Effective Date: 6/1/1999  Policy Last Updated: 4/19/2011

Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:
Ambulatory blood pressure monitoring (ABPM) involves the use of a non-invasive device to automatically measure blood pressure at predetermined intervals during a 24-hour period. The monitoring device contains a magnetic tape or computer disk that stores the results, which are interpreted later by a physician.

The most common use of ABPM is evaluation of suspected “white-coat hypertension.” White-coat hypertension is defined as an elevated office blood pressure with normal blood pressure readings outside the physician’s office. The etiology of white-coat hypertension is poorly understood, but may be related to an “alerting” or anxiety reaction associated with visits to the physician’s office. In evaluating patients who have elevated office blood pressure, ABPM is used to identify patients with normal blood pressure readings who, therefore, do not have sustained hypertension.

Medicare covers ambulatory blood pressure monitoring 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 = 140/90 mm Hg; and
3. When there is no evidence of end-organ damage. In some instances ABPM needs to be performed more than once, the qualifying criteria described above must be met for each subsequent ABPM test.

Medical Criteria:
Not applicable.

Policy:
Ambulatory blood pressure monitor is considered medically necessary for BlueCHiP for Medicare members only, and is considered not medically necessary for all other product lines. Automated ambulatory blood pressure monitoring has not been demonstrated to improve health outcomes. Most position statements put forth by
various organizations do not appear to be evidence-based, contain a lack of comparison with other methods of blood pressure measuring, or fail to adequately define target subgroups for whom this device would be beneficial.

NOTE: Medicare policy is developed separately from BCBSRI policy. Medicare policy incorporates consideration of governmental regulations from CMS (Centers for Medicare and Medicaid Services), such as national coverage determinations or local coverage determinations. In addition to benefit differences, CMS may reach different conclusions regarding the scientific evidence than does BCBSRI. Medicare and BCBSRI policies may differ. However, BlueCHiP for Medicare members must be offered, at least, the same services as Medicare offers.

ABPM is not covered for any other uses.

Coverage:
Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, Benefit Booklet, for the applicable machine test coverage/not medically necessary services.

Coding:
The following CPT Codes are covered for BlueCHiP for Medicare members only and not medically necessary for all other product lines.

93784  93786  93788  93790

The following code is not covered.
A4670

Also known as:
Not applicable

Related topics:
Not applicable

Published:
Policy Update, Jun 2004
Provider Update, Jul 2008
Provider Update, Jul 2009
Provider Update, Jul 2010
Provider Update, Jul 2011

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.