

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Ambulatory Blood Pressure Monitoring

Device/Equipment Drug Medical Surgery Test Other

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

Blue and Blue Shield Association Medical Policy Reference Manual 1.01.02 *Automated Ambulatory Blood Pressure Monitor for the Diagnosis of Hypertension in Patients with Elevated Office Blood Pressure*. Retrieved 3/27/09 from:

http://blueweb.bcbs.com/global_assets/special_content/medical_policy/policymanual/policy.html?pnum=10102.

Marchiando RJ, Elston MP. *Automated Ambulatory Blood Pressure Monitoring: Clinical Utility in the Family Practice Setting*. Accessed: <http://www.aafp.org/afp/20030601/2343.html>. American Academy of Family Physicians; June 1, 2003;67(11).

Pickering TG, Shimbo D, Haas D. *Ambulatory Blood-Pressure Monitoring*. *New England Journal of Medicine*;2006;354:2368-74.

White WB. *Ambulatory Blood-Pressure Monitoring in Clinical Practice*. *New England Journal of Medicine*;June 12, 2009;24;348:2377-2378.

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