CPT® CODING RESOURCE
Ambulatory Blood Pressure Monitoring & Medicare Physician Fee Schedule

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>2019 National Averages¹</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Facility²</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>
<td>NA</td>
</tr>
<tr>
<td>93786</td>
<td>Recording only</td>
<td>NA</td>
</tr>
<tr>
<td>93788</td>
<td>Scanning analysis with report</td>
<td>NA</td>
</tr>
<tr>
<td>93790</td>
<td>Review with interpretation and report</td>
<td>NA</td>
</tr>
</tbody>
</table>

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.