

Billing Reference Guide

Background

The Bridge (NSS-2 BRIDGE) Percutaneous Nerve Field Stimulator is an FDA-cleared, drug-free, non-surgical device that uses neuro-modulation to aid in the reduction of symptoms associated with opioid withdrawal through application to branches of Cranial Nerves V, VII, IX, X and the occipital nerves identified by trans-illumination. Bridge is a small electrical nerve stimulator device that contains a battery-powered chip and wires that are applied around a patient's ear. It requires a prescription and must be applied by a trained healthcare professional in a non-surgical, in-office procedure.

Coding

There is no specific Current Procedural Terminology (CPT®)* code to describe the placement of the Bridge device by a healthcare professional. Unlisted procedure code **64999 (Unlisted procedure, nervous system)** may be used to describe the placement of the Bridge device.

The Bridge device may be described by Healthcare Common Procedure Coding System (HCPCS) code **A9270 (Non-covered item or service)** for claims submitted to Medicare.

For payers other than Medicare, unlisted code **E0770 (Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified)** may be appropriate. Providers should confirm appropriate coding prior to claims submission with individual health plans.

Coverage and Reimbursement

There is no national coverage for the Bridge device or other auricular peripheral nerve stimulators by Medicare. One Medicare contractor (Novitas Solutions, Local Coverage Article A55240) takes the position that the Bridge device and other auricular peripheral nerve stimulators are non-covered by Medicare when used for acupuncture due to the Medicare national coverage determination (NCD) on acupuncture (NCD 30.3). Other Medicare contractors have not addressed the issue explicitly, but may reach the same conclusion. Accordingly, the pertinent Medicare contractor (other than Novitas Solutions) should be consulted to assess whether the Bridge device would be covered before seeking payment for the device.

Commercial payers may have their own policies with respect to coverage and payment for the Bridge device and the placement procedure.



For questions about coding, coverage, or reimbursement, please contact reimbursement@masimo.com.

Masimo provides this coding guide for informational purposes only. This guide is not an affirmative instruction as to which codes and modifiers to use for a particular service, supply, procedure, or treatment, nor is it exhaustive. It is the provider's responsibility to determine and submit the appropriate codes and modifiers for any service, supply, procedure, or treatment rendered. Actual codes and/or modifiers used are at the sole discretion of the treating provider and/or facility. Contact your local payer for specific coding and coverage guidelines. Masimo cannot guarantee medical benefit coverage or reimbursement with the codes listed in this guide. Information included in this material was obtained from third-party sources and is accurate as of the time of its publication but is subject to change without notice.

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