

Electrophysiology in Ambulatory Surgery Centers: A New Era for Cardiac Care

By Lori Griffith

The landscape of cardiovascular care is undergoing a seismic shift. For decades, cardiac electrophysiology (EP) procedures—such as catheter ablations for atrial fibrillation and other arrhythmias—were confined to hospital settings due to their complexity and perceived safety concerns. That paradigm is changing. Beginning January 1, 2026, the Centers for Medicare & Medicaid Services (CMS) will allow key EP procedures to be performed in Ambulatory Surgery Centers (ASCs), marking one of the most significant advancements in outpatient cardiac care in more than two decades. This policy change is not just a regulatory update—it's a strategic opportunity for ASCs to expand their service lines, improve patient access, and capture new revenue streams.

What Changed? CMS Opens the Door for EP in ASCs

In its 2026 final rule, CMS added cornerstone EP ablation codes—including CPT 93650, 93653, 93654, and 93656—to the ASC Covered Procedures List (ASC-CPL). Historically, these procedures were restricted to hospital outpatient departments due to concerns about complexity and emergency preparedness. CMS's decision reflects years of advocacy by the Heart Rhythm Society (HRS), the American College of Cardiology (ACC), and other stakeholders, as well as mounting evidence that ASCs can safely and effectively perform these procedures. Advances in technology, improved workflows, and robust safety data have made EP ablations appropriate for the ASC setting. All primary ablation procedures were assigned device-intensive payment indicators, ensuring reimbursement accounts for the specialized equipment required.

All primary EP ablation procedures added to the ASC Covered Procedures List (CPT 93650, 93653, 93654, and 93656) were assigned the **J8 device-intensive payment indicator**. This designation means CMS recognizes that these procedures require significant, costly devices and equipment (e.g., mapping systems, ablation catheters, generators) and adjusts payment accordingly to cover those costs. The J8 indicator ensures that the ASC facility payment includes a device offset amount based on the average cost of the required devices.

Why This Matters: Clinical and Financial Impact

The need for atrial fibrillation (AFib) treatment is projected to rise dramatically over the next decade, driven by demographic and lifestyle trends. AFib is already the most common sustained cardiac arrhythmia, and its prevalence is accelerating due to aging populations and increasing

rates of hypertension, diabetes, and obesity. In the United States alone, the number of people living with AFib is expected to grow from about 6 million today to **12.1 million by 2030**, according to CDC estimates.

This surge in prevalence is fueling demand for both pharmacological therapies and advanced interventional treatments, particularly catheter ablation. Market analyses show that the global atrial fibrillation treatment sector is projected to grow from **\$26.89 billion in 2024 to \$65.33 billion by 2033**, at a compound annual growth rate (CAGR) of over 10%. Catheter ablation, which already accounts for more than half of procedural revenue, is expected to be the fastest-growing treatment segment, supported by technological innovations such as pulsed field ablation and 3D electro-anatomical mapping. (1)

Several factors explain this trend. First, AFib is strongly age-related, and the global population over 65 is expanding rapidly. Second, improved diagnostic capabilities, including wearable ECG monitors and AI-driven arrhythmia detection, are uncovering more cases earlier. Third, clinical guidelines increasingly recommend early rhythm control strategies, including ablation, for better long-term outcomes. These dynamics mean healthcare systems will face mounting pressure to provide timely, cost-effective AFib care, and facilities equipped for electrophysiology procedures, such as Ambulatory Surgery Centers, are well-positioned to meet this demand.

The inclusion of EP procedures in ASCs is a game-changer for patients, providers, and payers. For patients, the ASC setting offers shorter wait times, lower out-of-pocket costs, and a more convenient environment compared to hospitals. Facility fees for ablations in ASCs are often 30–50% lower than hospital outpatient charges, reducing financial burden while maintaining quality care. For the healthcare system, this shift translates into significant Medicare savings—potentially hundreds of millions annually—while freeing up hospital capacity for higher-acuity cases. For ASCs, EP represents a high-value specialty with strong growth potential.

Operational and Financial Considerations for ASCs Adding EP Services

Adding electrophysiology (EP) services to an Ambulatory Surgery Center (ASC) requires a comprehensive approach that goes far beyond simply updating the procedure list. The first step is ensuring the facility has the right infrastructure. EP procedures demand advanced mapping systems,

ablation generators, and specialized catheters, as well as imaging capabilities like fluoroscopy and intracardiac echocardiography. These requirements often necessitate electrical upgrades, dedicated power circuits, and larger procedure rooms to accommodate the equipment and staff.

Staffing is equally critical; ASCs must recruit or train a team that includes experienced electrophysiologists, specialized nurses and technicians familiar with EP workflows, and anesthesia providers skilled in managing longer, complex cases. Comprehensive staff training should cover not only procedural workflows, but also emergency protocols. Emergency preparedness cannot be overlooked. ASCs should establish formal transfer agreements with nearby hospitals, maintain fully stocked crash carts and pericardiocentesis kits, and conduct regular simulation drills to ensure readiness for critical events. Cross-training for emergency response is essential, as rare but serious complications such as cardiac tamponade require immediate intervention.

Patient selection is one of the most critical factors in ensuring the safety and success of electrophysiology (EP) procedures performed in an Ambulatory Surgery Center. The ideal candidates are generally low-risk patients with stable cardiovascular status and minimal comorbidities, as these individuals are less likely to experience complications that require inpatient care. Patients should have well-controlled conditions such as hypertension or diabetes and no recent history of severe heart failure, significant structural heart disease, or unstable arrhythmias. Careful pre-procedure screening, including thorough cardiac imaging and laboratory evaluation, helps identify those who can safely undergo ablation or other EP interventions in an outpatient setting. Additionally, patients should be able to tolerate moderate sedation or anesthesia and have reliable social support for post-procedure recovery at home. Selecting appropriate candidates not only minimizes clinical risk but also supports efficient workflow and same-day discharge protocols, which are essential for ASC operations. By prioritizing patient safety through rigorous selection criteria, ASCs can deliver high-quality EP care while maintaining compliance and optimizing outcomes.

Strategic financial planning is essential to unlock the full potential of ASC-based EP programs. A rigorous ROI analysis ensures that capital investments in advanced equipment and specialized staffing translate into measurable returns. By negotiating competitive payer contracts and leveraging bundled payment models, ASCs can significantly outperform traditional reimbursement structures. While Medicare rates for EP ablations in ASCs are lower than hospital outpatient rates, the efficiency gains—reduced overhead, streamlined workflows, and optimized case throughput—more than offset this gap. For example, a pulmonary vein isolation (CPT 93656) reimburses approximately \$20,500 in an ASC versus \$26,900 in a hospital, yet the ASC model delivers superior margin through operational efficiency. Executives who prioritize these strategies position their organizations for sustainable growth, enhanced profitability, and market leadership in a rapidly evolving cardiovascular care landscape.

Challenges and Regulatory Hurdles

Despite CMS approval, many states impose additional requirements such as certificate-of-need (CON) laws, which can restrict the expansion of cardiovascular services. Licensing regulations may also mandate specific facility standards, including emergency preparedness protocols and equipment certifications, before granting approval for high-acuity procedures like EP ablations. Additionally, many states require ASCs to obtain a third-party accreditation as part of their licensing or regulatory compliance process.

While formal specialty accreditation – such as programs offered by organizations like ours – is not mandated by most states, it is increasingly encouraged or used as a benchmark for compliance and quality assurance. These accreditations—endorsed by bodies like SCAI, cover areas such as cath/PCI, and electrophysiology. Specialty accreditation is a powerful differentiator that validates a facility's commitment to excellence and positions it as a trusted leader in patient care. Accreditation demonstrates that the ASC meets rigorous, nationally recognized standards for safety, quality, and clinical outcomes—standards that go beyond basic regulatory compliance. In an increasingly competitive healthcare environment, accreditation signals that the facility is not only capable of performing complex procedures but is dedicated to continuous improvement and best practices. Ultimately, achieving specialty accreditation is an investment in reputation, growth, and long-term success, ensuring the ASC stands out as a destination for high-quality, cost-effective care.

Beyond state-level hurdles, ASCs must ensure compliance with federal quality reporting programs, such as the ASC Quality Reporting Program, and adhere to stringent documentation standards for device-intensive procedures to secure proper reimbursement. Private payers often lag behind Medicare in adopting new coverage policies, creating delays in contract negotiations and potential gaps in payment. These challenges underscore the importance of early engagement with legal and compliance experts, proactive dialogue with payers, and thorough planning to meet both clinical and regulatory expectations.

The integration of electrophysiology procedures into Ambulatory Surgery Centers marks a pivotal moment in the evolution of outpatient cardiac care. ASCs have an unprecedented opportunity to expand their capabilities, improve patient access, and capture a high-growth service line by delivering high-quality, cost-effective care in a patient-friendly environment. Success will require strategic planning, investment in technology and talent, and a commitment to safety and quality. For ASCs willing to embrace innovation and uphold the highest standards of care, adding EP services is not just an expansion, it's a strategic transformation that positions the facility at the forefront of cardiovascular excellence. The future of cardiac care is moving outpatient, and now is the time for ASCs to lead that change.

References

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