



ABPM Reimbursement FAQ



Is ABPM a reimbursable procedure?

Yes. Medicare will reimburse for an ABPM study for suspected white-coat hypertension, while private insurance carriers may reimburse for additional indications.

How has reimbursement for ABPM changed?

In order to reduce barriers for physicians, the AMA and AHA submitted a joint request last year for reconsideration for coverage of ABPM. Backed by 15 years of peer-reviewed studies and literature since the last major revision, this request has led to the following changes to the CMS guideline released this year.

The most notable changes include:

- A revised threshold definition of hypertension from >140/90 mm Hg to >130/80 mm Hg
- Inclusion of masked hypertension where previously only white-coat hypertension was covered

Additional changes were implemented from the public comments, an important forum for the medical community:

- Reduced the required office visits from 3 to 2 and added language to clarify that an average was necessary to ensure a more accurate BP reading
- Removal of the requirement that there be no evidence of end-organ damage based on published evidence
- Removal of a requirement for 3 months of behavioral interventions that could obstruct access to care

CMS took these steps to improve patient care by implementing changes that should make it easier for physicians to obtain out-of-office blood pressure measurements.

What is white coat hypertension and the white coat effect?

White coat hypertension is defined as having a higher office BP than out-of-office BP, specifically an elevated office BP and a 24-h ambulatory BP of <130/80 mm Hg.

The white coat effect (WCE) is defined as the transient blood pressure rise associated with the presence of a doctor (Verdecchia et al., 2002) among patients regardless of treatment. The true prevalence of white coat hypertension (WCH) is unknown in the US and reported prevalence figures vary by definition and composition of the population (Whelton et al., 2017).

What is masked hypertension?

Masked hypertension occurs when individuals with office based BP <130/80 mm Hg and have elevated ambulatory BP ≥130/80. It is estimated that 12.3% of adults and 28% of persons older than 65 years have masked hypertension.

How much is reimbursement?

Payout per ABP Study: **Medicare: \$33 - \$65** **Private Insurance: \$55 - \$210**

*For more information, please see [fee schedule lookup](#).

How often will an ABPM study be reimbursed?

For eligible patients, ABPM is covered once per year. Coverage of other indications for ABPM are at the discretion of the Medicare Administrative Contractors.

Physicians should ensure that the patient meets the qualifying criteria for testing and contact insurance carriers for more information.

Private carriers may reimburse for additional indications including:

- nocturnal angina
- episodic hypertension
- failed home bp management
- autonomic dysfunction
- resistant hypertension
- evaluation of anti-hypertensive therapy

What can I do to ensure claims are not denied?

To ensure properly filed claims are not denied, contact your private insurance carriers and inform them that an ambulatory blood pressure monitor has been added to your practice.

Review your managed care contract(s) or contact provider services to confirm specific requirements and coding, coverage, medical necessity, and coverage guidelines of the relevant carrier before submitting claims.

Medicare criteria for ABPM reimbursement of suspected white coat hypertension:

- Average clinic blood pressure > 130/80 mmHg (but <160/100 mmHg) at 2 separate clinic visits.
 - Each visit must have 2 separate measurements made.
- At least 2 documented blood pressure measurements taken outside the clinic < 130/80 mmHg.

Medicare criteria for ABPM reimbursement of suspected masked hypertension:

- Average clinic blood pressure SBP 120-129 mmHg and DBP 75-79 mmHg at 2 separate clinic visits.
 - Each visit must have 2 separate measurements made.
- At least 2 documented blood pressure measurements taken outside the clinic \geq 130/80 mmHg.

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.

What codes do I need to know?

CPT codes:

Most common:

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.

Other CPT Codes:

93786: Recording only.

93788: Scanning analysis with report.

93790: Review with interpretation and report.

ICD 10 codes:

R03.0: White-coat hypertension. Elevated blood pressure reading without diagnosis of hypertension.

I10: Essential (primary) hypertension.

I11.9: Hypertensive heart disease without heart failure

I20.8: Other Forms of Angina Pectoris

I96.1: Orthostatic Hypotension

R55: Syncope and collapse

Z01.30: Encounter for examination of blood pressure without abnormal findings

Z01.31: Encounter for examination of blood pressure with abnormal findings

*Private insurance carriers may reimburse for additional indications under relevant ICD-10 codes.

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