

**EFFECTIVE DATE:** 12|01|2016

**POLICY LAST UPDATED:** 11|21|2017

## 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:

- I. Office blood pressure  $>140/90$  mm Hg on at least three separate clinic/office visits with two separate measurements made at each visit; and
- II. At least two documented separate blood pressure measurements taken outside the office  $\leq 140/90$  mm Hg; and
- III. 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. For Commercial Products the codes below 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; physician review with interpretation and report

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

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

### **BlueCHiP for Medicare and Commercial Products**

**The following code is not covered:**

**A4670** Automatic blood pressure monitor

### **RELATED POLICIES**

Not applicable.

### **PUBLISHED**

Provider Update, January 2018  
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

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