



Cardiac Contractility Modulation for Heart Failure

Related Change Request (CR) Information	
Number: 14311 Revised	Release Date: March 9, 2026
Effective Date: October 28, 2025	Implementation Date: April 6, 2026
Transmittal Numbers: R13538CP , R13538NCD , R13672CP & R13672NCD	

What's Changed?

We revised this article to add 4 additional place of service codes for professional claims processing. We also updated the CR release date, transmittal numbers, and transmittal links. Substantive content changes are in dark red (pages 5 and 6).

Affected Providers

- Hospitals
- Physicians

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Action Needed

Make sure your billing staff knows about national coverage for cardiac contractility modulation (CCM):

- Criteria
- Coverage with evidence development (CED) study criteria
- Claims processing requirements

Key Updates

CCM treats heart failure (HF). Effective October 28, 2025, CMS covers CCM for treating HF under CED according to the coverage criteria we outline in the [Medicare National Coverage Determination \(NCD\) Manual, Chapter 1](#), section 20.39.

Consistent with section 1142 of the [Social Security Act](#), the Agency for Healthcare Research and Quality supports clinical research studies that we determine meet all the criteria and standards in NCD 20.39.

We don't cover CCM for HF for patients outside of a CMS-approved study. See NCD 20.39 for the complete coverage criteria.

Note: Nothing in the NCD would preclude coverage of CCM through NCD 310.1—Clinical Trial Policy or through the investigational device exemption policy.

Claims Processing Requirements

Use these procedure codes when billing for CCM.

Table 1. Insertion & Replacement Procedures

CPT Code	Long Descriptor
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
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
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
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

Table 2. Removal Procedures

CPT Code	Long Descriptor
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only

Table 3. Repositioning Procedures

CPT Code	Long Descriptor
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode (atrial or ventricular lead)
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator

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Table 4. Programming Procedures

CPT Code	Long Descriptor
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
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system

Table 5. Insertion & Replacement Procedures (ICD-10-PCS)

ICD-10-PCS Code	Long Descriptor
0JH60AZ	Insertion of Contractility Modulation Device into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH63AZ	Insertion of Contractility Modulation Device into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH80AZ	Insertion of Contractility Modulation Device into Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JH83AZ	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)

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Table 6. CCM Procedures (HCPCS)

HCPCS Code	Long Descriptor
C1824	Generator, cardiac contractility modulation (implantable)
C1898	Lead, pacemaker, other than transvenous VDD single pass
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only

Submit CCM claims with 1 of these ICD-10-CM codes as the primary diagnosis—I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, or I50.9—and Z00.6 as the other diagnosis.

Institutional Claims

We cover claims for CCM in a clinical research study when billed with:

- 1 of the ICD-10-PCS codes we list in the [Medicare Claims Processing Manual, Chapter 32](#), section 416.1 and type of bill (TOB) 11X
- 1 of the CPT or HCPCS codes we list in the Medicare Claims Processing Manual, Chapter 32, section 416.1 and TOB 12X, 13X, or 85X
- An appropriate ICD-10-CM principal diagnosis code and Z00.6 as the other diagnosis
- Condition code 30—Qualified clinical trial
- Value code D4—Clinical trial number (8-digit number)
- Modifier Q0—Investigational clinical service provided in a clinical study that’s in an approved clinical research study and TOB 12X, 13X, or 85X

Professional Claims

We cover claims for CCM in a clinical research study when billed with:

- 1 of the CPT or HCPCS codes we list in the Medicare Claims Processing Manual, Chapter 32, section 416.1
- An appropriate ICD-10-CM principal diagnosis code and Z00.6 as the other diagnosis
- Place of service (POS) code **11**, 19, 21, 22, **24**, 26, **71**, or **72**
- The 8-digit clinical trial identifier number
- Modifier Q0—Investigational clinical service provided in a clinical study that’s in an approved clinical research study

Your Medicare Administrative Contractor (MAC) will return any CCM claims you submitted with the wrong TOB, POS, condition code, modifier, or value codes or claims that don’t include the clinical trial number. Your MAC will deny claims you submitted without the appropriate ICD-10-CM diagnosis codes.

Note: Your MAC won’t search their files for CCM claims processed with dates of service or discharge dates from October 28, 2025 – April 6, 2026; however, they’ll adjust any claims you bring to their attention.

More Information

We issued CR 14311 to your MAC as the official instruction for this change. The CR is in 4 transmittals:

- R13538CP
- R13538NCD
- **R13672CP**, which adds section 416 to the Medicare Claims Processing Manual
- **R13672NCD**, which adds section 20.39 to the Medicare NCD Manual

For more information, find your [MAC's website](#).

Document History

Date of Change	Description
March 11, 2026	We revised this article to add 4 additional place of service codes for professional claims processing. We also updated the CR release date, transmittal numbers, and transmittal links. Substantive content changes are in dark red (pages 5 and 6).
December 22, 2025	Initial article released.

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