



Corporate Medical Policy

Ambulatory Blood Pressure Monitoring

File Name: ambulatory_blood_pressure_monitoring
Policy Number: MED1050
Origination: 7/1982
Last Review: 3/2008
Next Review: 3/2010

Description of Procedure or Service

Ambulatory [blood pressure](#) monitors (known as 24-hour [sphygmomanometers](#)) are portable devices that record [blood pressure](#) while the patient is involved in daily activities. Non-invasive monitors record [blood pressure](#) readings through arm cuff inflation/deflation. Fully automated monitors inflate at preprogrammed intervals. Semi-automated monitors are patient-activated. Transtelephonic devices allow use of the telephone to transmit continuously measured automatic digital readings of [blood pressure](#) to a computer-assisted receiver that processes the information for physician interpretation.

[Intra-arterial](#) types of monitors are used on an ambulatory basis primarily as a research tool. Because they are invasive and inserted into an artery, there is risk of infection and vessel damage with their use. [Intra-arterial](#) monitors are regularly used in the operating room and critical care settings.

Policy

BCBSNC does not provide coverage for Ambulatory blood pressure monitoring. It is considered not medically necessary.

Benefits Application

Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

When Ambulatory Blood Pressure Monitoring is covered

Not applicable

When Ambulatory Blood Pressure Monitoring is not covered

It is not covered. It is considered not medically necessary. Alternate methodologies (e.g., self monitoring of blood pressure using an over the counter device) are available to monitor blood pressure.

Policy: Ambulatory Blood Pressure Monitoring

Policy Guidelines

Definitive evidence documenting improved health outcomes associated with the clinical use of ambulatory blood pressure monitoring is lacking, particularly in comparison with other methods of measuring blood pressure, i.e., serial measurements by a nonphysician in the office setting or patient self-measurement at home.

Based on available evidence, it is not possible to conclude that the use of ambulatory blood pressure monitoring leads to clinically significant health outcome benefits for patients with elevated office blood pressure (white-coat hypertension).

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable Code: 93784, 93786, 93788, 93790

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Policy Key Words

Key Words: MED1050, Ambulatory blood pressure monitoring, Sphygmomanometry, white coat hypertension

Medical Term Definitions

Blood pressure

the pressure of the blood on the walls of the arteries, which is dependent on the energy of the heart action, the elasticity of the walls of the arteries, and the volume and thickness of the blood. It is expressed as a “systolic” measurement over a “diastolic” one. This refers to dilatation and contraction action, occurring at different times and places in the heart chambers.

Intra-arterial

within the artery.

Sphygmomanometer

a blood pressure cuff; used for determining blood pressure.

Scientific Background and Reference Sources

Policy: Ambulatory Blood Pressure Monitoring

Medical Policy Advisory Group - 1/99

Specialty Matched Consultant Advisory Panel - 8/2000

Medical Policy Advisory Group - 10/2000

Specialty Matched Consultant Advisory Panel - 8/2002

BCBSA Medical Policy Reference Manual [Electronic Version]. 1.01.02, 10/08/02

Specialty Matched Consultant Advisory Panel - 6/2004

Canadian Coordinating Office for Health Technology Assessment (CCOHTA). (2003, January) 24-hour ambulatory blood pressure monitoring. Retrieved November 15, 2005, from <http://www.ccohta.ca>

California Technology Assessment Forum. (2004, October 20) Utility of ambulatory blood pressure monitoring. Retrieved November 15, 2005, from <http://www.ctaf.org>

BCBSA Medical Policy Reference Manual [Electronic Version]. 1.01.02, 5/23/05

Appel L, Robinson K, Guallar E. Utility of Blood Pressure Monitoring Outside of the Clinic Setting. Evidence Report/Technology Assessment No. 63 (Prepared by the Johns Hopkins Evidence-based Practice Center under Contract No 290-97-006). AHRQ Publication No. 03-E004. Rockville, MD: Agency for Healthcare Research and Quality. November 2002. Retrieved October 12, 2007 from <http://www.ahrq.gov/downloads/pub/evidence/pdf/utbp/utbp.pdf>

BCBSA Medical Policy Reference Manual [Electronic Version]. 1.01.02, 4/17/07

Policy Implementation/Update Information

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| 7/82 | Original policy: Experimental/Investigative |
| 11/84 | Reaffirmed |
| 4/86 | Evaluated: Investigational |
| 3/88 | Evaluated: Investigational |
| 12/95 | Evaluated: Reaffirmed |
| 1/99 | Reaffirmed: Medical Policy Advisory Group |
| 8/00 | Specialty Matched Consultant Advisory Panel. Changed from investigational to not medically necessary. |
| 9/00 | System coding changes. |
| 10/00 | Medical Policy Advisory Group review. No changes to policy. Approve. |
| 11/01 | Coding Format Change. |
| 11/01 | Revised coding format change. |
| 9/02 | Specialty Matched Consultant Advisory Panel review. Duplicate codes removed from the Billing and Coding Section. Added, "There are no controlled studies to demonstrate the value of ambulatory blood pressure monitoring over home blood pressure monitoring in terms of clinical management or outcomes." to Policy Guideline section. |
| 12/03 | Benefits Application and Billing/Coding sections updated for consistency. |
| 7/29/04 | Specialty Matched Consultant Advisory Panel review 6/28/2004 with no changes made to policy criteria. References added. |

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- 3/16/06 Specialty Matched Consultant Advisory Panel review 2/27/06. No changes made to policy criteria. Rationale added to Policy Guidelines section. Policy number added to Key Words. References updated.
- 4/7/08 References updated. Specialty Matched Consultant Advisory Panel review 3/12/08. No change in policy statement.

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.

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