GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
The American Heart Association (AHA) defines blood pressure as a force that pushes blood through a network of arteries, veins and capillaries. The blood pressure reading is the result of two forces: the systolic pressure occurs as blood pumps out of the heart and into the arteries; diastolic pressure is created as the heart rests between heartbeats.

Manual blood pressure units have an aneroid sphygmomanometer with a stethoscope and blood pressure cuff in the traditional style. Manual BP monitoring in the clinical office gives point-in-time BP readings.

Automated oscillometer blood pressure unit (e.g., Dinamap, Omron, and the BpTRU) is an appliance with a cuff attachment that automatically reads the blood pressure and pulse at preset or programmed intervals. Automatic blood pressure monitoring (ABPM) devices provide a larger number of readings than ‘office blood pressure monitoring’ and a profile of blood pressure in the patient’s usual environment. ABPM devices are non-invasive blood pressure units capable of producing standardized plots to blood pressure measurements for 24 hours with daytime and nighttime windows and normal blood pressure bands demarcated. The measurement are stored in the device and are interpreted by the physician.

POLICY
HMO, PPO, Individual Marketplace, Elite, Advantage
Home blood pressure monitoring equipment (A4660, A4663, and A4670) does not require prior authorization. (See below for limits that apply.)

HMO, PPO, Individual Marketplace, Elite, Advantage
Home blood pressure monitoring equipment, either manual (A4660, A4663) or automatic (A4670), is covered with a limit of one unit every eight years following the criteria below.

Documentation supporting coverage criteria as met when the beneficiary’s medical records reflect the need for the item provided and can include the physician’s office records, written documentation of telephonic conversation with provider verification that the criteria have been met, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. These records are not routinely submitted, but must be available upon request.

- Blood pressure cuff/monitor is prescribed by a physician
- Blood pressure cuff/monitor is provided by participation DME vendor or pharmacy with applicable benefit applied
- Arm devices only
- Correct cuff size assessed and provided by vendor

A. A manual blood pressure unit is covered for a member under the age of 18 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.
5. Hypertension is present during pregnancy.
B. A manual blood pressure unit is covered for a member over age 18 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.
3. A cardiovascular condition is present that affects blood pressure (e.g. congenital heart disease).
4. Hypertension is present during pregnancy.
5. Diabetes - Having diabetes raises your risk of heart disease, stroke, kidney disease and other health problems. High blood pressure (hypertension) can lead to many complications of diabetes, including diabetic eye disease and kidney disease, or make them worse. Most people with diabetes will eventually have high blood pressure, along with other heart and circulation problems.

C. An automatic blood pressure monitor is covered when:
1. Criteria for a manual unit are met.
2. Member is age 11 or over.
3. Suspected white coat hypertension, which is defined as office blood pressure ≥130/80 mm Hg and <160/100 mm Hg on at least two separate clinic/office visits with two separate measurements made at each visit after 3 months of behavioral interventions including diet and exercise modification and with at least two blood pressure measurements taken outside the office which are <130/80 mm Hg.
4. Suspected masked hypertension, which is defined as office blood pressure between 120 and 130/80 mm Hg on at least two separate clinic/office visits with two separate measurements made at each visit after 3 months of behavioral interventions including diet and exercise modification and at least two blood pressure measurements taken outside of the office which are ≥130/80 mm Hg.

Automated Ambulatory Blood Pressure Monitoring (ABPM) is covered for the diagnosis of hypertension with the following criteria:
- 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 <130/80 mm Hg.
- 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 ≥130/80 mm Hg.
- For eligible patients, ABPM is covered once per year.
- ABPM devices must be:
  - capable of producing standardized plots of blood pressure measurements for 24 hours with daytime and night-time windows and normal blood pressure bands demarcated;
  - provided to patients with oral and written instructions and a test run in the physician’s office must be performed; and
  - interpreted by the treating physician or treating non-physician practitioner.

Conducting ABPM in Children and Adolescents requires specific equipment (that has been validated according to Association for the Advancement of Medical Instrumentation). Ambulatory blood pressure monitoring in children and adolescents should be used by experts in the field of pediatric hypertension who are experienced in its use and interpretation based on gender-, age-, and height-specific ABPM normative data.

Ambulatory Blood Pressure Monitoring is considered experimental and investigational for any other situation.
CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>HCPCS CODE</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>A4660</td>
<td>Sphygmomanometer/blood pressure apparatus with cuff and stethoscope</td>
</tr>
<tr>
<td>A4663</td>
<td>Blood pressure cuff only</td>
</tr>
<tr>
<td>A4670</td>
<td>Automatic blood pressure monitor</td>
</tr>
<tr>
<td>93784</td>
<td>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</td>
</tr>
<tr>
<td>93786</td>
<td>Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only</td>
</tr>
<tr>
<td>93788</td>
<td>Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report</td>
</tr>
<tr>
<td>93790</td>
<td>Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; review with interpretation and report</td>
</tr>
</tbody>
</table>

REVISION HISTORY EXPLANATION
03/30/07: No change
03/01/08: Updated limit
08/01/09: Updated verbiage and resources
01/11/11: No change
09/08/15: Title changed from Blood Pressure Cuffs (Sphygmomanometer) to Home Blood Pressure Monitors. A4660, A4663, & A4670 will be now covered each with a limit of 1 per 8 years for all product lines. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.
07/12/16: Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.
03/01/2020: Policy reviewed and updated to reflect most current clinical evidence. Medical Policy title changed from Home Blood Pressure Monitors to Home Blood Pressure Monitors and Automated Ambulatory Blood Pressure Monitoring. Additional coverage criteria to include Diabetes. Documentation added indicating that participating DME vendor or pharmacy providers provide Blood pressure cuff/monitors.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid [http://jfs.ohio.gov/](http://jfs.ohio.gov/)
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.
American Heart Association [http://www.heart.org/en/health-topics/high-blood-pressure/the-facts-about-high-bloodpressure/what-is-high-blood-pressure](http://www.heart.org/en/health-topics/high-blood-pressure/the-facts-about-high-bloodpressure/what-is-high-blood-pressure).