CMS CODING INSTRUCTIONS: CCM BRIGHTEN-HF CED

	Facility Claims		Professional Claims
	Outpatient	Inpatient	
Procedure	0408T and C1824	0JH60AZ and 02HK3MZ	0408T
	Modifier Q0 – Investigational clinical research study that is an approved clinical research study	Not Applicable	Modifier Q0 – Investigational clinical research study that is an approved clinical research study
Diagnosis	**Primary:** Applicable heart failure diagnosis (typically I50.x)		
	Secondary: Encounter for examination for normal comparison and control in a clinical research program (Z00.6)		
Condition Code	**Code 30:** Qualified clinical trial		
NCT#	NCT 07209098 with Value Code D4		CT 07209098

PLEASE NOTE: Claims for the CCM CED require addition of specific information.

In December of 2025, CMS released MLM Matters, MM14311, *Cardiac Contractility Modulation for Heart Failure*. This document may be found online at: MM14311 - Cardiac Contractility Modulation for Heart Failure and references the specific coding requirements outlined above. These instructions apply only to claims for patients with Medicare and Medicare Advantage coverage. Please contact the Impulse Dynamics Market Access & Reimbursement team at *Reimbursement@ImpulseDynamics.com* with any additional questions regarding the claim submission process for the BRIGHTEN-HF CED protocol.

IMPULSE DYNAMICS

CMS HAS ISSUED A NATIONAL COVERAGE DETERMINATION FOR CCM

Medicare now **covers all FDA-indicated patients, except** those under 18 or those who have received a heart transplant



CCM® is FDA indicated to

- Improve **functional status**
- Improve **6-minute hall walk distance**
- Improve **quality of life**

For NYHA Class III heart failure patients who...

Have a LVEF (left ventricular ejection fraction) **from 25% to 45%**

And

Remain **symptomatic despite GDMT** (guideline directed medical therapy)

And

Are **not receiving CRT** (Cardiac Resynchronization Therapy)

The OPTIMIZER® Smart Mini System, which delivers CCM® therapy, is indicated to improve 6-minute hall walk, quality of life, and functional status of NYHA Class III heart failure patients who remain symptomatic despite guideline directed medical therapy, are not receiving Cardiac Resynchronization Therapy (CRT), and have a left ventricular ejection fraction ranging from 25% to 45%.

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