

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	AUTOMATED AMBULATORY BLOOD PRESSURE MONITORING
Policy Number	1.01.04
Category	Technology Assessment
Effective Date	10/18/01
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Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

POLICY STATEMENT

- I. Based upon our criteria and assessment of the peer-reviewed literature, automated ambulatory blood pressure monitoring (ABPM) does not improve patient outcomes in the *routine* care of most patients with hypertension, including those with “White Coat” hypertension, and is considered **not medically necessary**.
- II. Based upon our criteria and assessment of the peer-reviewed literature, automated ABPM is considered a **medically appropriate** diagnostic option when self-measured blood pressure readings have not provided sufficient clinical information for treatment and when the results will impact treatment decisions, in the following situations:
 - A. Patients with apparent drug resistance;
 - B. Hypotensive symptoms while on treatment;
 - C. Labile or episodic hypertension, or autonomic dysfunction.

DESCRIPTION

An automated ambulatory blood pressure monitor (ABPM) is a non-invasive, portable device used to measure blood pressure (BP) while the patient is involved in daily activities. There are several types of automated ambulatory blood pressure monitors, including:

- I. fully automated, which inflate at preprogrammed intervals;
- II. semi-automated, which are patient activated;
- III. transtelephonic, which allow use of the telephone to transmit measured automatic digital readings to a computer-assisted receiver; and
- IV. intra-arterial, which are used exclusively as research tools due to risk of infection or arterial damage and tissue necrosis.

Automated ABPM devices are programmed prior to individual use to read blood pressure, and sometimes heart rate, at specific intervals throughout the monitoring period, which is usually 24 hours. The ABPM is fitted to and removed from the patients by a trained technician. These devices record a large number of readings over a 24-hour period that are more representative of the normal circadian rhythm of blood pressure as compared to the limited number of readings with typical office measurement.

A number of applications for ABPM have been proposed. One of the most common is for evaluation of “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. Other uses of ABPM include

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monitoring patients with established hypertension who are under treatment; evaluating refractory or resistant blood pressure; evaluating whether symptoms such as lightheadedness correspond with changes in blood pressure; or evaluating nighttime blood pressure.

RATIONALE

Many ambulatory blood pressure monitors have received clearance to market through the U.S. Food and Drug Administration (FDA) 510(k) marketing clearance process. As an example of a FDA indication for use, the Welch Allyn ABPM 6100 is indicated “as an aid or adjunct to diagnosis and treatment when it is necessary to measure adult or pediatric patients’ systolic and diastolic blood pressures over an extended period of time. The system is only for measurement, recording, and display. It makes no diagnosis.”

No conclusive evidence demonstrates that the use of ABPM leads to clinically significant health outcome benefits for most patients with hypertension. ABPM may impact treatment decisions in a small subset of patients with apparent drug resistance, hypotensive symptoms while on treatment, labile or episodic hypertension, and autonomic dysfunction when self-measured blood pressure readings have not provided sufficient clinical information for treatment.

Several organizations and consensus panels (e.g., the Joint National Committee on Prevention, Detection and Treatment of High Blood Pressure; the National High Blood Pressure Education Program; the American College of Physicians; the American College of Cardiology; the American Heart Association; the Canadian Hypertension Education Program; the British Hypertension Society; the European Society of Hypertension) have published guidelines addressing the use of ABPM. The recommendations from these reports provide no clear consensus on the role of ABPM in the diagnosis, establishment of risk or the prediction of outcomes for persons with hypertension.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.*
- ***CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.***
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*

CPT Codes

Code	Description
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	recording only
93788	scanning analysis with report
93790	physician review with interpretation and report

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HCPCS Codes

Code	Description
No code(s)	

ICD10 Codes

Code	Description
I10-I13.2	Hypertensive heart and chronic kidney disease (code range)
I15.0-I15.9	Secondary hypertension (code range)
I95.0-I95.9	Hypotension (code range)
N26.2	Page kidney

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Code	Description
R55	Syncope and collapse

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*Key Article

KEY WORDS

ABPM, Borderline hypertension, White coat hypertension

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a National Coverage Determination (NCD) for Ambulatory Blood Pressure Monitoring. Please refer to the following NCD website for Medicare Members: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=254&ncdver=2&bc=AgAAgAAAAA&>.