

Negotiating with Your Employer for RVU-Based Physician Compensation for Ablation Services

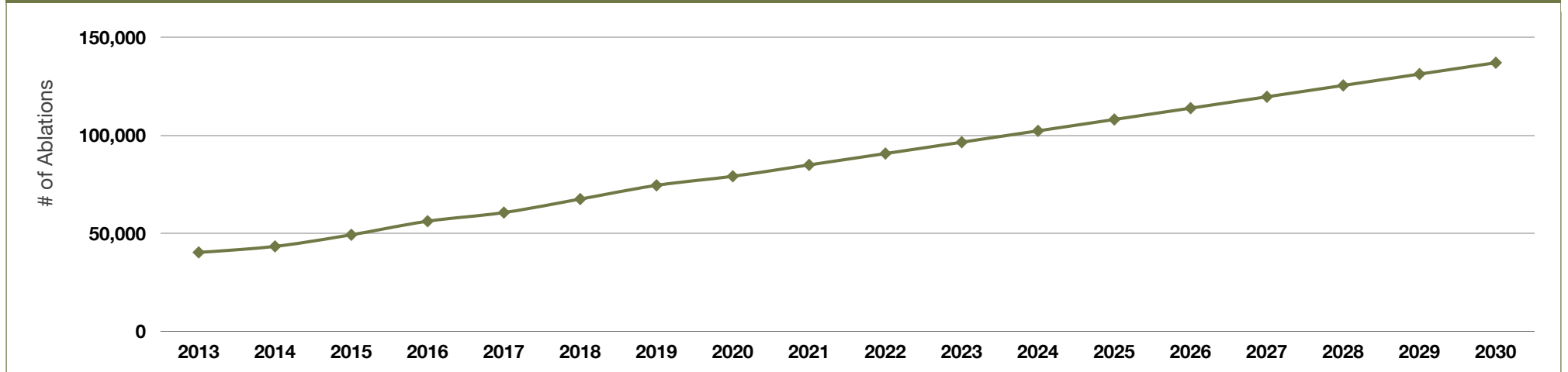
Despite the CMS physician work RVU reductions for ablation services, facility payments for these services are increasing. Meanwhile, the demand for ablation services is growing rapidly. It is important that healthcare systems ensure fair reimbursement for electrophysiologists to safeguard the ability to meet future ablation demand.

Comparison of Physician Payment vs. Facility Payment for Ablation Services 2021-2023

Code	Description	CMS Physician Payments			CMS Facility Payments		
		CMS 2021 Equiv. RVUs	CMS 2023 Final RVUs	CMS 2023 Final: % Change 2021 to 2023	2021 APC Code 5213	2023 APC Code 5213	APC Code 5213: % Change 2021 to 2022
93656	AF Ablation + 3D Mapping and ICE	26.44	17.00	-35.70%	\$21,464.41	\$23,481.29	9.40%
93653	SVT Ablation + 3D Mapping and LA Pacing	22.08	15.00	-32.07%	\$21,464.41	\$23,481.29	9.40%
93654	VT Ablation	19.75	18.10	-8.35%	\$21,464.41	\$23,481.29	9.40%
93655	Add On Ablate Arrhythmia	7.50	5.50	-26.67%	N/A	N/A	N/A
93657	Add On Treat Additional AF Foci	7.50	5.50	-26.67%	N/A	N/A	N/A

APCs or "Ambulatory Payment Classifications" = Facility payments for outpatient services for the Medicare program
 APC Code 5213 = Level 3 EP procedures
 N/A = Items or services are packaged into the APC

Medicare FFS Ablations 2013-2019, 2020+ Forecasted



Source: Data publicly available via the Medicare Physician & Other Practitioners by Provider and Service dataset
<https://data.cms.gov/provider-summary-by-type-of-service/medicare-physician-other-practitioners/medicare-physician-other-practitioners-by-provider-and-service>