



Patient Out-Of-Pocket Spending for Combined Cardiac Ablation and WATCHMAN™ Procedures

A typical Medicare patient who has not yet met their annual deductibles in 2026 will pay no more than \$3,467 in out-of-pocket costs to receive combined cardiac ablation and WATCHMAN™ procedures.

The table below shows the most common post-procedure drug regimens prescribed by physicians after cardiac ablation + WATCHMAN procedures. Post drug regimens can vary based on provider, patient health history, and other factors. Please consult your physician with further questions.

Estimated 2026 Medicare Patient Out-of-Pocket Costs for Cardiac Ablation + WATCHMAN				
Before the Procedures		Cardiac Ablation + WATCHMAN		After the Procedures
Pre-screening TEE ^{1,2}	\$133	Inpatient Deductible ³ (Medicare Part A)	\$1,736	Drug Regimen ⁴
				Warfarin
				OR
				DOAC
				First Follow-up TEE ²
				1-year Follow-up TEE ²
		Medical Services ³ Deductible (Medicare Part B)	\$283	
		Physician Professional Fee Co-pays ²		
		PVI Ablation	\$161	
		LAAC	\$62	
		Anesthesiologist	\$130	
		Intraoperative TEE Operator	\$38	
Total	\$133		\$2,411	\$347 - \$923
Total Max Estimated 2026 Medicare Patient OOP Costs: \$3,467				

Note: Estimated costs are based on national averages of 2026 U.S. Medicare rates. These estimates will vary depending upon the patient's individual healthcare policy. Insurance coverage can vary significantly from one plan to another, even within the same insurance company. We therefore recommend that patients contact their insurance provider directly with questions regarding estimated patient-specific out-of-pocket costs.

1. The pre-screen TEE cost will be different if it is completed within 72 hours before hospital admission due to the 3-Day Payment window. Source: CMS MLN Matters, SE20024, December 3, 2020.
2. Patient Costs are calculated based on Medicare beneficiaries 20% coinsurance payment for Part B services, for both hospital (where applicable) and physician work. Rates are CY2026 Medicare rates set by the CY2026 CMS Physician Fee Schedule and CY2026 CMS Hospital Outpatient Prospective Payment System Annual Rules. Payments from Optum, Inc. Accessed 01/13/2026.
3. Traditional Medicare beneficiaries 2026 Part A (\$1,736), (\$283) Part B, and (\$615) Part D deductibles may have already been met for patients if they have had prior medical services unrelated to WATCHMAN procedures.
4. Post-procedure drug prices are sourced from GoodRx.com, using Xarelto and Eliquis. This scenario assumes that a traditional Medicare beneficiary has paid \$0 towards their 2026 Medicare Part D deductible (\$615) and a 25% copay. Post-ablation antiarrhythmic drugs and aspirin not included in the calculation. Post- drug regimens can vary by provider, patient health history, and other factors.

IMPORTANT INFORMATION

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It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters.

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Product Information & Brief Summaries:

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[FARAPULSE Pulsed Field Ablation System Indications, Safety and Warnings - Boston Scientific](#)

