

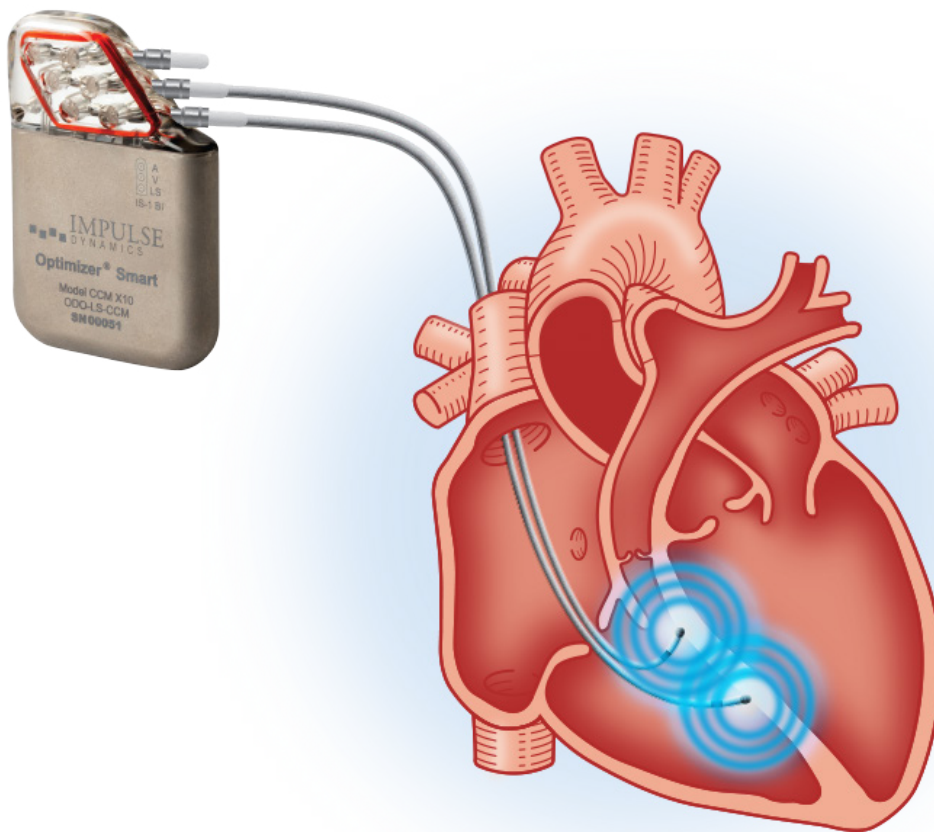


# OPTIMIZER® SMART

## Cardiac Contractility Modulation System

### 2020 CODING & REIMBURSEMENT GUIDE

This coding and reimbursement resource is designed to provide information for appropriate billing of Impulse Dynamics Optimizer® Smart Cardiac Contractility Modulation systems for the treatment of moderate to severe heart failure. Additional questions may be submitted to [reimbursement@impulse-dynamics.com](mailto:reimbursement@impulse-dynamics.com)



## Physician, Outpatient Hospital and Ambulatory Surgery Center Codes

The following CPT Codes, Ambulatory Payment Classifications (APC), status indicators, and national average payments are provided for commonly reported Optimizer® Smart System procedure billing by physicians or hospital outpatient department facilities.

CPT Code <sup>1</sup>	Description	OPPS APC	OPPS Status Indicator	2020 Medicare National Average Payment <sup>2</sup>
<b>CCM INSERTION OR REPLACEMENT PROCEDURES</b>				
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	5231	J1	\$23,154.87
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	5231	J1	\$23,154.87
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	\$7,799.43
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	\$7,799.43
<b>CCM REMOVAL PROCEDURES</b>				
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	5221	Q2(T)	\$3,338.25
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	5221	Q2(T)	\$3,338.25
<b>CCM REPOSITIONING PROCEDURES</b>				
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode (atrial or ventricular lead)	5181	T	\$642.27
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	5054	T	\$1,645.57
<b>CCM PROGRAMMING PROCEDURES</b>				
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)	\$36.25
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)	\$36.25

### 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 CMS have yet to issue Category I CPT codes for Optimizer® Smart.

Until Category I CPT codes are issued, many payers (including Medicare Administrative Contractors (MACs)) may continue to perceive the CPT Category III codes associated with Optimizer® Smart 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 Optimizer® Smart implant procedures to ensure payers will not withhold payment. For assistance with prior authorization and appeals, visit [www.impulse-dynamics.com/reimbursement](http://www.impulse-dynamics.com/reimbursement)

### Physician Billing

Since physicians also bill using CPT codes, and for the same reasons listed above, you may encounter denials when billing for the Category III codes listed herein. Medicare assigned XXX (global concept does not apply) to all ten codes applicable to Optimizer® Smart procedures; leaving payment to the discretion of the applicable MAC.

There are no Relative Value Units (RVUs) assigned to these codes in the current Physician Fee Schedule. Therefore, physicians submitting a claim for the Optimizer® Smart system implant are advised to reference an existing service or procedure comparable to the Optimizer® Smart system 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 Optimizer® Smart procedures, please consult the *Impulse Dynamics CPT Crosswalk Guidance*.



## Possible CPT Category I Reference Codes\*\* for Optimizer® Smart Procedures

CPT Code <sup>1</sup>	Description	Non-Facility RVUs
<b>INSERTION/REPLACEMENT PROCEDURES</b>		
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	13.92
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	15.13
33212	Insertion of pacemaker pulse generator only; with existing single lead	9.32
33213	Insertion of pacemaker pulse generator only; with existing dual leads	9.74
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	10.49
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	10.28
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	11.09
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	26.62
<b>REMOVAL PROCEDURES</b>		
33233	Removal of permanent pacemaker pulse generator only	6.68
33235	Removal of transvenous pacemaker electrode(s); dual lead system	18.50
33241	Removal of implantable defibrillator pulse generator only	6.24
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	25.09
<b>REPOSITIONING PROCEDURES</b>		
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	9.02
33222	Relocation of skin pocket for pacemaker	9.81
33223	Relocation of skin pocket for implantable defibrillator	11.87
<b>PROGRAMMING/EVALUATION PROCEDURES</b>		
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	2.03
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	1.39
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	1.87
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	2.60

\*\*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 Optimizer® Smart, 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 Optimizer® Smart System procedures in the inpatient hospital setting.

### ICD-10-CM Code<sup>3</sup>

#### POTENTIAL HEART FAILURE DIAGNOSIS CODES

I50	Heart failure
I50.1	Left ventricular failure, unspecified
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.8	Other heart failure
I50.83	High output heart failure
I50.89	Other heart failure
I50.9	Heart failure, unspecified

### ICD-10-PCS<sup>4</sup>

#### 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
02H63MZ	Insertion of cardiac lead into right atrium, percutaneous approach (when specified as a lead for a contractility modulation device)
02HK3MZ	Insertion of cardiac lead into right ventricle, percutaneous approach (when specified as a lead for a contractility modulation device)



## Inpatient Hospital DRG Assignment & HCPCS Codes

### DIAGNOSIS RELATED GROUP (DRG)

DRG Code	Device Description	2020 Medicare National Average Payment <sup>2</sup>
245	AICD Generator Procedure	\$32,595.41

### HCPCS LEVEL II DEVICE CROSSWALK

Device Category	Device Description	Model Number	HCPCS C-Code <sup>5</sup>
IPG	Optimizer® Smart IPG	10-B411-3-US	C1824
Patient Charger	Optimizer® Smart Charger	10-F202-3-US	
Lead	Therapy Delivery Lead	Various	C1898
Lead Introducer	Introducer/sheath (as supplied, see manufacturer's information)	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

#### 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:

The Optimizer® Smart System, which delivers 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, who are in normal sinus rhythm, are not indicated for CRT, and have an LVEF ranging from 25% to 45%.

The Optimizer® Smart system delivers non-excitatory CCM™ signals to the heart and has no pacemaker or ICD functions.

#### Contraindications:

Use of the Optimizer® Smart system is contraindicated in:

1. Patients with permanent or long-standing persistent atrial fibrillation or flutter
2. Patients with a mechanical tricuspid valve
3. Patients in whom vascular access for implantation of the leads cannot be obtained

#### References:

- <sup>1</sup> Current Procedural Terminology (CPT®) Professional Edition 2019. Copyright 2018 American Medical Association. All rights reserved.
- <sup>2</sup> CMS-1777-FC; Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs. CY 2020 NFRM Addendum A. Effective through December 31, 2020.
- <sup>3</sup> ICD-10-CM Expert for Physicians and Hospitals, 2018. AAPC.
- <sup>4</sup> CMS ICD-10 Procedure Coding System (ICD-10-PCS) 2020 Tables and Index.
- <sup>5</sup> 2020 Alpha-Numeric HCPCS File.

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