61880	Revision or removal of intracranial neurostimulator electrodes	\$2,003	\$620	
INTRAOPERATIVE STIMULATION WITH MICROELECTRODE RECORDING				
95961-26	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of attendance by a physician or other qualified health care professional	NA	\$170	\$170
95962-26	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of attendance by a physician or other qualified health care professional (List separately in addition to code for primary procedure)		\$182	\$182

Electrode implantation procedures (CPT⁺ codes 61863 and 61867) are not included in Medicare's ASC Covered Procedures List (CPL) and must be performed in the Hospital Outpatient or Hospital Inpatient settings.

NA = There is no established Medicare payment in this setting.

Modifier 26 signifies the professional component of the hospital-based services.

It is incumbent upon the physician to determine which, if any modifiers should be used first.

AMBULATORY SURGICAL CENTER (ASC)¹ & PHYSICIAN²

Effective January 1, 2026 to December 31, 2026

DEEP BRAIN STIMULATION (DBS) (CONTINUED)

		ASC	PHYSICIAN	
CPT ⁺ CODE	DESCRIPTION	ASC RATE	FACILITY RATE	OFFICE RATE
IMPLANTABLE PULSE GENERATOR (IPG) PROCEDURES				
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	\$27,985	\$558	NA
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays	\$27,402	\$932	NA
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	\$8,688	\$403	NA
IMPLANTABLE PULSE GENERATOR (IPG) ANALYSIS AND PROGRAMMING*				
95970*	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	NA	\$16	\$20
95983*	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional		\$42	\$52
95984	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)		\$37	\$45

* A physician or an auxiliary person employed by and under the direct supervision of that physician may provide, with or without the support of the manufacturer's representative, analysis and programming of a patient's medical product or device "incident to" the physician's other services performed in the office setting. A patient or his payer should not be billed for analysis and programming services performed at the direction of the physician by a manufacturer's representative. Contact your MAC or other payer for any questions regarding coverage, coding and payment.

NA = There is no established Medicare payment in this setting.
It is incumbent upon the physician to determine which, if any modifiers should be used first.

REFERENCES

1. Ambulatory Surgical Center Payment- Notice of Final Rulemaking (NFRM) CY2026. CMS-1834-FC: www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and-notices/cms-1834-fc
2. Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2026. CMS-1832-F: www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-f

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