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 monitoring over a 24-hour period may be considered MEDICALLY NECESSARY for patients with elevated office BP, when performed one time to differentiate between ‘white coat hypertension’ and true hypertension, and when the following conditions are met:

- Office blood pressure elevation is in the mild to moderate range (<180/110), not requiring immediate treatment with medications;
- 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, including but not limited to repeated testing in patients with persistently elevated office BP, is INVESTIGATIONAL.

Medicare HMO BlueSM and Medicare PPO BlueSM Members

Automated Ambulatory Blood Pressure Monitoring

Ambulatory blood pressure monitoring is covered for Medicare HMO Blue and Medicare PPO Blue members with suspected white coat hypertension, in accordance with the Centers for Medicare and Medicaid Services guidelines.

White coat hypertension is defined by Medicare as follows:

- Office blood pressure > 140/90 mm Hg on at least 3 separate clinic/office visits with 2 separate measurements made at each visit.
At least 2 documented blood pressure measurements taken outside the office which are < 140/90 mm Hg.

No evidence of end organ damage.

Medical necessity criteria and coding guidance can be found through the link below:
National Coverage Determination (NCD) for Ambulatory Blood Pressure Monitoring (20.19)

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products. See below for situations where prior authorization may be required or may not be required for outpatient services.

Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>No</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>No</td>
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<tr>
<td>Medicare HMO Blue℠</td>
<td>No</td>
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<tr>
<td>Medicare PPO Blue℠</td>
<td>No</td>
</tr>
</tbody>
</table>

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>
</tr>
</thead>
<tbody>
<tr>
<td>93784</td>
<td>Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report</td>
</tr>
<tr>
<td>93786</td>
<td>Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only</td>
</tr>
<tr>
<td>93788</td>
<td>Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report</td>
</tr>
<tr>
<td>93790</td>
<td>Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; physician review with interpretation and report</td>
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HCPCS Codes

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<tr>
<th>HCPCS codes</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>A4670</td>
<td>Automatic blood pressure monitor</td>
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</table>
Description
Ambulatory blood pressure monitoring (ABPM), typically done over a 24-hour period with a fully automated monitor, provides more detailed blood pressure information than typically obtained during office visits, especially for those whose anxiety over an office visit may give an appearance of hypertension due to sympathetic nervous stimulation whose elevated readings are not sustained. White-coat hypertension is defined as having an elevated systolic blood pressure between 140 and 180 mmHg while at the doctor’s office, and a normal systolic blood pressure reading of less than 140 mmHg and a diastolic blood pressure of less than 90 mmHg when away from the doctor’s office. ABPM is recommended to improve outcomes by allowing patients to avoid unnecessary treatment if normotensive, or to develop a treatment plan if there are additional spikes in blood pressure over the observation period.

Ambulatory blood pressure monitors (24-hour sphygmomanometers) are portable devices recording a patient’s blood pressure while the patient is involved in daily activities. There are several types of monitors using various technologies to record interval pressures.

Summary
Ambulatory blood pressure monitoring performed over a 24-hour period is a more accurate method for evaluating blood pressure compared to office measurements and home blood pressure measurements. Reference values for normal and abnormal ambulatory blood pressure monitoring (ABPM) results have been derived from epidemiologic research. These reference values vary slightly among different sources but are available for clinical use. Data from large prospective cohort studies establish that ABPM correlates more strongly with cardiovascular outcomes compared to other methods of BP measurement. Prospective cohort studies also indicate that white coat hypertension (WCH), as defined by ABPM, is associated with an intermediate risk of cardiovascular outcomes compared to normotensive and hypertensive patients.

Studies comparing home blood pressure monitoring and office monitoring to ABPM as the gold standard report that the sensitivity and specificity of alternative methods of diagnosing hypertension are suboptimal. Substantial percentages of patients with elevated office BP are found to have normal BP on ABPM, and these patients are at risk for over diagnosis and overtreatment based on office BP measurements alone. Use of ABPM in these patients will improve outcomes by eliminating the inconvenience and morbidity of pharmacologic treatment in patients who are not expected to benefit. Therefore, ambulatory blood pressure monitoring may be considered medically necessary for the evaluation of patients with elevated office blood pressure.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>7/2017</td>
<td>New references added from BCBSA National medical policy.</td>
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<tr>
<td>8/2016</td>
<td>New references added from BCBSA National medical policy.</td>
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<tr>
<td>11/2015</td>
<td>Clarified coding information.</td>
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<tr>
<td>3/2015</td>
<td>New references added from BCBSA National medical policy.</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>4/09</td>
<td>Reviewed - Medical Policy Group – Cardiology.</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.


