

EFFECTIVE DATE: 12|01|2016

POLICY LAST UPDATED: 11|01|2016

OVERVIEW

Ambulatory blood pressure monitors (24-hour sphygmomanometers) are portable devices that continually record blood pressure while the patient is involved in daily activities.

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. All other uses are considered not medically necessary as there is insufficient peer-reviewed scientific literature that demonstrates the procedure/service is effective.

BlueCHiP for Medicare

Ambulatory blood pressure monitoring is covered.

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 compared with the limited number obtained during office measurement.

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 evaluating patients having 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 suspected "white coat hypertension" who meet the following:

1. Office blood pressure >140/90 mm Hg on at least three separate clinic/office visits with two separate measurements made at each visit; and
2. At least two documented separate blood pressure measurements taken outside the office \leq 140/90 mm Hg; and
3. When there is no evidence of end-organ damage.

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, and monitoring of treatment effectiveness, is considered not medically necessary.

In some instances when ABPM needs to be performed more than once, the qualifying criteria described above must be met for each subsequent ABPM test.

COVERAGE

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

CODING

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

93784

93786

93788

93790

ICD-10 Diagnosis Codes that may support medical necessity **for Commercial products:**

I10

I11

I11.0

I11.9

R03

R03.0

R03.1

Z01.3

Z01.30

Z01.31

BlueCHiP for Medicare and Commercial Products

The following code is not covered:

A4670

RELATED POLICIES

Not applicable.

PUBLISHED

Provider Update, February 2017

Provider Update, April 2015

Provider Update, June 2014

Provider Update, June 2013

Provider Update, September 2012

Provider Update, July 2011

Provider Update, July 2010

REFERENCES

1. Flynn JT, Daniels SR, Hayman LL, et al. Update: ambulatory blood pressure monitoring in children and adolescents: a scientific statement from the American Heart Association. *Hypertension*. May 2014;63(5):1116-1135. PMID 24591341
2. U.S. Food and Drug Administration (FDA). Welch Allyn ABPM 1600 pre-market notification: 510(k) summary, 06/27/2002. <http://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm?db=pmn&id=K021756>. Accessed November 26, 2014.
3. 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.
4. LeFevre F, Aronson N. Technology Assessment for ambulatory blood pressure monitoring for adults with elevated office blood pressure. February 2001. <http://www.cms.gov/medicarecoverage-database/details/ncadetails.aspx?NCAId=5&NcaName=Ambulatory+Blood+Pressure+Monitoring&NCDId=254&ncdver=1&IsPopup=y&bc=AAAAAAAAAgAAAA%3d%3d&>. Accessed November 30, 2014.
5. Imai Y, Hozawa A, Ohkubo T, et al. Predictive values of automated blood pressure measurement: what can we learn from the Japanese population - the Ohasama study. *Blood Press Monit*. Dec 2001;6(6):335-339. PMID 12055412
6. Verdecchia P. Reference values for ambulatory blood pressure and self-measured blood pressure based on prospective outcome data. *Blood Press Monit*. Dec 2001;6(6):323-327. PMID 12055410

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