AMBULATORY BLOOD PRESSURE MONITORING (ABPM) (SPHYGMOMANOMETRY)

Description: Ambulatory Blood Pressure Monitoring (ABPM) is an alternative to self measurement and office monitoring. It is performed by utilizing an automated portable device which obtains multiple readings at pre-programmed intervals over a 24-hour period. The most common uses of ambulatory blood pressure monitoring are to diagnose borderline hypertension, to evaluate “white coat” or office hypertension, and to monitor response to drug treatment.

Policy: Ambulatory blood pressure monitoring may be considered MEDICALLY NECESSARY for the evaluation of suspected white coat hypertension. Suspected white coat hypertension is defined as:
- Office blood pressure greater than 140/90 mm Hg on at least three separate clinic/office visits with two separate measurements made at each visit; AND
- At least two documented blood pressure measurements taken outside the office which are less than 140/90 mm Hg; AND
- No evidence of end-organ damage

Coverage: Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member’s summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or
National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

**Coding:**

*The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

**CPT:**

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

93786 Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only

93788 Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report

93790 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

**Policy History:**

*Developed May 9, 1986*

**Most recent history:**

Reviewed October 13, 2010
Reviewed October 12, 2011
Reviewed October 10, 2012
Reviewed October 9, 2013

**Cross Reference:**

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