

**CPT® CODING RESOURCE**

Ambulatory Blood Pressure Monitoring & Medicare Physician Fee Schedule

Code	Description	2019 National Averages ¹	
		Facility ²	Non-Facility ³
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	NA	\$54.42
93786	Recording only	NA	\$30.08
93788	Scanning analysis with report	NA	\$5.37
93790	Review with interpretation and report	NA	\$18.98

Rates are subject to change. Effective 1/1/2019.

For reference only. Information does not constitute a guarantee of coverage or payment.

MEDICARE

Medicare has instituted a National Coverage Determination (NCD) outlining coverage guidelines for ambulatory blood pressure monitoring (ABPM) for Medicare beneficiaries.⁴

ABPM is covered for patients with suspected white coat hypertension or masked hypertension. White coat hypertension is defined as a condition in which the physician suspects the patient has higher blood pressure during a physician office visit than during daily life due to anxiety or other factors the patient experiences in the office. Masked hypertension is revealed when BP readings taken in the office are lower than those a patient may experience when at home or in their daily life.

The clinical criteria for white coat hypertension are defined as:⁵

- Office blood pressure greater or equal to 130/80 mm Hg but less than 160/100 mm Hg after three month trial of lifestyle modification and suspected white coat hypertension
- Daytime ABPM or HBPM blood pressure less than 130/80 mm Hg

The clinical criteria for masked hypertension are defined as:⁵

- Office blood pressure of 120 - 129/<80 mm Hg after three month trial of lifestyle modification and suspected masked hypertension
- Daytime ABPM or HBPM blood pressure greater or equal to 130/80 mm Hg

PRIVATE PAYERS

ABPM may be covered by private payers for suspected white coat hypertension meeting similar clinical criteria as defined by Medicare. Some private payer plans may also cover ABPM for additional clinical indications, possibly including but not necessarily limited to the following:

- Resistant hypertension (little prior response to hypertension medications)
- Evaluation of hypotensive symptoms as a response to hypertension medications
- Nocturnal angina
- Episodic hypertension
- Masked hypertension

Coverage guidelines and payment levels vary by payer and specific plan. Providers should contact each specific plan to determine coverage and payment for ABPM. Providers should refer to their Medicare Contractors' Local Coverage Determinations for specific coverage and billing guidelines.

OTHER CONSIDERATIONS

- Include documentation in the patient's records to indicate medical necessity for a separate service.
- Confirm that proper ICD-10-CM diagnosis codes are reported to justify medical necessity of ABPM.
- Some payers may have specific requirements for using certain codes, including prior authorization, restricted medical diagnoses or specialty provider types.

For additional questions, contact Hillrom customer care at 1.800.535.6663.



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¹ National Average from the 2019 Centers for Medicare and Medicaid Services Physician Fee Schedule.

² Facility—Includes hospitals (inpatient, outpatient and emergency department), ambulatory surgery centers (ASCs) and skilled nursing facilities (SNFs).

³ Non-Facility—Includes all other settings.

⁴ CMS Decision Memo for Ambulatory Blood Pressure Monitoring (ABPM) (CAG-00067R2). Effective July 2, 2019.

⁵ Measurement of Blood Pressure in Humans, A Scientific Statement from the American Heart Association, May 2019.

The information contained in this document is provided for convenience only and represents no statement, promise or guarantee by Hillrom concerning coverage or levels of reimbursement. Payment will vary by geographic locality. It is always the provider's responsibility to determine accurate coding, coverage and claim information for the services that were provided.

Centers for Medicare & Medicaid Services (CMS), Medicare Program: Medicare Physician Fee Schedule for CY 2019, <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSch>. Please note: Medicare fee schedule corrections and changes occur periodically.

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