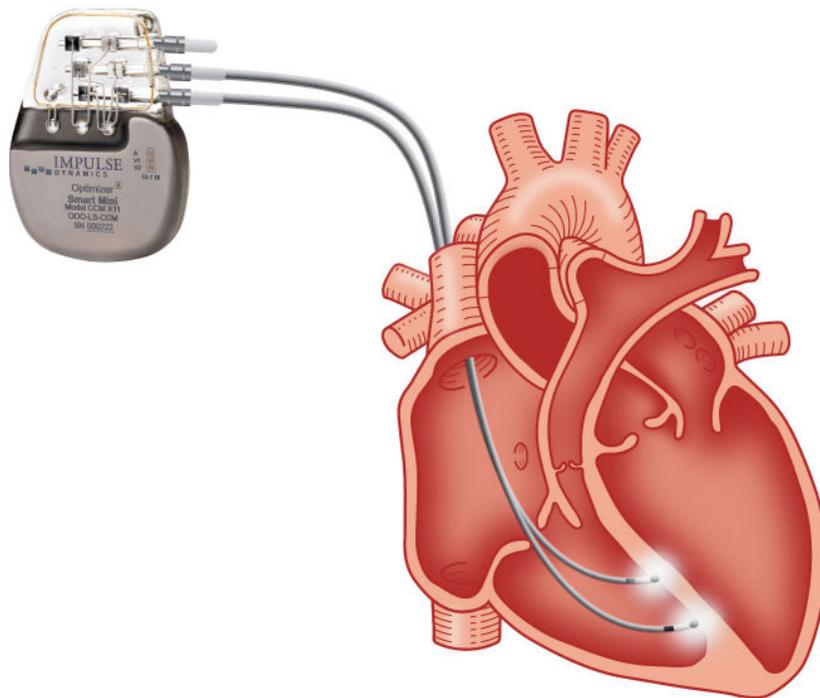




2024 CODING & REIMBURSEMENT GUIDE

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 | 2024 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 | \$31,379 |
| 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 | \$31,379 |
| 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 | \$8,103 |
| 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 | \$8,103 |
| CCM[®] REMOVAL PROCEDURES | | | | |
| 0412T | Removal of permanent cardiac contractility modulation system; pulse generator only | 5221 | Q2(T) | \$3,746 |
| 0413T | Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular) | 5221 | Q2(T) | \$3,746 |
| 0414T | Removal and replacement of permanent cardiac contractility modulation system pulse generator only | 5231 | J1 | \$2,482 |
| CCM[®] REPOSITIONING PROCEDURES | | | | |
| 0415T | Repositioning of previously implanted cardiac contractility modulation transvenous electrode (atrial or ventricular lead) | 5181 | T | \$599 |
| 0416T | Relocation of skin pocket for implanted cardiac contractility modulation pulse generator | 5054 | T | \$1,739 |
| 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) | \$36 |
| 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 |

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 | 2024 National Base Payment ⁵ |
|--------|--|---|
| 275 | Cardiac defibrillator implant with cardiac catheterization and MCC | \$49,262 |
| 276 | Cardiac defibrillator implant with MCC | \$43,481 |
| 277 | Cardiac defibrillator implant without MCC | \$33,484 |

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 indicated for 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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