

Cardio Policy:

Automated Ambulatory Blood Pressure Monitoring

POLICY NUMBER UM CARDIO_1336	SUBJECT Automated Ambulatory Blood Pressure Monitoring		DEPT/PROGRAM UM Dept	PAGE 1 OF 3
DATES COMMITTEE REVIEWED 11/12/14, 08/12/15, 12/21/16, 10/11/17, 11/14/18, 03/13/19, 05/08/19, 12/11/19, 02/12/20, 01/13/21, 11/09/21, 01/12/22, 11/17/22, 10/18/23, 12/20/23	APPROVAL DATE December 20, 2023	EFFECTIVE DATE December 22, 2023	COMMITTEE APPROVAL DATES 11/12/14, 08/12/15, 12/21/16, 10/11/17, 11/14/18, 03/13/19, 05/08/19, 12/11/19, 02/12/20, 01/13/21, 11/09/21, 01/12/22, 11/17/22, 10/18/23, 12/20/23	
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee		
NCQA STANDARDS UM 2		ADDITIONAL AREAS OF IMPACT		
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid	

I. PURPOSE

Indications for determining medical necessity for Automated Ambulatory Blood Pressure Monitoring.

II. DEFINITIONS

Ambulatory blood pressure monitoring (ABPM) involves the use of a non-invasive device which is used to measure blood pressure in 24-hour cycles. These 24-hour measurements are stored in the device and are later interpreted by the physician.

An appropriate diagnostic or therapeutic procedure is one in which the expected clinical benefit exceeds the risks or negative consequences of the procedure by a sufficiently wide margin such that the procedure is generally considered acceptable or reasonable care. The ultimate objective of AUC is to improve patient care and health outcomes in a cost-effective manner but is not intended to ignore ambiguity and nuance intrinsic to clinical decision making.

Appropriate Care - Median Score 7-9

May be Appropriate Care - Median Score 4-6

Rarely Appropriate Care - Median Score 1-3

III. POLICY

Indications for approving a request for medical necessity are:

- A. Patients with suspected white coat hypertension, which is defined as an average office blood pressure of systolic blood pressure greater than 130 mm Hg but less than 160 mm Hg or diastolic

blood pressure greater than 80 mm Hg but less than 100 mm Hg on two separate clinic/office visits with at least two separate measurements made at each visit and with at least two blood pressure measurements taken outside the office which are less than 130/80 mm Hg. **(AUC Score 8)**^{1,2,3}

- B. Patients with suspected masked hypertension, which is defined as average office blood pressure between 120 mm Hg and 129 mm Hg for systolic blood pressure or between 75 mm Hg and 79 mm Hg for diastolic blood pressure on two separate clinic/office visits with at least two separate measurements made at each visit and with at least two blood pressure measurements taken outside the office which are greater than or equal to 130/80 mm Hg. **(AUC Score 8)**^{1,2,3}
- C. Ambulatory BP monitoring can be performed if any of the below conditions are met **(AUC Score 8)**^{2,3}
 - 1. Treatment plan indicates patient to self-monitor and record blood pressure readings at least once a day and,
 - 2. History of heart disease, renal disease and neurological condition that would require periodic BP monitoring, or,
 - 3. Patient on treatment including medications that affects blood pressure, or,
 - 4. Medications adjustments are based on daily blood pressure readings, or,
 - 5. Hypertensive disorders of pregnancy, childbirth, or the puerperium period.
 - 6. Hypertension, despite compliance with the treatment plan including adherence to lifestyle, smoking cessation, and diet.

Requesting Physician or clinical staff must educate the patient on self- measurement and recording of blood pressure, have fit the patient with appropriate cuff size.

Limitations:

- A. The ABPM is not recommended to diagnose hypertension and assess cardiovascular disease risk.
- B. ABPM is covered once per year by Medicare.
- C. Requests for services that are part of a surveillance protocol for patients who are involved in a clinical trial are considered out of scope (OOS) for New Century Health and cannot be reviewed.

IV. PROCEDURE

- A. In order to review a request for medical necessity, the following items must be submitted for review:
 - 1. Progress note that prompted request
 - 2. Most recent EKG
 - 3. At least 2 recordings of BP on separate office visits
- B. Primary codes appropriate for this service: 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-Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; recording only. 93788- Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; scanning analysis with report.

93790- Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; review with interpretation and report

V. APPROVAL AUTHORITY

- A. Review – Utilization Management Department
- B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

- A. None

VII. REFERENCES

1. Centers for Medicare and Medicaid Services. National Coverage Determination (NCD) (20.19). Ambulatory Blood Pressure Monitoring. Retrieved from <https://www.cms.gov> [December 19, 2023].
2. ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *J Am Coll Cardiol* 2018;71:e127-e248.
3. Robert C. Hendel MD, FACC, FAHA, et al. Appropriate use of cardiovascular technology: 2013 ACCF appropriate use criteria methodology update: a report of the American College of Cardiology Foundation appropriate use criteria task force. *Journal of the American College of Cardiology*. March 2013, Volume 61, Issue 12, Pages 1305-1317.
4. NCQA UM 2023 Standards and Elements.