BLOOD PRESSURE MONITORS & AMBULATORY BLOOD PRESSURE MONITORING

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Status: Current

Summary of Changes

Clarifications:

Deletions:

Additions:
- Pg. 1, Section I, A, 1, iv, language updated to reflect only devices approved by Priority Health will be covered for commercial members.

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](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](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.
- **MICHILD:** For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends 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 Postprocedural 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 (covered for Medicaid only)
- A4663 Blood pressure cuff only (covered for Medicaid only)
- 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
- 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


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