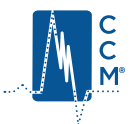
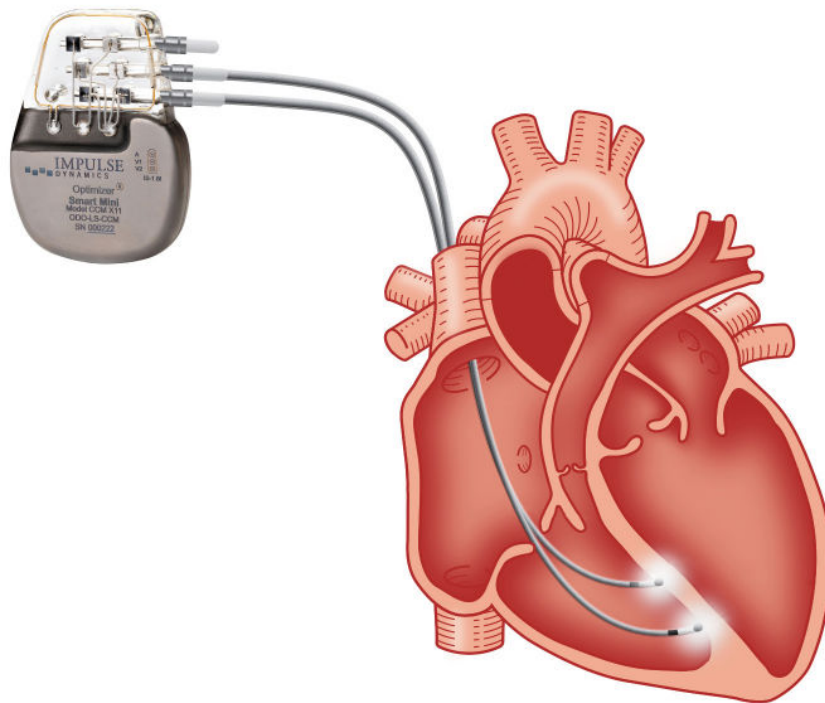




2025 CODING & REIMBURSEMENT GUIDE

This coding and reimbursement resource is designed to provide information for appropriate billing of Cardiac Contractility Modulations implants for the treatment of heart failure. Additional questions may be submitted to reimbursement@impulse-dynamics.com



Physician, Outpatient Hospital and Ambulatory Surgery Center Coding

The following CPT Codes, Ambulatory Payment Classifications (APC), status indicators, and national average payments are provided for commonly reported CCM procedure billing physicians, hospital outpatient departments or ambulatory surgery centers.

CPT Code ¹	Description	OPPS APC	OPPS Status Indicator	2025 Medicare National Average Payment ²
CCM® INSERTION OR REPLACEMENT PROCEDURES				
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	5232	J1	\$32,062
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	5232	J1	\$32,062
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	5222	J1	\$8,276
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	5222	J1	\$8,276
CCM® REMOVAL PROCEDURES				
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	5221	Q2(T)	\$3,639
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	5221	Q2(T)	\$3,639
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	5231	J1	\$22,446
CCM® REPOSITIONING PROCEDURES				
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode (atrial or ventricular lead)	5181	T	\$618
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	5054	T	\$1,829
CCM® PROGRAMMING PROCEDURES				
0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system	5741	Q1(S)	\$37
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system	5741	Q1(S)	\$37

Outpatient Facility Billing

Category III CPT codes are used to designate procedures utilizing emerging technologies. Although Optimizer® Smart received FDA approval on March 21, 2019 under the FDA's Breakthrough Device designation, the AMA and has yet to issue Category I CPT codes for CCM.

Until Category I CPT codes are issued, payers may continue to perceive the Category III CPT codes associated with CCM as representing investigational or experimental procedures. While this document indicates accurate mapping to APCs, providers and their facility partners should pursue prior authorization before scheduling or conducting CCM implant procedures to ensure payers will not withhold payment. For assistance with prior authorization and appeals, visit www.impulse-dynamics.com/reimbursement

Physician Billing

CCM implants are described by Category III CPT codes. By definition, such codes are not assigned permanent RVU values by the AMA. Several Medicare Administrative Contractors (MACs) have assigned payment values to these CPT codes. Please refer to your MAC's website or contact Impulse Dynamics for information on payment in your specific contractor's jurisdiction.

When performing CCM implants in MAC jurisdictions in which payment values have not been assigned or for non-Medicare payors, physicians submitting a claim for the CCM implant are advised to reference an existing service or procedure comparable to the CCM implant procedure in terms of costs and resources. A list of possible Category I CPT reference codes is shown on the following page. For more detailed information on use of reference codes for CCM procedures, please consult the Impulse Dynamics CPT Crosswalk Guidance.

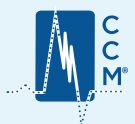
Medicare assigned XXX (global concept does not apply) to all ten codes applicable to CCM procedures; leaving payment to the discretion of the applicable MAC.



Possible CPT Category I Reference Codes** for CCM Procedures

CPT Code ¹	Description	Total RVUs	Work RVUs
INSERTION/REPLACEMENT PROCEDURES			
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	14.09	7.80
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	15.25	8.52
33212	Insertion of pacemaker pulse generator only; with existing single lead	9.55	5.01
33213	Insertion of pacemaker pulse generator only; with existing dual leads	10.00	5.28
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	10.56	5.55
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	10.47	5.52
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	11.05	6.07
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	26.85	14.92
REMOVAL PROCEDURES			
33233	Removal of permanent pacemaker pulse generator only	6.92	3.14
33235	Removal of transvenous pacemaker electrode(s); dual lead system	18.77	9.90
33241	Removal of implantable defibrillator pulse generator only	6.37	3.04
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	25.44	13.74
REPOSITIONING PROCEDURES			
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	9.17	4.92
33222	Relocation of skin pocket for pacemaker	10.18	4.85
33223	Relocation of skin pocket for implantable defibrillator	12.09	6.30
PROGRAMMING/EVALUATION PROCEDURES			
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	2.35	0.77
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple pacemaker system	1.23	0.43
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	1.36	0.75
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	2.91	1.15

**One or more of these comparisons might be provided in claims submission to help determine appropriate reimbursement for these procedures. Each provider must determine the most appropriate reference code. These are examples only, not an exhaustive or definitive list. The medical record should include physician documentation to support the rationale for the code being referenced as comparable, such as service time and skill level, implant approach, and other pertinent information that supports comparison to the code referenced for payment. Physicians must bill the Category III code for CCM, and not the referenced code. The Medicare contractor or commercial payer will likely ask for a copy of the record in order to make a payment decision.

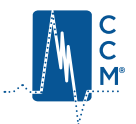


Inpatient Hospital Procedure Reporting

The following ICD-10-CM (diagnosis) codes, ICD-10-PCS (procedure) codes, and DRG definitions are provided for commonly reported CCM procedures in the inpatient hospital setting.

ICD-10-CM Code³

POTENTIAL HEART FAILURE DIAGNOSIS CODES		CC	MCC
I50.10	Left ventricular failure, unspecified	X	
I50.20	Unspecified systolic (congestive) heart failure	X	
I50.21	Acute systolic (congestive) heart failure		X
I50.22	Chronic systolic (congestive) heart failure	X	
I50.23	Acute on chronic systolic (congestive) heart failure	X	
I50.30	Unspecified diastolic (congestive) heart failure	X	
I50.31	Acute diastolic (congestive) heart failure		X
I50.32	Chronic diastolic (congestive) heart failure	X	
I50.33	Acute on chronic diastolic (congestive) heart failure		X
I50.40	Unspecified combined systolic (congestive and diastolic (congestive) heart failure	X	
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure		X
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure	X	
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure		X
I50.80	Other heart failure		
I50.810	Right heart failure, unspecified		
I50.811	Acute right heart failure		
I50.812	Chronic right heart failure		
I50.813	Acute on chronic right heart failure		
I50.814	Right heart failure due to left heart failure		
I50.82	Biventricular heart failure		
I50.83	High output heart failure		
I50.84	End stage heart failure		
I50.89	Other heart failure		
I50.90	Heart failure, unspecified		



INSERTION/REPLACEMENT PROCEDURES

OJH60AZ	Insertion of Contractility Modulation Device into Chest Subcutaneous Tissue and Fascia, Open Approach
OJH63AZ	Insertion of Contractility Modulation Device into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
OJH80AZ	Insertion of Contractility Modulation Device into Abdomen Subcutaneous Tissue and Fascia, Open Approach
OJH83AZ	Insertion of Contractility Modulation Device into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
O2H63MZ	Insertion of cardiac lead into right atrium, percutaneous approach (when specified as a lead for a contractility modulation device)
O2HK3MZ	Insertion of cardiac lead into right ventricle, percutaneous approach (when specified as a lead for a contractility modulation device)

Inpatient Hospital DRG Assignment**DIAGNOSIS RELATED GROUP (DRG)**

MS-DRG	Description	2025 National Base Payment ⁵
275	Cardiac defibrillator implant with cardiac catheterization and MCC	\$49,290
276	Cardiac defibrillator implants with MCC or Carotid Sinus Neurostimulator	\$43,204
277	Cardiac defibrillator implant without MCC	\$32,446

HCPCS LEVEL II DEVICE CROSSWALK

Device Category	Device Description	Model Number	HCPCS C-Code ⁶
IPG	OPTIMIZER [®] Smart	10-B411-3-XX	C1824
IPG	OPTIMIZER [®] Smart Mini	10-B501-3-XX	C1824
IPG	OPTIMIZER [®] Lite	10-B502-3-XX	C1824
Patient Charger	OPTIMIZER [®] Mini Charger System	10-F202-3-XX	K1030 (used for replacements only)
Patient Charger	Guardio Charger System	10-F311-3-XX	K1030 (used for replacements only)
Patient Charger	Vesta Charger System	10-F301-3-XX	K1030 (used for replacements only)
Patient Charger	Vesta Charger System (OPT Lite)	10-F302-3-XX	K1030 (used for replacements only)
Lead	Therapy Delivery Lead	Various	C1898
Introducer	Introducer/Sheath	Various	Various

HCPCS LEVEL II CODES & DESCRIPTIONS

HCPCS Code	Device Description	Revenue Code
C1824	Generator, cardiac contractility modulation (implantable)	0278 - Other implants
C1898	Lead, pacemaker, other than transvenous VDD single pass	0275 - Pacemakers
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	



Disclaimer:

Coding, coverage and reimbursement related information provided by Impulse Dynamics is obtained from third party sources. This information is provided for the convenience of the health care provider only and does not constitute reimbursement, legal or compliance advice. Coding, coverage and reimbursement information is subject to frequent and unexpected change; therefore Impulse Dynamics recommends that users refer to the information sources listed to verify accuracy prior to acting on the information provided herein. Impulse Dynamics makes no representation or warranty regarding this information or its accuracy, completeness or applicability and assumes no responsibility for updating this information. Impulse Dynamics specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on information in this document. Impulse Dynamics does not guarantee that use or reliance upon any of the codes listed in this document will result in any specified or guaranteed coverage level or reimbursement amount. Impulse Dynamics strongly encourages health care providers to submit accurate and appropriate claims for services and recommends that you consult directly with payers (e.g. the Centers for Medicare and Medicaid Services (CMS)), certified reimbursement coding professionals, other reimbursement experts, and/or legal counsel regarding all coding, coverage, and reimbursement issues.

Indications for use:

CCM therapy is indicated to improve 6-minute hall walk distance, quality of life and functional status of NYHA Class III heart failure patients who remain symptomatic despite guideline directed medical therapy, are not receiving CRT, and have an LVEF ranging from 25% to 45%.

Optimizer® devices deliver non-excitatory CCM signals to the heart and have no pacemaker or ICD functions.

Contraindications:

Use of CCM is contraindicated in:

1. Patients with a mechanical tricuspid valve
2. Patients in whom vascular access for implantation of the leads cannot be obtained

References:

¹ Current Procedural Terminology (CPT®) Professional Edition 2020. Copyright 1995-2020 American Medical Association. All rights reserved.

² <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1786-fc>

³ ICD-10-CM Expert for Physicians and Hospitals, 2020. AAPC.

⁴ <https://www.cms.gov/medicare/coding-billing/icd-10-codes/2024-icd-10-pcs>

⁵ <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2024-ippa-final-rule-home-page>

⁶ 2020 Alpha-Numeric HCPCS File.

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