AMBULATORY BLOOD PRESSURE MONITORING
HS-041

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. All links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change prior to the annual review date. Lines of business (LOB) are subject to change without notice; current LOBs can be found at www.wellcare.com. All guidelines can be found at this site as well but selecting the Provider tab, then “Tools” and “Clinical Guidelines”.

BACKGROUND

Automated ambulatory blood pressure monitoring (ABPM) devices consist of an inflatable arm cuff with pressure regulators and valves to measure blood pressure, a cuff microphone or sound transducer and microprocessor to detect and interpret blood pressure sounds or oscillations, mechanisms for programming and recording blood pressure readings, batteries for operating the device, and, in the case of semiautomatic devices, an inflation bulb. These devices utilize the auscultatory or the oscillometric method to detect blood pressure. The auscultatory method is the same as that used with standard sphygmomanometer. With ABPM devices, the sounds are detected by a
microphone or sound transducer in the cuff. The oscillometric method is based on detecting fluctuations in arterial movement produced by changes in the volume of blood as it moves through the artery in a pulsed, wavelike fashion. These fluctuations, or oscillations, are transmitted to the cuff, where a microprocessor interprets them. The point at which a rapid increase in oscillation amplitude occurs is taken as systolic pressure, and the point at which a sudden decrease in amplitude occurs is taken as diastolic pressure. These oscillometric systolic and diastolic pressures closely approximate the first and fifth Korotkoff phases, respectively.¹

**POSITION STATEMENT**

**Applicable To:**
- Medicaid – All Markets
- Medicare – All Markets

Ambulatory Blood Pressure Monitoring (ABPM) is considered medically necessary if ALL of the following criteria are met²:

- Must be performed for at least 24 hours to meet criteria; AND,
- The information obtained by ABPM must be necessary to determine appropriate management of the member; AND,
- Is only used by those member’s with ONE of the following indications:
  1. Suspected white coat hypertension*; OR,
  2. Resistant hypertension; OR,
  3. Evaluation of hypotension related to antihypertensive medication in hypertensive members; OR,
  4. Nocturnal angina; OR,
  5. Episodic hypertension; OR,

*Suspected white coat hypertension is defined as:
- Office blood pressure is greater than 140/90 mmHg on at least three separate office/clinic visits with two separate measurements made at each visit; AND,
- At least two documented blood pressure measurements taken outside the office which are less than 140/90 mmHg; AND,
- No evidence of end-organ damage.

Note: ABPM should only be done once per member to help diagnose the above indications. In the rare instance that ABPM needs to be performed more than once in a member, the qualifying criteria described above must be met for each subsequent ABPM test. Member’s for which ABPM demonstrates a blood pressure of greater than 135/85 mmHg may be at increased cardiovascular risk, and a physician may want to consider antihypertensive therapy.

**CODING**

**Covered CPT® Codes**
- 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

**HCPCS Codes**
- A4670 Automatic Blood pressure monitor

**ICD-10-PCS Codes** - Not applicable.
Covered ICD-10-CM Diagnosis Codes

I10 Essential (primary) hypertension
I20.8 Other Forms of Angina Pectoris
I95.1 Orthostatic Hypotension
R03.0 Elevated blood pressure reading, without diagnosis of hypertension
R55 Syncope and collapse

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES


MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

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<td>8/2/2012</td>
<td>Approved by MPC. Deleted background information irrelevant to coverage; deleted references not contained within the CCG.</td>
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<tr>
<td>12/1/2011</td>
<td>New template design approved by MPC.</td>
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<tr>
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