Medical Policy

Automated Ambulatory Blood Pressure Monitoring for the Diagnosis of Hypertension in Patients with Elevated Office Blood Pressure

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Policy Number: 206
BCBSA Reference Number: 1.01.02
NCD/LCD: National Coverage Determination (NCD) for Ambulatory Blood Pressure Monitoring (20.19)

Related Policies
None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Automated ambulatory blood pressure (BP) monitoring over a 24-hour period may be considered MEDICALLY NECESSARY for patients with elevated office BP, when performed 1 time to differentiate between "white coat hypertension" and true hypertension, and when the following conditions are met:
- Office BP elevation is in the mild to moderate range (<180/110), not requiring immediate treatment with medications; and
- There is an absence of hypertensive end-organ damage on physical examination and laboratory testing.

All other uses of ambulatory blood pressure monitoring for patients with elevated office BP are considered INVESTIGATIONAL, including but not limited to repeated testing in patients with persistently elevated office BP and monitoring of treatment effectiveness.

Medicare HMO BlueSM and Medicare PPO BlueSM Members

Medical necessity criteria and coding guidance can be found through the link(s) below.

National Coverage Determinations (NCDs)

National Coverage Determination (NCD) for Ambulatory Blood Pressure Monitoring (20.19)

Note: To review the specific NCD, please remember to click "accept" on the CMS licensing agreement at the bottom of the CMS webpage.
**Prior Authorization Information**

**Inpatient**
- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

**Outpatient**
- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

<table>
<thead>
<tr>
<th>Outpatient</th>
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<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
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<tr>
<td>Commercial PPO and Indemnity</td>
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<tr>
<td>Medicare HMO Blue℠</td>
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<td>Medicare PPO Blue℠</td>
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**CPT Codes / HCPCS Codes / ICD Codes**

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

*The following codes are included below for informational purposes only; this is not an all-inclusive list.*

*The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:*

**CPT Codes**

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>93784</td>
<td>Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report</td>
</tr>
<tr>
<td>93786</td>
<td>Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; recording only</td>
</tr>
<tr>
<td>93788</td>
<td>Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; scanning analysis with report</td>
</tr>
<tr>
<td>93790</td>
<td>Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; review with interpretation and report</td>
</tr>
<tr>
<td>99473</td>
<td>Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration</td>
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<tr>
<td>99474</td>
<td>Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient</td>
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**Description**

Typically done over a 24-hour period with a fully automated device, ambulatory blood pressure monitoring (ABPM) provides more detailed blood pressure (BP) information than readings typically obtained during
office visits. The greater number of readings with ABPM ameliorates the variability of single BP measurements and is more representative of the circadian rhythm of BP.

ABPM has a number of potential applications. One of the most common is evaluating suspected white coat hypertension, which is defined as an elevated office BP with normal BP readings outside the physician's office. The etiology of white coat hypertension is poorly understood but may be related to an "alerting" or anxiety reaction associated with visiting the physician's office.

In assessing patients with elevated office BP, ABPM is often intended to identify those with normal ambulatory readings who do not have sustained hypertension. Because this group of patients would otherwise be treated based on office BP readings alone, ABPM could improve outcomes by allowing these patients to avoid unnecessary treatment. However, this assumes patients with white coat hypertension are not at increased risk for cardiovascular events and would not benefit from antihypertensive treatment.

Other uses of ABPM include monitoring patients with established hypertension under treatment; evaluating refractory or resistant BP; evaluating whether symptoms such as lightheadedness correspond with BP changes; evaluating night-time BP; examining diurnal patterns of BP; and other potential uses.

This evidence review does not directly address other uses of ABPM, including its use for the evaluation of "masked" hypertension. Masked hypertension refers to normal BP readings in the office and elevated BP readings outside of the office. This phenomenon has recently received greater attention, with estimates that up to 10% to 20% of individuals may exhibit this pattern.

**Summary**

Ambulatory blood pressure (BP) monitors (24-hour sphygmomanometers) are portable devices that continually record BP while the patient is involved in daily activities. There are various types of ambulatory monitors; this evidence review addresses fully automated monitors, which inflate and record BP at preprogrammed intervals. Ambulatory blood pressure monitoring (ABPM) has the potential to improve the accuracy of diagnosing hypertension and thus improve the appropriateness of medication treatment.

For individuals with elevated office BP who receive 24-hour automated ABPM, the evidence includes randomized controlled trials, cohort studies, and studies of diagnostic accuracy. The relevant outcomes are test accuracy, other test performance measures, morbid events, and medication use. Data from large prospective cohort studies have established that ABPM correlates more strongly with cardiovascular outcomes than with other methods of BP measurement. Compared directly with other methods, ABPM performed over a 24-hour period has higher sensitivity, specificity, and predictive value for the diagnosis of hypertension than office or home BP measurements. Substantial percentages of patients with elevated office BP have normal BP on ABPM (white coat hypertension). Prospective cohort studies have reported that patients with white coat hypertension have an intermediate risk of cardiovascular outcomes compared with normotensive and hypertensive patients. The benefit of medication treatment in these patients is uncertain, and they are at risk of overdiagnosis and overtreatment based on office BP measurements alone. Use of ABPM in these patients will improve outcomes by eliminating unnecessary pharmacologic treatment and avoiding adverse events in patients not expected to benefit. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

**Policy History**

<table>
<thead>
<tr>
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<tbody>
<tr>
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<td>7/2017</td>
<td>New references added from BCBSA National medical policy.</td>
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<td>8/2016</td>
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<td>11/2015</td>
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<td>3/2015</td>
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<tr>
<td>6/2014</td>
<td>Updated Coding section with ICD10 procedure and diagnosis codes. Effective 10/2015.</td>
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<tr>
<td>11/2011</td>
<td>Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.</td>
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**Information Pertaining to All Blue Cross Blue Shield Medical Policies**

Click on any of the following terms to access the relevant information:

- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

**References**


2. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). 24-hour ambulatory blood pressure monitoring for the evaluation of patients with elevated office blood pressure. TEC Assessments. 1999;Volume 14:Tab 8.


