Medical Coverage Policy | Ambulatory Blood Pressure Monitoring



EFFECTIVE DATE: $12 \, | \, 01 \, | \, 2016$

POLICY LAST UPDATED: 06 | 18 | 2020

OVERVIEW

Ambulatory blood pressure monitors (24-hour sphygmomanometers) are portable devices that continually record blood pressure while the patient is involved in daily activities. There are various types of ambulatory monitors. This policy 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.

This policy is applicable to Commercial Products only. For BlueCHiP for Medicare, see related policy section.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Commercial Products

Ambulatory blood pressure monitoring is covered for patients with suspected "white coat hypertension" who meet the indications listed below. 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, and monitoring of treatment effectiveness are considered not medically necessary, as the evidence is insufficient to determine the effects of the technology on health outcomes.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable not medically necessary benefits/coverage.

BACKGROUND

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

There are a number of potential applications of ABPM. One of the most common is evaluating suspected "white-coat hypertension" (WCH), which is defined as an elevated office blood pressure with normal blood pressure readings outside the physician's office. The etiology of WCH 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 blood pressure, ABPM is often intended to identify patients with normal ambulatory readings who do not have sustained hypertension. Since this group of patients would otherwise be treated based on office blood pressure readings alone, ABPM could improve outcomes by

allowing these patients to avoid unnecessary treatment. However, this assumes patients with WCH are not at increased risk for cardiovascular events and would not benefit from antihypertensive treatment.

The procedure is appropriate for members 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 mm Hg), not requiring immediate treatment with medications; and
- There is an absence of hypertensive end-organ damage on physical examination and laboratory testing.

CODING

Commercial Products

The following codes are covered when filed with an ICD-10 diagnosis code listed below:

- 93784 Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report
- 93786 Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; recording only
- 93788 Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; scanning analysis with report
- 93790 Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; review with interpretation and report

ICD-10 Diagnosis Codes that may support medical necessity:

I10 I11.0-11.9 R03.0 Z01.30-Z01.31

Commercial Products

The following code is not covered:

A4670 Automatic blood pressure monitor

RELATED POLICIES

BlueCHiP for Medicare National and Local Coverage Determinations

PUBLISHED

Provider Update, August 2020 Provider Update, November 2019 Provider Update, November/December 2018 Provider Update, January 2018 Provider Update, February 2017

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