Medical Coverage Policy | Ambulatory Blood Pressure Monitoring

EFFECTIVE DATE: 06|01|1999
POLICY LAST UPDATED: 03|19|2014

OVERVIEW

This policy is considered final and will no longer undergo annual literature review. Updated 3/24/2014.

Ambulatory blood pressure monitors (24-hour sphygmomanometers) are portable devices that continually record blood pressure while the patient is involved in daily activities.

PRIOR AUTHORIZATION

Prior authorization review is not required.

POLICY STATEMENT

Blue CHiP for Medicare and Commercial

Ambulatory blood pressure monitor is **covered** for patients with suspected "white coat hypertension" who meet the indications listed below. All other uses are considered not medically necessary as there is insufficient peer-reviewed scientific literature that demonstrates the procedure/service is effective.

MEDICAL CRITERIA

Not applicable.

BACKGROUND

Ambulatory blood pressure monitoring (ABPM), typically done over a 24-hour period with a fully automated monitor, provides more detailed blood pressure information than typically obtained during office visits.

There are a number of potential applications of ABPM. One of the most common is evaluating suspected "white-coat hypertension" (WCH), which is defined as an elevated office blood pressure with normal blood pressure readings outside the physician's office. The etiology of WCH is poorly understood but may be related to an "alerting" or anxiety reaction associated with visiting the physician's office.

In evaluating patients having elevated office blood pressure, ABPM is often intended to identify patients with normal ambulatory readings who do not have sustained hypertension. Since this group of patients would otherwise be treated based on office blood pressure readings alone, ABPM could improve outcomes by allowing these patients to avoid unnecessary treatment. However, this assumes patients with WCH are not at increased risk for cardiovascular events and would not benefit from antihypertensive treatment.

Ambulatory blood pressure monitoring performed over a 24-hour period is a more accurate method for evaluating blood pressure compared to office measurements and home blood pressure measurements. Reference values for normal and abnormal ambulatory blood pressure monitoring (ABPM) results have been derived from epidemiologic research. These reference values vary slightly among different sources but are available for clinical use. Data from large prospective cohort studies establish that ABPM correlates more strongly with cardiovascular outcomes compared to other methods of BP measurement. Prospective cohort studies also indicate that white coat hypertension (WCH), as defined by ABPM, is associated with an intermediate risk of cardiovascular outcomes compared to normotensive and hypertensive patients.

Studies comparing home blood pressure monitoring and office monitoring to ABPM as the gold standard report that the sensitivity and specificity of alternative methods of diagnosing hypertension are suboptimal. Substantial percentages of patients with elevated office BP are found to have normal BP on ABPM, and these patients are at risk for overdiagnosis and overtreatment based on office BP measurements alone. Use of ABPM in these patients will improve outcomes by eliminating the inconvenience and morbidity of pharmacologic treatment in patients who are not expected to benefit. There is no scientific literature to support the use of ambulatory blood pressure monitoring for other indications therefore, all other indications would be considered not medically necessary.

The procedure is appropriate for members with suspected "white coat hypertension" who meet the following:

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

In some instances ABPM needs to be performed more than once, the qualifying criteria described above must be met for each subsequent ABPM test.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, Benefit Booklet, for the applicable machine test coverage/not medically necessary services.

CODING

The following CPT Codes are **covered for BlueCHiP for Medicare members and Commercial products:**

93784, 93786, 93788, 93790

The following code is **not covered for BlueCHiP for Medicare members and Commercial products:**

A4670

RELATED POLICIES

Not applicable.

PUBLISHED

Provider Update	Jun	2014
Provider Update	Jun	2013
Provider Update	Sep	2012
Provider Update	Jul	2011
Provider Update	Jul	2010
Provider Update	Jul	2009
Policy Update	Jul	2008
Policy Update	Jun	2004

REFERENCES

1. Urbina E, Alpert B, Flynn J et al. Ambulatory blood pressure monitoring in children and adolescents: recommendations for standard assessment: a scientific statement from the American Heart Association Atherosclerosis, Hypertension, and Obesity in Youth Committee of the council on cardiovascular disease in the young and the council for high blood pressure research. Hypertension 2008; 52(3):433-51.

2. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). 24-hour ambulatory blood pressure monitoring for the evaluation of patients with elevated office blood pressure. TEC Assessments 1999; Volume 14, Tab 8.

3. Imai Y, Hozawa A, Ohkubo T et al. Predictive values of automated blood pressure measurement: what can we learn from the Japanese population - the Ohasama study. Blood Press Monit 2001; 6(6):335-9.

4. Verdecchia P. Reference values for ambulatory blood pressure and self-measured blood pressure based on prospective outcome data. Blood Press. Monit 2001; 6(6):323-7.

5. Head GA, Mihailidou AS, Duggan KA et al. Definition of ambulatory blood pressure targets for diagnosis and treatment of hypertension in relation to clinic blood pressure: prospective cohort study. BMJ 2010; 340:c1104.

6. Kikuya M, Hansen TW, Thijs L et al. Diagnostic thresholds for ambulatory blood pressure monitoring based on 10-year cardiovascular risk. Circulation 2007; 115(16):2145-52.

7. Staessen JA, Beilin L, Parati G et al. Task force IV: Clinical use of ambulatory blood pressure monitoring. Participants of the 1999 Consensus Conference on Ambulatory Blood Pressure Monitoring. Blood Press. Monit 1999; 4(6):319-31.