UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549

FORM 8-K

CURRENT REPORT

PURSUANT TO SECTION 13 OR 15(d) of the
SECURITIES EXCHANGE ACT OF 1934

Date of Report (Date of earliest event reported): January 13, 2025

AtriCure, Inc.
(Exact name of registrant as specified in charter)

Delaware	**000-51470**	**34-1940305**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

7555 Innovation Way, Mason OH 45040
(Address of Principal Executive Offices, and Zip Code)

(513) 755-4100
(Registrant's Telephone Number, Including Area Code)

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $.001 par value	ATRC	NASDAQ Global Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02. Results of Operations and Financial Condition.

On January 13, 2025, AtriCure issued a press release announcing its preliminary financial results for the fourth quarter and full year ended December 31, 2024. A copy of the press release is furnished as Exhibit 99.1 to this Form 8-K and is incorporated herein by reference.

The information in Item 2.02 of Form 8-K and in the press release attached as Exhibit 99.1 is being furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that Section. The information in each of Item 2.02 of this Form 8-K and Exhibit 99.1 shall not be incorporated by reference in any filing or other document under the Securities Act of 1933, as amended, or the Exchange Act, except as shall be expressly set forth by specific reference in any such filing or document.

Item 7.01. Regulation FD Disclosure.

During the week of January 13, 2025 the Company is holding meetings with investors discussing, among other topics, an overview of the Company's business and growth strategy. A copy of the investor presentation, which is available at www.atricure.com, is furnished as Exhibit 99.2 to this Form 8-K and is incorporated herein by reference.

Information in the presentation and the press release contains forward-looking statements regarding future events and performance of the Company. All such forward-looking statements are based largely on the Company's experience and perception of current conditions, trends, expected future developments and other factors, and on management's expectations, and are subject to risks and uncertainties that could cause actual results to differ materially, including, but not limited to, those factors described in the presentation and in the Company's filings with the Securities and Exchange Commission. The Company disclaims any intention or obligation to update or revise any financial or other projections or other forward-looking statements, whether because of new information, future events or otherwise.

The information in each of Item 2.02 and Item 7.01 of this Form 8-K and in the press release attached as Exhibit 99.1 and the presentation attached as Exhibit 99.2 is being furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that Section. The information in each of Item 2.02 and Item 7.01 of this Form 8-K and each of Exhibit 99.1 and Exhibit 99.2 shall not be incorporated by reference in any filing (whether made before or after the date hereof) or any other document under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in any such filing or document.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits

No.	Description
99.1	Press Release dated January 13, 2025.
99.2	Investor Presentation.
104	Cover Page Interactive Data File--the cover page XBRL tags are embedded within the Inline XBRL document.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

ATRICURE, INC.

Dated: January 13, 2025

By: /s/ Angela L. Wirick
Angela L. Wirick
Chief Financial Officer

Exhibit 99.1

For immediate release
January 13, 2025

AtriCure Reports Preliminary Results for Fourth Quarter and Full Year 2024, Provides Financial Outlook for 2025, and Announces Upcoming Analyst & Investor Day

MASON, Ohio, January 13, 2025 – AtriCure, Inc. (Nasdaq: ATRC), a leading innovator in surgical treatments and therapies for atrial fibrillation (Afib), left atrial appendage (LAA) management and post-operative pain management, today announced preliminary financial results for the fourth quarter and full year 2024 and provided 2025 financial guidance. Additionally, AtriCure announced that it will host an Analyst & Investor Day at its headquarters in Mason, Ohio on Wednesday, March 26, 2025.

Preliminary, unaudited revenue for fourth quarter 2024 is expected to be $124.3 million, reflecting growth of approximately 17% as reported and on a constant currency basis over the fourth quarter of 2023. U.S. revenue is expected to be $101.6 million, reflecting growth of approximately 14%, and international revenue is expected to be $22.7 million, an increase of approximately 28% as reported and on a constant currency basis. Fourth quarter revenue was driven by strong growth in our cryoSPHERE® devices for pain management, AtriClip® devices in open chest procedures, and the EnCompass® clamp.

Preliminary, unaudited revenue for full year 2024 is expected to be $465.3 million, reflecting growth of approximately 17% as reported and on a constant currency basis over full year 2023. As previously communicated, management expects full year 2024 positive adjusted EBITDA of approximately $26 million to $29 million, and full year 2024 adjusted loss per share of approximately $0.74 to $0.80. Adjusted EBITDA, adjusted loss per share and constant currency revenue growth are non-GAAP measures. AtriCure will provide a reconciliation of non-GAAP measures to the related GAAP measure in the release of audited 2024 results. Management will discuss financial results on the fourth quarter and full year 2024 conference call in February.

“2024 was another year of remarkable growth and innovation for AtriCure. We introduced several new products, expanded the reach of our franchises, and continued to deliver best-in-class solutions for providers and patients around the world,” said Michael Carrel, President and Chief Executive Officer of AtriCure. “We expect overall momentum of our business to continue in 2025 despite ongoing pressure in our U.S. Hybrid franchise. Our focus on growth, innovation, market expansion, and increasing profitability are key initiatives for the year ahead.”

2025 Financial Guidance

Management projects 2025 revenue of approximately $517 million to $527 million and full year 2025 positive adjusted EBITDA of approximately $40 million to $44 million. Additionally, management expects modest cash flow generation for the full year 2025.

Analyst and Investor Day

AtriCure will host an Analyst & Investor Day at its headquarters in Mason, Ohio on Wednesday, March 26, 2025.

“Our team is excited to highlight our leading portfolio of products and innovative pipeline for market expansion at our Analyst and Investor Day. We also look forward to bringing perspectives from key opinion leaders as well as sharing longer-term financial goals as we continue driving growth and expanded profitability,” said Michael Carrel, President and Chief Executive Officer of AtriCure.

A webcast of the presentation and Q&A sessions will be available on the “Investors” section of the company’s website at https://ir.atricure.com.

About AtriCure

AtriCure, Inc. provides innovative technologies for the treatment of Afib and related conditions. Afib affects more than 59 million people worldwide[1]. Electrophysiologists, cardiothoracic and thoracic surgeons around the globe use AtriCure technologies for the treatment of Afib and reduction of Afib related complications. AtriCure's Isolator® Synergy™ Ablation System is the first medical device to receive FDA approval for the treatment of persistent Afib. AtriCure's AtriClip® Left Atrial Appendage Exclusion System products are the most widely sold LAA management devices worldwide. AtriCure's Hybrid AF™ Therapy is a minimally invasive procedure that provides a lasting solution for long-standing persistent Afib patients. AtriCure's cryoICE cryoSPHERE® probes are cleared for temporary ablation of peripheral nerves to block pain, providing pain relief in cardiac and thoracic procedures. For more information, visit AtriCure.com or follow us on X (formerly known as Twitter) @AtriCure.

Forward-Looking Statements

This press release contains "forward-looking statements"– that is, statements related to future events that by their nature address matters that are uncertain. This press release also includes forward-looking projected financial information that is based on current estimates and forecasts. Actual results could differ materially. For details on the uncertainties that may cause our actual results to be materially different than those expressed in our forward-looking statements, visit http://www.atricure.com/forward-looking-statements as well as our Annual Reports on Form 10-K and Quarterly Reports on Form 10-Q which contain risk factors. Except where otherwise noted, the information contained in this release is as of January 13, 2025. We assume no obligation to update any forward-looking statements contained in this release and the related attachment as a result of new information or future events or developments, except as may be required by law.

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[1] Linz, D., Gawalko, M., Betz, K., Hendriks, J. M., Lip, G. Y., Vinter, N., Guo, Y. & Johnsen, S. (2024). *Atrial fibrillation: epidemiology, screening and digital health*. The Lancet Regional Health–Europe, Volume 37, 100786, February 2024

Exhibit 99.2

AtriCure

Creating a World Class Platform

J.P. MORGAN
HEALTHCARE CONFERENCE

January 2025

Forward Looking Statements and Non-GAAP Financial Measures

This presentation and oral statements made in connection with this presentation contain “forward-looking statements,” which are statements related to future events that by their nature address matters that are uncertain. Forward-looking statements address, among other things, AtriCure’s expected market opportunity, future business, financial performance, financial condition, and results of operations, and often contain words such as “intends,” “estimates,” “anticipates,” “hopes,” “projects,” “plans,” “expects,” “drives,” “seek,” “believes,” "see," “focus,” “should,” “will,” “would,” “can,” “opportunity,” “target,” “outlook,” and similar expressions and the negative versions thereof. Such statements are based only upon current expectations of AtriCure. All forward-looking information is inherently uncertain and actual results may differ materially from assumptions, estimates, projections or expectations reflected or contained in the forward-looking statements as a result of various risk factors.

Reliance should not be placed on forward-looking statements because they involve known and unknown risks, uncertainties and other factors which may cause actual results, performance or achievements to differ materially from those expressed or implied. These risks, uncertainties and other factors include, but are not limited to, those identified at http://www.atricure.com/forward-looking-statements and/or described in AtriCure’s Annual Reports on Form 10-K and Quarterly Reports on Form 10-Q, particularly the “Risk Factors” sections thereof, as filed with the U.S. Securities and Exchange Commission and available at http://www.sec.gov.

With respect to all forward-looking statements, AtriCure claims the protection of the safe harbor for forward-looking statements contained in the Private Securities Litigation Reform Act of 1995. Forward-looking statements speak only as of the date they are made. AtriCure undertakes no obligation, and does not expect, to publicly update or revise any forward-looking statements to reflect new information or future events or otherwise unless required by law.

To supplement AtriCure’s consolidated financial statements prepared in accordance with accounting principles generally accepted in the United States of America, or GAAP, AtriCure provides certain non-GAAP financial measures as supplemental financial metrics in this presentation.

Adjusted EBITDA is calculated as net income (loss) before other income/expense (including interest), income tax expense, depreciation and amortization expense, share-based compensation expense, acquisition costs, acquired in-process research and development, legal settlements, impairment of intangible assets and change in fair value of contingent consideration liabilities. Management believes in order to properly understand short-term and long-term financial trends, investors may wish to consider the impact of these excluded items in addition to GAAP measures. The excluded items vary in frequency and/or impact on our continuing results of operations and management believes that the excluded items are typically not reflective of our ongoing core business operations and financial condition. Further, management uses adjusted EBITDA for both strategic and annual operating planning.

Adjusted loss per share is a non-GAAP measure which calculates the net loss per share before non-cash adjustments in fair value of contingent consideration liabilities, impairment of intangible assets, acquired in-process research and development, debt extinguishment and legal settlements.

The non-GAAP financial measures used by AtriCure may not be the same or calculated in the same manner as those used and calculated by other companies. Non-GAAP financial measures have limitations as analytical tools and should not be considered in isolation or as a substitute for AtriCure’s financial results prepared and reported in accordance with GAAP. We urge investors to review the reconciliation of these non-GAAP financial measures to the comparable GAAP financials measures, and not to rely on any single financial measure to evaluate our business.

We are passionately focused on healing the lives of those affected by **Afib** and **pain after surgery**

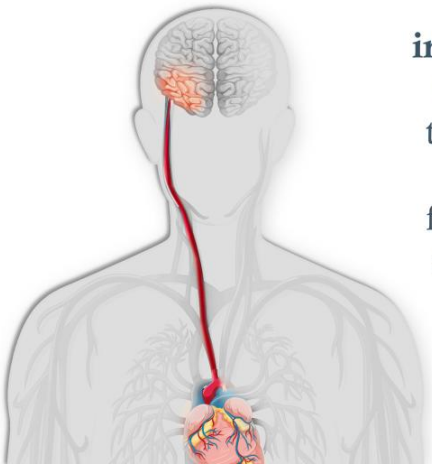
Large Markets
Addressing an **underserved and growing** patient population

Strong Portfolio
Existing products and solutions and continuous innovation driving **consistent growth**

Bright Future
Novel therapies supported by growing **body of clinical evidence**

Strategic Focus

Afib: A Serious Problem



Atrial Fibrillation (Afib) is an irregular heartbeat (or arrhythmia) tied to higher risk of stroke, heart failure, dementia, and other health problems

5x
Higher Risk of Stroke[1]

46%
Greater Risk of Mortality[2]

>5x
Higher Risk of Heart Failure[3]

Afib: A Serious Problem

Afib affects more than 59 million people worldwide.[4]

1 in 4 Adults

Over the age of 40 will develop Afib in their lifetime[5]

3.5 Million

People estimated to have long-standing persistent Afib in the US[6]

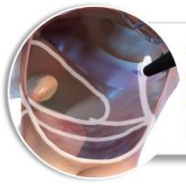
AtriCure Patient Profile

Differentiated Focus: Creating Standards of Care for Patients with Advanced Afib and Managing Post-Operative Pain

Afib

Pain Management

Structural Heart Issue
Surgery required (Valve, CABG)
Afib corrected at same time

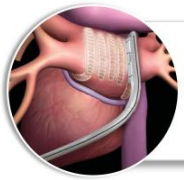


Concomitant Open Procedures
(Ablation/LAAM)

No Structural Issue
Afib is primary concern

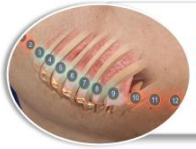
Medicine is effective | Intervention is better choice

Catheter often first line of treatment
PAROXYSMAL (occasional) › PERSISTENT › LONG-STANDING PERSISTENT



Standalone Hybrid Procedures
Complementary to catheter ablation
(Ablation/LAAM)

Thoracic Surgery
Intercostal nerve pain addressed during surgery



Concomitant Cryo Nerve Block Procedure
(Ablation)

AtriCure

Significant Global Market Opportunity

$1B *2010 Global Opportunity*

Cardiac Surgery
Open Ablation + LAAM

Concomitant Treatment Pre-Op Afib

$5B+ *Current Global Opportunity*

Pain Management
Ablation

Thoracic Procedures

Cardiac Surgery
Open Ablation + LAAM

Concomitant Treatment Pre-Op Afib

Hybrid Therapy
MIS Ablation + LAAM

Standalone Treatment for Long-Standing Persistent Afib

Market opportunity and penetration estimates based on internal estimates and research, as well as from publicly available information.

Expanding Market Opportunity

$10B+ *Global Opportunity*

Leading with innovation, clinical science and education to establish and grow our markets

Market opportunity and penetration estimates based on internal estimates and research, as well as from publicly available information.

Innovation and Clinical Milestones

AtriCure

Twenty Five Years All Ways Innovating

2000

- AtriCure founded
- First patient treated
- ABLATE Trial begins

2010

- Isolator® Synergy™ Ablation System FDA approved for treatment of persistent or long-standing persistent Afib concomitant to open heart procedures
- AtriClip® devices
- CONVERGE Trial begins

2015

- EPi-Sense® system acquired
- AtriClip PRO-V®
- AtriClip Flex-V®
- cryoSPHERE® probe for Pain Management

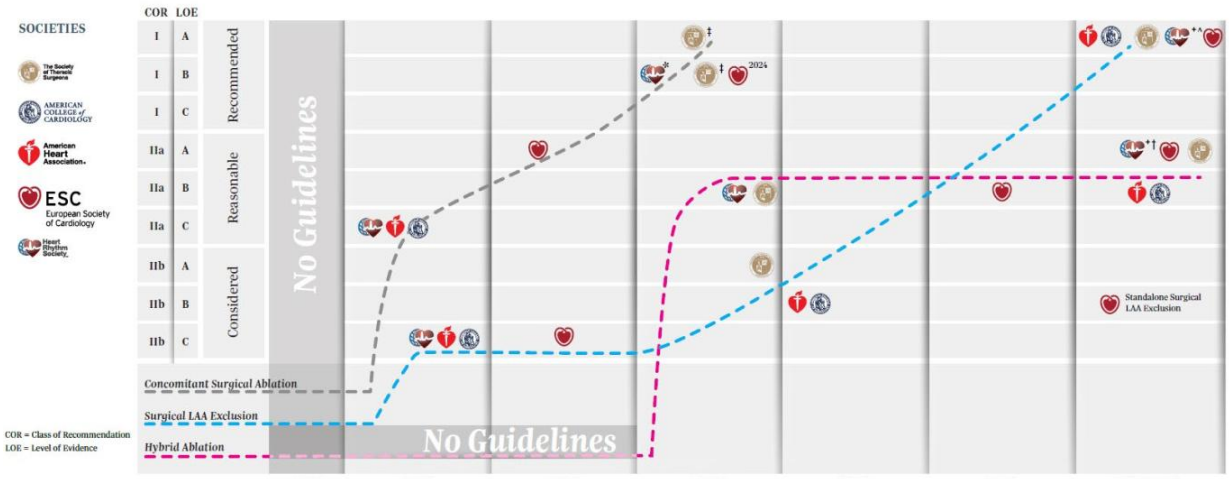
2020

- EPi-Sense System approved by FDA for treatment of long-standing persistent Afib
- EnCompass® clamp
- LeAAPS Trial studying prophylactic LAA exclusion in non-Afib patients begins
- EPi-Sense ST device
- cryoSPHERE+ and MAX probes
- AtriClip FLEX-Mini™ device
- BoxX-NoAF Trial studying prophylactic ablation of non-Afib patients begins

AtriCure

Treatment of Afib and LAAM

Advancing Guidelines for Clinical Practice

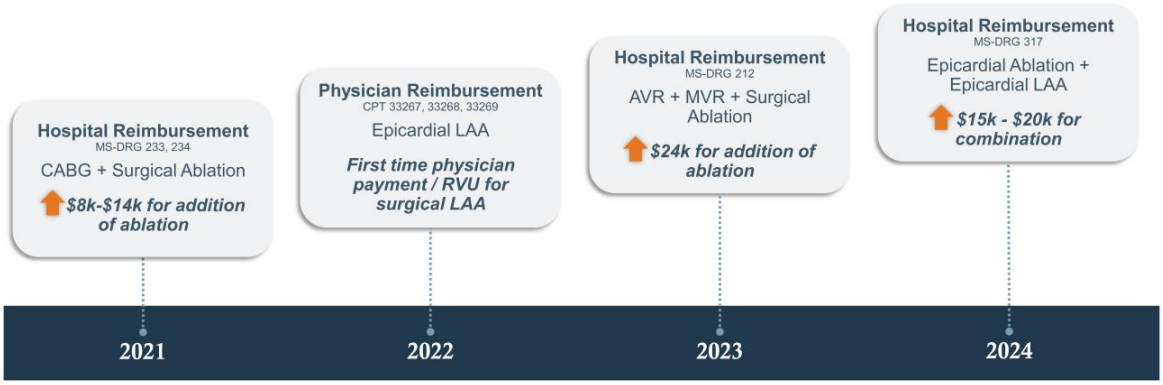


Sources included in Appendix

AtriCure

Treatment of Afib and LAAM

Improving Access through Reimbursement



Sources included in Appendix

Cardiac Surgery Ablation + LAAM

Established Market and Advancing Innovation in Patient Care

- ✓ **Approved.** *Isolator Synergy Ablation System first medical device with FDA approval for treatment of Afib concomitant to open heart procedures*
- ✓ **Endorsed.** *Advanced Ablation Courses endorsed by the Society of Thoracic Surgeons*
- ✓ **Recommended.** *Guidelines[7] state Surgical Ablation is recommended and LAA management is recommended*

Key Initiatives and Growth Drivers

- **Penetrate global market** with EnCompass clamp
- **Drive adoption** of AtriClip FLEX-Mini device, launched in the US in 2024
- **Complete enrollment of 6,500 patients** in LeAAPS Trial, studying prophylactic LAA exclusion for prevention of ischemic stroke in cardiac surgery patients without pre-operative AF diagnosis
- **PFA clamp** development
- **Initiate BoxX-NoAF Trial** studying prophylactic ablation for reduction of post-op AF (POAF)

Hybrid Therapy Ablation + LAAM

Growing Market with Unique Solutions for Advanced Afib Patients

3.5 Million

People estimated to have long-standing persistent Afib in the US[6]

Hybrid AF™ Therapy proven effective in long-standing persistent Afib patients

CONVERGE - DEEP - CEASE-AF

<5% Treated

Key Initiatives and Growth Drivers

- **Drive adoption** of Hybrid AF Therapy with Epi-Sense / ST devices, expanding global customer base
- Continue investments in clinical studies; **evidence supporting** Hybrid AF Therapies
- **New product development** for MIS LAAM devices, PFA platform
- **Expand awareness** for economic value and patient outcomes with Hybrid AF Therapy

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Pain Management

Leading Market Development through Ablation Expertise

Cryo Nerve Block Therapy
can be an important tool in combatting the opioid epidemic – 1 in 7 thoracic surgery patients become reliant upon opioids after their procedure[8]

Key Initiatives and Growth Drivers

- **Expand adoption of 2024 new product launches:** cryoSPHERE+ probe and cryoSPHERE MAX probe
- **Reduced freeze times** by 25% (cryoSPHERE+) and 50% (cryoSPHERE MAX) compared to first generation technology
- **Continue investments** in registries and studies to support economic benefit of Cryo Nerve Block therapy
- **Product development** in new therapy areas

2024 Highlights and Accomplishments

Top Workplace Honors
Cincinnati, Minneapolis, Netherlands, Australia, United Kingdom

17% Annual Revenue Growth*

Fast Company's
100 Best Workplaces for Innovators

Key New Product Launches

cryoS+ / cryoS MAX — *Pain Management*

ATRICLIP FLEX•Mini — *LAAM*

>190,000 Patients Treated

EAAPS
4,200
Patients Enrolled To Date

26%
International Revenue Growth*

Improving guidelines in cardiac surgery globally

BoxX-NoAF
Trial Protocol Approved

International Products Expanding

- *EnCompass clamp approved in E.U.*
- *Expanded labeling for AtriClip devices in E.U.*
- *AtriClip devices approved in China*

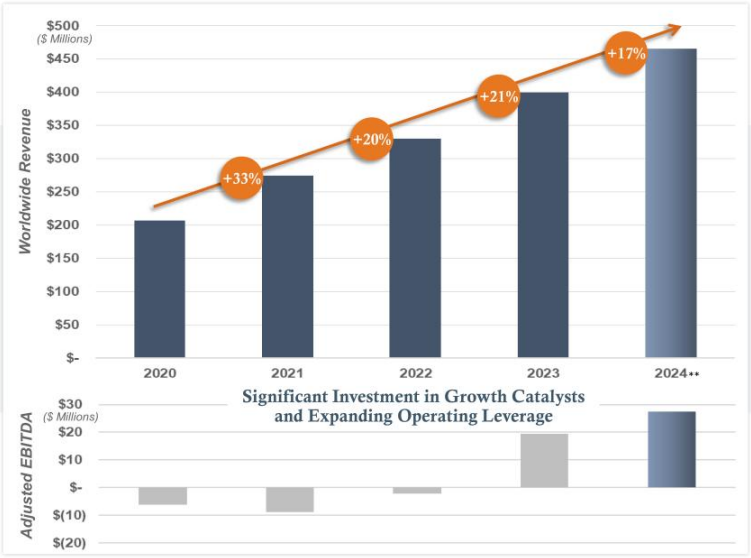
State of Ohio + City of Mason
Grants to support facility expansion, jobs growth

+42% Increase in Positive Adjusted EBITDA**
Improving profitability while driving growth

**2024 Revenue is preliminary and unaudited.*
*** 2024 Positive Adjusted EBITDA based on mid-point of 2024 guidance range of $26 million to $29 million.*

AtriCure

Financial Results and 2025 Outlook



2025 Guidance

Worldwide Revenue of $517 million to $527 million

Adjusted EBITDA of $40 million to $44 million

Modest Cash Flow Generation

*** 2024 Worldwide Revenue is preliminary and unaudited.*
2024 Adjusted EBITDA based on midpoint of guidance range.

AtriCure

Key Takeaways

Strong Q4 2024 and FY 2024

Q4 Worldwide Revenue
$124.3M (~17% Growth)

2024 Worldwide Revenue
$465.3M (~17% Growth)

2025 Guidance

Worldwide Revenue
$517M to $527M

Positive Adjusted EBITDA
$40M to $44M

Positive Cash Flow

Focused on Market Penetration + Expansion

cryoSPHERE probes
EnCompass clamp
AtriClip devices
HybridTherapies
PFA platform development
LeAAPS Clinical Trial
BoxX-NoAF Clinical Trial

Analyst & Investor Day

March 26, 2025
Headquarters (Mason, Ohio)

Our Vision
Portfolio and Pipeline
Financial Goals
KOL perspectives

AtriCure


Thank You!
AtriCure
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References and Abbreviations

Note	Reference
1	J Geriatr Cardiol. 2016 Oct; 13(10): 880–882, doi: 10.11909/j.issn.1671-5411.2016.10.004
2	Odutayo, A. et al. (2016). Atrial fibrillation and risks of cardiovascular disease, renal disease, and deaths systematic review and meta analysis. BMJ 2016; 354:i4482
3	Santhanakrishnan R et al., "AF Begets Heart Failure and Vice Versa," Circulation, 133 (2016):484-492
4	Linz, D., Gawalko, M., Betz, K., Hendriks, J. M., Lip, G. Y., Vinter, N., Guo, Y. & Johnsen, S. (2024). Atrial fibrillation: epidemiology, screening and digital health. The Lancet Regional Health–Europe, Volume 37, 100786, February 2024
5	Lifetime risk for development of atrial fibrillation. Circulation, 110 (2004): 1042-1046. doi: 10.1161/01.CIR.0000140263.20897.42
6	Medical management estimate: Colilia, et al. Estimates of Current and Future Incidence and Prevalence of Atrial Fibrillation in the U.S. Adult Population. Am Journal of Cardiology 2013, 112: 1142-1147 Persistent patient estimate: Berisso et al Epidemiology of atrial fibrillation: European perspective Clin Epidemiol. 2014; 6: 213–220
7	The Society of Thoracic Surgeons 2017 Clinical Practice Guidelines for the Surgical Treatment of Atrial Fibrillation 2023 ACC/AHA/ACCP/HRS Guideline for the Diagnosis and Management of Atrial Fibrillation: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. Journal of the American College of Cardiology
8	The Society of Thoracic Surgeons, Current News Release (1/30/2018): 1 in 7 Lung Surgery Patients at Risk for Opioid Dependence

Key Abbreviations

Afib or AF	Atrial Fibrillation
AVR	Aortic Valve Repair/Replacement
CABG	Coronary Artery Bypass Graft
CMS	Centers for Medicare & Medicaid Services
CNB	Cryo Nerve Block
CPT	Current Procedural Terminology code
EP	Electrophysiologist
FDA	Food & Drug Administration
IDE	Investigational Device Exemption
IST	Inappropriate Sinus Tachycardia
LAA	Left Atrial Appendage
LAAM	LAA Management
MS-DRG	Medicare Severity Diagnosis Related Groups
MVR	Mitral Valve Repair/Replacement
PFA	Pulsed Field Ablation
PMA	Pre-Market Approval
POAF	Post-Op Afib
PVI	Pulmonary Vien Isolation
PWI	Posterior Wall Isolation
RF	Radio Frequency
RVU	Relative Value Unit

Sources Tables

Treatment of Afib and LAAM

Advancing Guidelines for Clinical Practice

Sources:

+Article in Press. https://www.heartrhythmjournal.com/article/S1547-5271(24)00261-3/fulltext (accessed 4/10/2024). Heart Rhythm Society, the European Society of Cardiology, the Asia Pacific Heart Rhythm Society, and the Latin American Heart Rhythm Society 2024.

+Hybrid ablation type of evidence META (meta-analysis); LAAE type of evidence RAND (randomized controlled); nomenclature did not use LOE classification.

^Advice TO DO/RAND. †Advice TO DO/META.

Wyler von Ballmoos, M.C. et al. (2024). The Society of Thoracic Surgeons 2023 Clinical Practice Guidelines for the Surgical Treatment of Atrial Fibrillation. Members, W. C., et al. (2023). 2023 ACC/AHA/ACCP/HRS Guideline for the Diagnosis and Management of Atrial Fibrillation: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. Journal of the American College of Cardiology.

January, C. T., et al. (2019). 2019 AHA/ACC/HRS Focused Update of the 2014 AHA/ACC/HRS Guideline for the Management of Patients With Atrial Fibrillation: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society. Circulation, CIR-0000000000000665.

Badhwar, et al. (2017). The Society of Thoracic Surgeons 2017 Clinical Practice Guidelines for the Surgical Treatment of Atrial Fibrillation. Ann Thorac Surg, 103(1):329-41. ‡MVR LOE A; AVR,CABG LOE B.

January, C.T., et al. (2014). 2014 AHA/ACC/HRS guideline for the management of patients with atrial fibrillation: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the Heart Rhythm Society. J Am Coll Cardiol, 64(21):e1-76.

*Calkins, H., et al. (2017). 2017 HRS/EHRA/ECAS/APHRS/SOLAECE expert consensus statement on catheter and surgical ablation of atrial fibrillation. Heart Rhythm, 14(10):e275-444. AVR/CABG concomitant ablation Class I LOR for symptomatic persistent and long-standing persistent “refractory or intolerant to at least one Class 1 or 3 antiarrhythmic medication.”

Meier, B., et al. (2014). EHRA/EAPCI expert consensus statement on catheter-based left atrial appendage occlusion. Europace, 16(10):1397-416.

Cox, J.L., et al. (1991). Dr. Cox performed first surgical ablation using maze I; Successful surgical treatment of atrial fibrillation. Review and clinical update. JAMA, 266 (14):1976-80.

Isabelle C Van Gelder, Michiel Rienstra, Karina V Bunting, Ruben Casado-Arroyo, Valeria Caso, Harry J G M Crijns, Tom J R De Potter, Jeremy Dwight, Luigina Guasti, Thorsten Hanke, et al. (2024). 2024 ESC Guidelines for the management of atrial fibrillation developed in collaboration with the European Association for Cardio-Thoracic Surgery (EACTS): Developed by the task force for the management of atrial fibrillation of the European Society of Cardiology (ESC), with the special contribution of the European Heart Rhythm Association (EHRA) of the ESC. Endorsed by the European Stroke Organisation (ESO), European Heart Journal, ehae176.

Treatment of Afib and LAAM

Improving Access through Reimbursement

Sources:

In 2021, CMS moved CABG plus ablation cases to MS-DRGs 223/234 from MS-DRGs 235/236.

In 2022, CMS physician payment rates included new surgical LAA codes (CPT 33267, 33268, 33269).

In 2023, CMS created MS-DRG 212 which moves cases with an AVR plus and MVR plus an ablation from MS-DRGs 216-221 to MS-DRG 212.

In 2024, CMS created MS-DRG 317 which moves cases with ablation plus LAAM from MS-DRG 228/229 to MS-DRG 317.

Healthcare providers are solely responsible for the accuracy of codes selected for the services rendered and reported. AtriCure does not assume responsibility for coding decisions, nor recommend codes for specific cases. AtriCure also does not promote off-label use of its devices.