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.

PRIOR AUTHORIZATION
Prior authorization review is not required.

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.

MEDICAL CRITERIA
Not applicable

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.

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

**CODING**

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

93784  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
93786  Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only
93788  Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report
93790  Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, 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, November/December 2018
Provider Update, January 2018
Provider Update, February 2017
Provider Update, April 2015
Provider Update, June 2014

**REFERENCES**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member’s subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.