I. Policy: Automated Ambulatory Blood Pressure Monitoring

II. Purpose/Objective:
To provide a policy of coverage regarding Automated Ambulatory Blood Pressure Monitoring

III. Responsibility:
A. Medical Directors
B. Medical Management

IV. Required Definitions
1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards of good medical treatment practiced by the general medical community;
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

(i) the service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
(ii) the service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.

(iii) the service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

DESCRIPTION:
Automated ambulatory blood pressure monitoring is a non-invasive procedure using fully automated devices to measure blood pressure at frequent intervals over a 24-hour period. The purpose is to determine the variability of a person’s blood pressure due to environmentally induced stressors during daily activities.

INDICATIONS:
Automated ambulatory blood pressure monitoring is only covered when used as an adjunct diagnostic tool in members who are unable to obtain accurate measurements of blood pressure with conventional methods and one of the following:

- Suspected “white coat” hypertension when all of the following are met:
  1. Office blood pressure greater than 140/90 mm Hg on at least three separate clinic/office visits with two separate measurements made at each visit; and
  2. Documented evidence of two blood pressure measurements <140/90 taken outside the clinic/office and the diagnosis of hypertension remains in question; and
  3. No evidence of end-organ damage or
- Symptoms (excessive sweating, palpitations, apprehension) that suggest episodic hypertension and office blood pressure measurements are repeatedly normal; or
- Symptoms consistent with episodic hypotension and/or syncopal events; or
- Nocturnal angina; or
- Hypertension that is refractory to optimized medication therapy.

LIMITATIONS: Automated ambulatory blood pressure monitoring will be limited to a single evaluation session with a maximum of 3 consecutive days, per calendar year for a device provided from a provider office or clinic practicing within the scope of their expertise.

EXCLUSIONS: Automated ambulatory blood pressure monitoring will NOT be covered for any of the following:

- When established criteria are not met
- For routine monitoring to establish the clinical diagnosis of hypertension
- For predicting end-organ damage
- To evaluate responses to pharmacologic antihypertensive therapy
- Monitoring normal or pre-hypertension
- For diagnosing malignant hypertension
- Monitoring blood pressure in members with irregular cardiac rhythm
- Blood pressure monitoring of pregnant members who do not meet the established criteria
- Blood pressure monitoring in children (members less than 18 yrs of age)

CODING ASSOCIATED WITH: Automated ambulatory blood pressure monitoring
The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services.

CPT Codes:
93784 Ambulatory blood pressure monitoring; including recording, scanning analysis, interpretation and report
93786 recording only
93788 Scanning analysis with report
93790 Physician review with interpretation and report

LINE OF BUSINESS:

Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:


CMS National Coverage Determination, Ambulatory Blood pressure Monitoring. 7/1/03. 
http://www.cms.hhs.gov/manuals/pm_trans/R168CIM.pdf


CMS NCD for Ambulatory Blood Pressure Monitoring (20.19)


This policy will be revised as necessary and reviewed no less than annually.

Devised: 2/04  
Revised: 4/05(Coding); 2/08(wording), 1/13; 1/16 (clarification), 7/16 (Gender Language)  
Reviewed: 2/06; 2/07; 2/09; 2/10, 4/11, 4/12, 1/14, 1/15, 1/17