



CLINICAL MEDICAL POLICY	
Policy Name:	Ambulatory Blood Pressure Monitor (NCD 20.19)
Policy Number:	MP-072-MC-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	TBD; 09/01/2022; 08/20/2021; 08/10/2020; 09/16/2019; 07/15/2019; 07/15/2018
Effective Date:	TBD; 10/01/2022; 09/20/2021; 09/07/2020; 09/16/2019; 07/15/2019; 07/15/2018
Next Annual Review:	07/2024
Revision Date:	07/19/2023; 07/20/2022; 07/21/2021; 07/15/2020; 07/02/2019; 05/15/2019
Products:	Pennsylvania Medicare Assured
Application:	All participating and nonparticipating hospitals and providers
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Policy History

Date	Activity
08/01/2023	Provider Effective date
07/19/2023	QI/UM Committee review
07/19/2023	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section.
10/01/2022	Provider Effective date
07/20/2022	QI/UM Committee review
07/20/2022	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks and 'Reference Sources' section.
09/20/2021	Provider effective date
07/21/2021	QI/UM Committee review
07/21/2021	Annual Review: Reformatted policy to new Medicare policy format, added links to NCD and Article Links, updated Reference sections.
09/07/2020	Provider effective date
07/15/2020	QI/UM Committee review
07/15/2020	Annual Review: No clinical criteria changes; removed all hyperlinks; Revised Procedure CPT code description for 93784; Deleted CPT codes 93786, 93788 & 93790 and ICD-10 diagnosis code I10 per CMS Pub 100-04
09/16/2019	Provider effective date
07/17/2019	QI/UM Committee review

07/02/2019	Final CMS Decision Memo announced. Revised coverage criteria based on the memo. Added DX code I10; removed criteria of no evidence of end organ damage; Added the CMS bibliography; added Noridian DME MAC reference under Coverage Determination section;
05/15/2019	Annual Review: Policy updated to mirror CMS coverage changes with expanded coverage for masked hypertension and blood pressure parameters. Added CMS requirements on ABPM devices; Removed hyperlinks from the Reference section and updated references.
07/15/2018	Provider effective date
04/18/2018	QI/UM Committee review
03/27/2018	Initial policy developed

Disclaimer

Highmark WholecareSM medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark WholecareSM may provide coverage under the diagnostic Testing benefits of the Company's Medicare products for medically necessary ambulatory blood pressure monitoring for patients with suspected white coat hypertension and masked hypertension.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

Procedures

1. Please review the specific National Coverage Determination (NCD), Local Coverage Determination (LCD), and/or Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.
2. Post-payment Audit Statement
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark WholecareSM at any time pursuant to the terms of your provider agreement.
3. Place of Service
The proper place of service for ambulatory blood pressure monitoring is outpatient.

Coverage Determination and Links

Highmark WholecareSM follows the coverage determinations made by CMS as outlined in either the NCD and/or the state-specific LCD & LCA.

CMS Link

- [CMS Website](#)

NCD/LCD Link

- NCD: [Ambulatory Blood Pressure Monitoring \(20.19\)](#)
- There are no current LCDs related to this topic.

Article Links

- [CMS Manual System Pub 100-03 Medicare National Coverage Determinations](#)
- [CMS Manual System Pub 100-04 Medicare Claims Processing](#)
- [MLN Matters Number: MM11650](#)
- [Decision Memo for Ambulatory Blood Pressure Monitoring \(ABPM\) \(CAG-00067R2\)](#)

Coding Requirements

Procedure Codes

CPT Code	Description
93784	Ambulatory blood pressure monitoring, utilizing report-generating software , automated, worn continuously for 24 hours; including recording, scanning analysis, interpretation and report

Diagnosis Codes

ICD-10 Code	Description
R03.0	Elevated blood-high pressure reading, without diagnosis of hypertension

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.

Reference Sources

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) Ambulatory Blood Pressure Monitoring (20.19). Effective date of July 2, 2019. Implementation date June 16, 2020. Accessed on July 10, 2023.

CMS Manual System. Pub 100-03 Medicare National Coverage Determinations Transmittal 10073. Effective date of May 1, 2020. Accessed on July 10, 2023.

CMS Manual System. Pub 100-04 Medicare Claims Processing Transmittal 10073. Effective date May 1, 2020. Accessed on July 10, 2023.

Centers for Medicare and Medicaid Services. MLN Matters National Coverage Determination (NCD) 20.19 Ambulatory Blood Pressure Monitoring (ABPM). Number MM11650. Effective Date July 2, 2019. Accessed on July 10, 2023.

Centers for Medicare and Medicaid Services. Decision memo for ambulatory blood pressure monitoring (ABPM) (CAG-00067R2). July 2, 2019. Accessed on July 10, 2023.