

In July 2021, CMS Proposed a new Rule Related to Bundled Ablation Codes.

If the rule goes into effect in January 2022, billable services associated with SVT and AF ablation, such as intracardiac 3D mapping, left-atrial pacing, and ICE, will be bundled and valued for only the primary code, causing a net reduction in reimbursement.

This will result in drastic payment cuts for electrophysiology services.

## WHY IS THIS HAPPENING?

Physician work surveys executed by the ACC and Heart Rhythm Society (HRS) in the fall of 2020 for the RUC demonstrated notable reductions in procedure times, which is a key factor in fee-for service RVU rating. Additional surveys were launched by ACC and HRS in the spring of 2021 to check the accuracy of the first. Those surveys also showed significant reductions in procedure times.

Additional surveys are being assessed to check the accuracy of the previous surveys so as to resolve any flaws from the initial survey, such as survey respondents probably not understanding the new descriptors. CMS has put the decision on hold.

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+1 (800) 901-4286
NEWYORKOFFICE@MEDITRIAL.NET
WWW.MEDITRIAL.NET

## WHAT DOES IT MEAN FOR YOU?

Reimbursement is a dynamic process. It is important to closely monitor coding and reimbursement for the procedures your device is used for to avoid reimbursement cut surprises that impact your business. Billions in market cap can be lost in days if companies are unprepared. Meditrial helps companies to keep up with reimbursement codes and formulate strategies to address issues before they gain traction.

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JIM HARMON, HEAD OF GLOBAL MARKET ACCESS & REIMBURSEMENT