

Self-Measured Blood Pressure Monitoring

CPT® Assistant.

April 2020; Volume 30: Issue 4

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Self-measured (SM) blood pressure (BP) (SMBP) monitoring is the measurement of BP by a patient in their home or elsewhere outside of a clinical setting. According to the American Medical Association and the American Heart Association, SMBP monitoring enables physicians to diagnose and manage hypertension by helping patients take an active role in the process. The SMBP monitoring approach requires a device that has been validated for clinical accuracy. Two new codes, 99473 and 99474, were established in the Current Procedural Terminology (CPT®) 2020 code set to report work and practice expense associated with SMBP monitoring. These new codes are located in the Digitally Stored Data Services/Remote Physiologic Monitoring subsection of the Evaluation and Management (E/M) section. With the establishment of codes 99473 and 99474, the ambulatory BP monitoring codes (93784-93790) were revised to include report-generating software that is automated in a BP monitoring system that is worn continuously for 24 hours or longer. This article provides an overview of these changes.

Noninvasive Physiologic Studies and Procedures

▲ 93784

Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report

▲ 93786

recording only

▲ 93788

scanning analysis with report

▲ 93790

review with interpretation and report

▶ (For self-measured blood pressure monitoring, see 99473, 99474) ◀

Digitally Stored Data Services/Remote Physiologic Monitoring

#● 93784

Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration

▶ (Do not report 99473 more than once per device) ◀

▶ (For ambulatory blood pressure monitoring, see 93784, 93786, 93788,93790) ◀

#●**93786**

separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient

▶ (Do not report 99473, 99474 in the same calendar month as 93784, 93786, 93788, 93790, 99091, 99453, 99454, 99457, 99487, 99489, 99490, 99491) ◀

▶ (Do not report 99474 more than once per calendar month) ◀

Background

In 2015, the United States Preventive Services Task Force (USPSTF) released updated recommendations for high BP screening and determined that reliance on BP measurement in the clinical setting for the diagnosis of hypertension can result in measurement errors due to lower measurements and “white-coat” hypertension. Although the USPSTF identifies ambulatory blood pressure monitoring (ABPM) as the standard for evaluation of noninvasive BP measurements, there is growing evidence that shows SMBP devices are effective for the same purpose. The guidelines for the prevention, detection, evaluation, and management of high BP in adults released by the American College of Cardiology/American Heart Association in 2017 made similar recommendations for the use of ABPM and SMBP monitoring. Codes 99473 and 99474 were established because the pre-2020 CPT codes that were available for out-of-office BP monitoring did not adequately allow the reporting of SMBP monitoring as reflected in current clinical practice guidelines.

BP monitoring codes prior to 2020 were all ABPM codes (93784-93790) that described a “continuous” measurement device with interpretation and report that did not require patient engagement. With advances in medical technology and introduction of SBPM into the code set, codes 93784-93790 were revised to include report-generating software that is automated as part of a continuously worn BP monitoring system. ABPM devices are small, portable, fully automated oscillometric devices that are typically worn by a patient over the upper arm brachial artery that record BP at regular intervals over 24 to 48 hours, most commonly at 15- to 30-minute intervals.

Reporting Codes 99473 and 99474

SMBP monitoring (99473, 99474) uses a cuff system to allow a patient to take and record their BP several times per day.



Code 99473 includes patient education and training on device calibration, which is typically performed by a care-team member and should be reported only once per device. An exclusionary parenthetical note that follows code 99473 precludes reporting code 99473 more than once for the same device.

Coding Tip

Do not report remote physiologic monitoring treatment management (99457) for the same time period as home BP monitoring (99473, 99474).

Code 99474 is reported by the physician or other qualified health care provider (QHP) for review of clinical staff-developed data and generation of a report that includes individual and mean systolic and diastolic BP readings from the recording period. The physician or QHP then provides instructions to the clinical staff regarding care-plan information to be communicated to the patient. Code 99474 may be reported only once per calendar month, as instructed in the exclusionary parenthetical note following this code.

If the services described by code 99091 or 99474 are provided on the same day that the patient presents for an E/M service to the same provider, these services are considered part of the E/M service and should not be reported separately.

The following clinical examples and procedural descriptions reflect typical clinical situations for which these new codes would be appropriately reported.

Clinical Example (99473)

A 65-year-old male presents with repeated office visit measurements of blood pressure (BP) greater than normal or goal. Self-measured BP is ordered.

Description of Procedure (99473)

N/A

Clinical Example (99474)

A 65-year-old male presents with repeated office visit measurements of BP greater than normal or goal. Self-measured BP is ordered.

Description of Procedure (99474)

The physician reviews the clinical staff-developed data and report with individual and mean systolic and diastolic BPs from the recording period. Provide instructions to the clinical staff regarding care-plan information to be communicated to the patient. ◆