

**BLOOD PRESSURE MONITORS &
AMBULATORY BLOOD PRESSURE MONITORING**

Effective Date: December 21, 2015

Review Dates: 01/05, 12/05, 12/06, 12/07, 12/08,
12/09, 12/10, 12/11, 12/12, 12/13, 11/14, 11/15, 11/16,
11/17, 11/18

Date Of Origin: January 19, 2005

Status: Current

I. POLICY/CRITERIA

A. HOME BLOOD PRESSURE MONITORS

1. FOR COMMERCIAL MEMBERS:

Home Blood Pressure Monitors (HBPM) are a covered benefit for commercial members (fully funded and self-funded) when all of the following are met:

- a. HBPM prescribed by physician.
- b. HBPM provided by participating DME vendor or pharmacy with applicable benefit applied.
- c. Devices must meet the following:
 - i. Arm devices only
 - ii. Correct cuff size must be assessed and provided by vendor
 - iii. One device covered per 5 years
 - iv. Only devices approved by Priority Health will be covered

2. FOR MEDICAID/HEALTHY MICHIGAN PLAN MEMBERS:

A. Blood pressure monitoring equipment, either manual or automatic, may be covered when specific criteria are met.

B. A **manual** blood pressure unit may be covered for a member **under the age of 21** when:

1. Daily titration of medications is required for renal disease.
2. A cardiovascular condition is present that affects blood pressure (e.g. congenital heart disease).
3. A brain lesion or cancer tumor is present that affects the blood pressure.
4. A medication regimen is present that affects blood pressure.

C. A **manual** blood pressure unit may be covered for a member **over age 21** with uncontrolled blood pressures when one of the following is present:

1. Fluctuation in blood pressure as a result of renal disease.

2. Medications are titrated based on blood pressure readings.

D. **Automatic** blood pressure monitor is covered when:

1. Criteria for a manual unit are met.
2. Member is age 11 or over.

E. Economic alternatives such as a manual blood pressure unit has been either tried or ruled out prior to requesting an automatic blood pressure monitor.

B. AMBULATORY BLOOD PRESSURE MONITORING – 24 HOUR

Ambulatory Blood Pressure Monitoring (ABPM) is only covered for those patients with suspected white coat hypertension. Suspected white coat hypertension is defined as:

1. Office blood pressure >140/90 mm Hg on at least three separate clinic/office visits with two separate measurements made at each visit;
2. At least two documented blood pressure measurements taken outside the office which are <140/90 mm Hg; and
3. No evidence of end-organ damage.

ABPM is not a covered benefit for any other diagnoses.

Note: ABPM is not covered for Priority Health Medicaid or Healthy Michigan Plan members.

II. MEDICAL NECESSITY REVIEW

Required

Not Required

Not Applicable

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*

- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

IV. DESCRIPTION

BLOOD PRESSURE MONITORS

Priority Health will cover home blood pressure monitors for Commercial members if specific criteria are met.

Priority Health may cover blood pressure monitors for Medicaid members if medical necessity is established and no other means of monitoring the member's blood pressure is available.

AMBULATORY BLOOD PRESSURE MONITORING

Ambulatory blood pressure monitoring (ABPM) involves the use of a non-invasive fully automated device as an outpatient test to measure blood pressure in 24-hour cycles at frequent intervals during the day and night in an effort to determine the variability of a patient's BP. These 24-hour measurements are stored in the device and are later interpreted by the physician.

V. CODING INFORMATION

ICD-10 Codes that may support medical necessity:

I10	Essential (primary) hypertension
I11.0 – I11.9	Hypertensive heart disease
I12.0 – I12.9	Hypertensive chronic kidney disease
I13.0 – I13.2	Hypertensive heart and chronic kidney disease
I15.0 – I15.9	Secondary hypertension
I67.4	Hypertensive encephalopathy
I95.0 – I95.9	Hypotension
I97.3	Post procedural hypertension

O10.011 - O10.93	Pre-existing essential hypertension complicating pregnancy
O11.1 – O11.9	Pre-existing hypertension with pre-eclampsia
O13.1 – O13.9	Gestational [pregnancy-induced] hypertension without significant proteinuria
O14.00 - O14.03	Mild to moderate pre-eclampsia
O15.00 – O15.9	Eclampsia
O16.1 – O16.9	Unspecified maternal hypertension
O90.89	Other complications of the puerperium, not elsewhere classified
R03.0	Elevated blood-pressure reading, without diagnosis of hypertension
R55	Syncope and collapse

CPT/HCPCS Codes

A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope (<i>covered for Medicaid only</i>)
A4663	Blood pressure cuff only (<i>covered for Medicaid only</i>)
A4670	Automatic blood pressure monitor

AMBULATORY BLOOD PRESSURE MONITORING

Not covered for any dx for Medicaid.

ICD-10 Codes): *The following procedures are covered for commercial and Medicare plans for these diagnoses only:*

I10	Essential (primary) hypertension (<i>dx not covered for Medicare</i>)
R03.0	Elevated blood-pressure reading, without diagnosis of hypertension

CPT/HCPCS 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

VI. REFERENCES

Automated Ambulatory Blood Pressure Monitoring, Aetna Clinical Policy Bulletin:
Available on the World Wide Web @
http://www.aetna.com/cpb/medical/data/1_99/0025.html (Retrieved November 19, 2010, August 24, 2016, October 6, 2017 & September 12, 2018)

NCD for Ambulatory Blood Pressure Monitoring (20.19), Centers for Medicare and Medicaid Services. Available on the World Wide Web @ http://www.cms.gov/mcd/viewncd.asp?ncd_id=20.19&ncd_version=2&basket=ncd%3A20%2E19%3A2%3AAmbulatory+Blood+Pressure+Monitoring (Retrieved November 19, 2010, November 28, 2012 , October 2, 2014 , August 24, 2016 & October 6, 2017)

https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=254&ncdver=2&DocID=20.19&ncd_id=20.19&ncd_version=2&basket=ncd*3a%2420.19*3a%242*3a%24Ambulatory+Blood+Pressure+Monitoring+&bc=gAAAABAAAA& (Retrieved September 12, 2018)

Cardiovascular Monitoring Equipment for Home Use: Pulse, Blood Pressure, Tele monitors, and Pacemaker Monitors, Aetna Clinical Policy Bulletin @ http://www.aetna.com/cpb/medical/data/500_599/0548.html (Retrieved August 24, 2016, October 6, 2017 & September 12, 2018)

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