



Cardiac Rhythm Management Medicare Reimbursement Report

Pacemakers

Effective January 1, 2026

Hospital	NA - NA
ASC Locale	NATIONAL
Physician Locale:	National

Prepared On:	Aug 18, 2025
--------------	--------------

Information contained herein for DISTRIBUTION in the US ONLY.
©2025 Abbott. All rights reserved. MAT-1901316 v22.0

TERMS AND CONDITIONS

Estimates shown are for illustrative purposes only. This content is not intended for any other purpose. Estimates may be based upon several sources, included but not limited to: primary sources, scientific literature, commercially available data sets, data/inputs provided by the customer, and various external sources.

It should be noted that there are usually differences between modelling estimates and actual results. Abbott does not take responsibility for any such discrepancies. There is no guarantee of any potential economic outcome, including payment, cost savings, or procedure volume. Estimates are modelled using the Medicare Prospective Payment System fee schedule.

Certain Maryland hospitals paid under Maryland Waiver provisions using All Patients Refined Diagnosis Related Groups (APR-DRG) are excluded from payment under the Inpatient Prospective Payment System (IPPS). Providers using any other Medicare payment system are also excluded from this model.

Abbott may not provide Vermont Health Care Providers with any item of value at no-charge unless it is listed in the Vermont statute. Vermont does not list reimbursement or technical support services as items that may be provided. Abbott considers basic coding, coverage and reimbursement information related to procedures involving Abbott products to be “educational items” that are permissible under the Vermont statute. This reimbursement lookup is considered an educational item that is permissible under the Vermont statute.

This information is expressly not to be distributed to third parties. A provider may only receive their own information. Provider data may not be shared to other entities.

Introduction

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. Additional resources can be found at

www.cardiovascular.abbott/us/en/hcp/reimbursement.html

Reimbursement Hotline

Abbott offers a reimbursement hotline, which provides live coding and reimbursement information from dedicated reimbursement specialists. Coding and reimbursement support is available Monday through Friday at 1-855-569-6430. Coding and reimbursement assistance is provided subject to the disclaimers set forth in this content.

Disclaimer

This material and the information contained herein is for general information purposes only and is not intended, and does not constitute, legal, reimbursement, business, clinical, or other advice. Furthermore, it is not intended to and does not constitute a representation or guarantee of reimbursement, payment, or charge, or that reimbursement or other payment will be received. It is not intended to increase or maximize payment by any payer. Abbott makes no express or implied warranty or guarantee that the list of codes and narratives in this document is complete or error-free. Similarly, nothing in this document should be viewed as instructions for selecting any particular code, and Abbott does not advocate or warrant the appropriateness of the use of any particular code. The ultimate responsibility for coding and obtaining payment/reimbursement remains with the customer. This includes the responsibility for accuracy and veracity of all coding and claims submitted to third-party payers. In addition, the customer should note that laws, regulations, and coverage policies are complex and are updated frequently, and, therefore, the customer should check with its local carriers or intermediaries often and should consult with legal counsel or a financial, coding, or reimbursement specialist for any questions related to coding, billing, reimbursement, or any related issues. This material reproduces information for reference purposes only. It is not provided or authorized for marketing use.



INTRO

LOCALE

CARDIAC
DEVICE
MONITORINGIMPLANTABLE /
INSERTABLE CARDIAC
MONITORS (ICM)IMPLANTABLE
CARDIOVERTER
DEFIBRILLATORS (ICD)

PACEMAKERS

CARDIAC
RESYNCHRONIZATION
THERAPY (CRT)HOSPITAL
REPORT

CLOSING



PHYSICIAN CODING

HOSPITAL OUTPATIENT

AMBULATORY SURGERY CENTER

HOSPITAL INPATIENT

ADDITIONAL CODES

PACEMAKERS

Physician National

CPT CODE	DESCRIPTION	WORK RVU	MEDICARE LOCAL RATE		MEDICARE NATIONAL RATE	
			FACILITY	NON-FACILITY	FACILITY	NON-FACILITY
SYSTEM IMPLANT OR REPLACEMENT						
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	6.96	\$402	NA	\$402	NA
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	7.61	\$422	NA	\$422	NA
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	8.31	\$456	NA	\$456	NA
GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)						
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	5.12	\$302	NA	\$302	NA
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	5.38	\$315	NA	\$315	NA
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)	7.4	\$426	NA	\$426	NA
GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)						
33233	Removal of permanent pacemaker pulse generator only	3.06	\$212	NA	\$212	NA
GENERATOR REMOVAL WITH REPLACEMENT						
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	5.65	\$330	NA	\$330	NA

NA: Medicare has not established a payment amount for this code. Check with your local Medicare Administrative Contractor (MAC) to verify the payment amount.

2026 CRM Medicare Reimbursement Lookup

Information contained herein for DISPLAY in the US ONLY. Not to be reproduced, distributed or excerpted.
©2025 Abbott. All rights reserved. MAT-1901316 v22.0

January 1, 2026 - December 31, 2026



INTRO

LOCALE

CARDIAC
DEVICE
MONITORINGIMPLANTABLE /
INSERTABLE CARDIAC
MONITORS (ICM)IMPLANTABLE
CARDIOVERTER
DEFIBRILLATORS (ICD)

PACEMAKERS

CARDIAC
RESYNCHRONIZATION
THERAPY (CRT)HOSPITAL
REPORT

CLOSING



PHYSICIAN CODING

HOSPITAL OUTPATIENT

AMBULATORY SURGERY CENTER

HOSPITAL INPATIENT

ADDITIONAL CODES

PACEMAKERS

Physician National

CPT CODE	DESCRIPTION	WORK RVU	MEDICARE LOCAL RATE		MEDICARE NATIONAL RATE	
			FACILITY	NON-FACILITY	FACILITY	NON-FACILITY
GENERATOR IMPLANT						
33212	Insertion of pacemaker pulse generator only; with existing single lead	4.88	\$293	NA	\$293	NA
33213	Insertion of pacemaker pulse generator only; with existing dual leads	5.15	\$304	NA	\$304	NA
RELOCATION OF SKIN POCKET						
33222	Relocation of skin pocket for pacemaker	4.73	\$310	NA	\$310	NA
LEAD PROCEDURES						
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	5.48	\$331	NA	\$331	NA
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	5.45	\$330	NA	\$330	NA
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	4.80	\$275	NA	\$275	NA
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	5.67	\$348	NA	\$348	NA
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	5.75	\$341	NA	\$341	NA
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	7.47	\$429	NA	\$429	NA
33235	Removal of transvenous pacemaker electrode(s); dual lead system	9.65	\$568	NA	\$568	NA

NA: Medicare has not established a payment amount for this code. Check with your local Medicare Administrative Contractor (MAC) to verify the payment amount.

2026 CRM Medicare Reimbursement Lookup

Information contained herein for DISPLAY in the US ONLY. Not to be reproduced, distributed or excerpted.
©2025 Abbott. All rights reserved. MAT-1901316 v22.0

January 1, 2026 - December 31, 2026

PACEMAKERS

Hospital Outpatient Select a facility

CPT [‡] CODE	DESCRIPTION	STATUS INDICATOR	APC	MEDICARE LOCAL RATE	MEDICARE NATIONAL RATE
SYSTEM IMPLANT OR REPLACEMENT					
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	J1	5223	NA	\$10,678
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	J1	5223	NA	\$10,678
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	J1	5223	NA	\$10,678
GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)					
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	J1	5222	NA	\$8,455
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	J1	5223	NA	\$10,678
SYSTEM UPGRADE: SINGLE CHAMBER TO DUAL CHAMBER PACEMAKER					
33214	Upgrade of implanted pacemaker system, conversion of single-chamber system to dualchamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	J1	5223	NA	\$10,678
GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)					
33233	Removal of permanent pacemaker pulse generator only	Q2	5222	NA	\$8,455
GENERATOR REMOVAL WITH REPLACEMENT					
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	J1	5224	NA	\$19,679

J1: Hospital Part B services paid through a comprehensive APC

Q2: T Packaged codes

2026 CRM Medicare Reimbursement Lookup

Information contained herein for DISPLAY in the US ONLY. Not to be reproduced, distributed or excerpted.
©2025 Abbott. All rights reserved. MAT-1901316 v22.0

January 1, 2026 - December 31, 2026

[INTRO](#)[LOCALE](#)[CARDIAC
DEVICE
MONITORING](#)[IMPLANTABLE /
INSERTABLE CARDIAC
MONITORS \(ICM\)](#)[IMPLANTABLE
CARDIOVERTER
DEFIBRILLATORS \(ICD\)](#)[PACEMAKERS](#)[CARDIAC
RESYNCHRONIZATION
THERAPY \(CRT\)](#)[HOSPITAL
REPORT](#)[CLOSING](#)[PHYSICIAN CODING](#)[HOSPITAL OUTPATIENT](#)[AMBULATORY SURGERY CENTER](#)[HOSPITAL INPATIENT](#)[ADDITIONAL CODES](#)

PACEMAKERS

Hospital Outpatient Select a facility

CPT [‡] CODE	DESCRIPTION	STATUS INDICATOR	APC	MEDICARE LOCAL RATE	MEDICARE NATIONAL RATE
GENERATOR IMPLANT					
33212	Insertion of pacemaker pulse generator only; with existing single lead	J1	5222	NA	\$8,455
33213	Insertion of pacemaker pulse generator only; with existing dual leads	J1	5223	NA	\$10,678
RELOCATION OF SKIN POCKET					
33222	Relocation of skin pocket for pacemaker	T	5054	NA	\$2,108
LEAD PROCEDURES					
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	J1	5222	NA	\$8,455
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	J1	5222	NA	\$8,455
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	J1	5183	NA	\$3,226
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	T	5221	NA	\$3,818
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	T	5221	NA	\$3,818
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	Q2	5221	NA	\$3,818
33235	Removal of transvenous pacemaker electrode(s); dual lead system	Q2	5221	NA	\$3,818

J1: Hospital Part B services paid through a comprehensive APC

Q2: T Packaged codes

T = Significant procedure, multiple reduction applies

PACEMAKERS

Ambulatory Surgery Center (ASC) National

CPT [®] CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	MEDICARE LOCAL RATE	MEDICARE NATIONAL RATE
SYSTEM IMPLANT OR REPLACEMENT					
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	J8	Y	\$7,284	\$7,284
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	J8	Y	\$7,565	\$7,565
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	J8	Y	\$7,739	\$7,739
GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)					
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	J8	Y	\$6,436	\$6,436
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	J8	Y	\$7,554	\$7,554
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)	J8	Y	\$7,636	\$7,636
GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)					
33233	Removal of permanent pacemaker pulse generator only	G2	N	\$4,483	\$4,483
GENERATOR REMOVAL WITH REPLACEMENT					
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	J8	Y	\$13,528	\$13,528

J8: Device-intensive procedure; paid at an adjusted rate.

PACEMAKERS

Ambulatory Surgery Center (ASC) National

CPT [®] CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	MEDICARE LOCAL RATE	MEDICARE NATIONAL RATE
GENERATOR IMPLANT					
33212	Insertion of pacemaker pulse generator only; with existing single lead	J8	Y	\$6,655	\$6,655
33213	Insertion of pacemaker pulse generator only; with existing dual leads	J8	Y	\$7,681	\$7,681
RELOCATION OF SKIN POCKET					
33222	Relocation of skin pocket for pacemaker	A2	Y	\$1,129	\$1,129
LEAD PROCEDURES					
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	J8	Y	\$5,909	\$5,909
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	J8	Y	\$6,499	\$6,499
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	G2	Y	\$1,624	\$1,624
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	G2	Y	\$2,092	\$2,092
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	J8	Y	\$2,651	\$2,651
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	G2	N	\$2,092	\$2,092
33235	Removal of transvenous pacemaker electrode(s); dual lead system	G2	N	\$2,092	\$2,092

A2: Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight.

G2: Non-office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight

J8: Device-intensive procedure; paid at an adjusted rate.

PACEMAKERS

Hospital Inpatient Select a facility

Note: report the combination of device insertion and/or lead(s) codes that best describes the procedure performed

ICD-10 PCS CODE	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	MEDICARE LOCAL RATE	MEDICARE NATIONAL RATE
PERMANENT CARDIAC PACEMAKER IMPLANT (DRGs 242, 243 AND 244)				
0JH60PZ	Insertion of cardiac rhythm related device into chest subcutaneous tissue and fascia, open approach	242 with MCC	NA	\$23,233
0JH63PZ	Insertion of cardiac rhythm related device into chest subcutaneous tissue and fascia, percutaneous approach			
0JH80PZ	Insertion of cardiac rhythm related device into abdomen subcutaneous tissue and fascia, open approach			
0JH83PZ	Insertion of cardiac rhythm related device into abdomen subcutaneous tissue and fascia, percutaneous approach	243 with CC	NA	\$15,506
0JH604Z	Insertion of pacemaker, single chamber into chest subcutaneous tissue and fascia, open approach			
0JH634Z	Insertion of pacemaker, single chamber into chest subcutaneous tissue and fascia, percutaneous approach			
0JH804Z	Insertion of pacemaker, single chamber into abdomen subcutaneous tissue and fascia, open approach	244 without CC/MCC	NA	\$13,153
0JH834Z	Insertion of pacemaker, single chamber rate responsive into abdomen subcutaneous tissue and fascia, percutaneous approach			
0JH605Z	Insertion of pacemaker, single chamber rate responsive into chest subcutaneous tissue and fascia, open approach			
0JH635Z	Insertion of pacemaker, single chamber rate responsive into chest subcutaneous tissue and fascia, percutaneous approach			

Continued on next page

CC: complication or comorbidity. MCC: a major complication or comorbidity when used as a secondary diagnosis

2026 CRM Medicare Reimbursement Lookup

Information contained herein for DISPLAY in the US ONLY. Not to be reproduced, distributed or excerpted.
©2025 Abbott. All rights reserved. MAT-1901316 v22.0

October 1, 2025 - September 30, 2026

PACEMAKERS

Hospital Inpatient Select a facility

Note: report the combination of device insertion and/or lead(s) codes that best describes the procedure performed

ICD-10 PCS CODE	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	MEDICARE LOCAL RATE	MEDICARE NATIONAL RATE
PERMANENT CARDIAC PACEMAKER IMPLANT (DRGs 242, 243 AND 244) (continued)				
0JH805Z	Insertion of pacemaker, single chamber rate responsive into abdomen subcutaneous tissue and fascia, open approach	242 with MCC	NA	\$23,233
0JH835Z	Insertion of pacemaker, single chamber rate responsive into abdomen subcutaneous tissue and fascia, percutaneous approach			
0JH606Z	Insertion of pacemaker, dual chamber into chest subcutaneous tissue and fascia, open approach			
0JH636Z	Insertion of pacemaker, dual chamber into chest subcutaneous tissue and fascia, percutaneous approach	243 with CC	NA	\$15,506
0JH806Z	Insertion of pacemaker, dual chamber into abdomen subcutaneous tissue and fascia, open approach			
0JH836Z	Insertion of pacemaker, dual chamber into abdomen subcutaneous tissue and fascia, percutaneous approach			
02HK4JZ	Insertion of pacemaker lead into right ventricle, percutaneous endoscopic approach	244 without CC/MCC	NA	\$13,153
02HK3JZ	Insertion of pacemaker lead into right ventricle, percutaneous approach			
02HK0JZ	Insertion of pacemaker lead into right ventricle, open approach			

CC: complication or comorbidity. MCC: a major complication or comorbidity when used as a secondary diagnosis

PACEMAKERS

Hospital Inpatient Select a facility

Note: report the combination of device insertion and/or lead(s) codes that best describes the procedure performed

ICD-10 PCS CODE	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	MEDICARE LOCAL RATE	MEDICARE NATIONAL RATE
CARDIAC PACEMAKER DEVICE REPLACEMENT (DRGs 258 AND 259)				
0JPT0PZ	Removal of cardiac rhythm related device from trunk subcutaneous tissue and fascia, open approach	258 with MCC	NA	\$22,864
0JPT3PZ	Removal of cardiac rhythm related device from trunk subcutaneous tissue and fascia, percutaneous approach	259 without MCC	NA	\$14,714
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT (DRGs 260, 261 AND 262)				
02WA0MZ	Revision of cardiac lead in heart, open approach	260 with MCC 261 with CC 262 without CC/MCC	NA	\$23,670
02WA3MZ	Revision of cardiac lead in heart, percutaneous approach		NA	\$13,757
02WA4MZ	Revision of cardiac lead in heart, percutaneous endoscopic approach		NA	\$11,860
0JWT0PZ	Revision of cardiac rhythm related device in trunk subcutaneous tissue and fascia, open approach	262 without CC/MCC	NA	\$11,860
0JWT3PZ	Revision of cardiac rhythm related device in trunk subcutaneous tissue and fascia, percutaneous approach			

CC: complication or comorbidity. MCC: a major complication or comorbidity when used as a secondary diagnosis

PACEMAKERS

HCPCS Device Category C-Codes

C-CODE	DESCRIPTION
PACEMAKER GENERATOR IMPLANT	
C1785	Pacemaker, dual-chamber, rate-responsive (implantable)
C2621	Pacemaker, other than single or dual-chamber (implantable)
C2620	Pacemaker, single-chamber, non-rate-responsive (implantable)
C1786	Pacemaker, single-chamber, rate-responsive (implantable)
C2619	Pacemaker, dual-chamber, non-rate-responsive (implantable)
LEADS	
C1883	Adapter/extension, pacing lead or neurostimulator (implantable)
C1900	Lead, left ventricular coronary venous system
C1898	Lead, pacemaker, other than transvenous VDD single pass
C1779	Lead, pacemaker, transvenous VDD single pass

ICD-10-CM Diagnosis Codes

Diagnosis codes are used by both hospitals and physicians to document the indication for the procedure. For Cardiac Pacemaker, Implantable Cardioverter Defibrillator (ICD) and Implantable/Insertable Cardiac Monitors (ICM) patients, there are many possible diagnosis code scenarios and a wide variety of possible combinations. The possible scenarios and combinations are too numerous to capture in this document. The customer should check with their local carriers or intermediaries and should consult with legal counsel or a financial, coding or reimbursement specialist for coding, reimbursement or billing questions related to ICD-10-CM diagnosis codes.

1. FY2025 IPPS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: December 2025].
<https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2025-ippss-final-rule-home-page>
2. CY2026 ASC Final Notice Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: December 2025].
<https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and-notice>
3. CY2026 MPFS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: December 2025].
<https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice>
4. CY2026 OPSS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: December 2025].
<https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice>
5. FY2026 IPPS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: August 2025].
<https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ippss-final-rule-home-page>
6. CY2025 OPSS Final Rule with Correction Notice. U.S. Centers for Medicare and Medicaid Services. [cited: November 2025].
<https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice>
7. Provider Outpatient Hospital Charge Data by APC, CY2023. [cited: December 2025].
<https://data.cms.gov/provider-summary-by-type-of-service/medicare-outpatient-hospitals/medicare-outpatient-hospitals-by-provider-and-service>
8. Medicare Inpatient Hospitals - by Provider and Service - FY2023 [cited: Aug 2025].
<https://data.cms.gov/provider-summary-by-type-of-service/medicare-inpatient-hospitals/medicare-inpatient-hospitals-by-provider-and-service>
9. HOSPITAL ACUTE INPATIENT SERVICES PAYMENT SYSTEM - PAYMENT BASICS [cited: September 2023]
https://www.medpac.gov/wp-content/uploads/2021/11/MedPAC_Payment_Basics_22_hospital_FINAL_SEC.pdf
10. CGS Medicare Part B Fees [cited: January 2021].
<https://www.cgsmedicare.com/partb/fees/index.html>
11. First Coast Service Options (FCSO) Medicare Part B Fees [cited: January 2021].
https://medicare.fcso.com/SharedTools/faces/FeeSchedule_en.jsp?lob=&state=
12. National Government Services (NGS) Medicare Fee Schedule Lookup [cited: September 2023].
<https://www.ngsmedicare.com/web/ngs/fee-schedules-and-pricers?lob=93617&state=97256®ion=93623>
13. Noridian Healthcare Solutions Medicare Contractor Status Codes (C-Status) [cited: January 2021].
<https://med.noridianmedicare.com/web/jeb/fees-news/fee-schedules/contractor-status-codes-c-status>
14. Novitas Solutions Medicare Physician's Fee Schedule [cited: September 2023].
<https://www.novitas-solutions.com/webcenter/portal/Medicare.JH/FeeLookup>
15. Palmetto GBA Medicare Physician Fee Schedule Part B [cited: January 2021].
https://www.palmettogba.com/palmetto/fees_front.nsf/fee_main?OpenForm
16. WPS Medicare Physician Fee Schedules [cited: January 2021].
<https://www.wpsgha.com/wps/portal/mac/site/fees-and-reimbursements/guides-and-resources/2021-mpfs/!ut/p/z0/fczRCoMgFIDhJ5JjDqTbNhouku1q2LmJwzKTNhWtPf96gJ3-8PEDggEM9PWONh8DvY8eUI4PpaSgat7fhea80dfnqa37862R0AH-B8dBZH3RDjDRtjAf5gjG7X6yhVGYWLYI7vllCxiBRcU-aS6QVhx-vBIfIAI/>

Information contained herein for DISTRIBUTION in the US ONLY.

Abbott

One St. Jude Medical Dr., St. Paul, MN 55117, USA, Tel: 1 651 756 2000

™ indicates a trademark of the Abbott Group of Companies

‡ Indicates a third party trademark, which is property of its respective owner.

www.cardiovascular.abbott

©2025 Abbott. All rights reserved. MAT-1901316 v22.0

HE&R approved for non-promotional use only.

