

Ambulatory Blood Pressure Monitoring (NCD 20.19)

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[↪ Terms and Conditions](#)

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Related Medicare Advantage Coverage Summaries

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Policy Summary

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Overview

Ambulatory blood pressure monitoring (ABPM) is a diagnostic test that allows for the identification of various types of high blood pressure (BP). ABPM devices are small portable machines that are connected to a blood pressure cuff worn by patients that record blood pressure at regular periods over 24 to 48 hours while the patient goes about their normal activities, including sleep. The recording is interpreted by a physician or non-physician practitioner, and appropriate action is taken based on the findings. Diagnosis and treatment of high BP is important for the management of various conditions including cardiovascular disease and kidney disease.

Guidelines

ABPM is only covered for the diagnosis of hypertension in members under the following circumstances:

1. For beneficiaries with suspected white coat hypertension, which is defined as average office BP of systolic BP >130 mm Hg but <160 mm Hg, or diastolic BP >80 mm Hg but <100 mm Hg on two separate clinic/office visits with at least two separate measurements made at each visit, and with at least two BP measurements taken outside the office which are <130/80 mm Hg.
2. For beneficiaries with suspected masked hypertension, which is defined as average office BP between 120 mm Hg and 129 mm Hg for systolic BP, or between 75 mm Hg and 79 mm Hg for diastolic BP on two separate clinic/office visits with at least two separate measurements made at each visit, and at least two BP measurements taken outside the office which are ≥130/80 mm Hg.

ABPM devices must be:

- Capable of producing standardized plots of BP measurements for 24 hours with daytime and night-time windows and normal BP bands demarcated; and,
- 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.

Applicable Codes

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage

for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
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 (Effective through 07/01/2019)
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 (Effective through 07/01/2019)
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 (Effective through 07/01/2019)

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Place of Service Code	Description
11	Office
12	Home
13	Assisted Living Facility
14	Group Home
19	Off Campus-Outpatient Hospital
22	On Campus-Outpatient Hospital
26	Military Treatment Facility
32	Nursing Facility
33	Custodial Care Facility
49	Independent Clinic
50	Federally Qualified Health Center
71	Public Health Clinic
72	Rural Health Clinic

Diagnosis Code	Description
R03.0	Elevated blood-pressure reading, without diagnosis of hypertension

References

CMS National Coverage Determinations (NCDs)

[NCD 20.19 Ambulatory Blood Pressure Monitoring](#)

CMS Transmittals

[Transmittal 109, Change Request 2726, Dated 02/27/2004 \(Updated policy and claims processing instructions for Ambulatory Blood Pressure Monitoring \(ABPM\)\)](#)

[Transmittal 168, Change Request 2625, Dated 03/28/2003 \(Section 50-42, Ambulatory Blood Pressure Monitoring\)](#)

[Transmittal 1753, Change Request 9751, Dated November 17, 2016 \(Coding Revisions to National Coverage Determination \(NCDs\)\)](#)

[Transmittal 2998, Change Request 8693, Dated 07/25/2014 \(Update to Pub. 100-04, Chapter 32 to Provide Language-Only Changes for Updating ICD-10 and ASC X12\)](#)

[Transmittal 10073, Change Request 11650, Dated 05/01/2020 \(National Coverage Determination \(NCD\) 20.19 Ambulatory Blood Pressure Monitoring \(ABPM\)\), Pub 100-03 Medicare National Coverage Determinations](#)

MLN Matters

[Article MM2726, Updated Policy and Claims Processing Instructions for Ambulatory Blood Pressure Monitoring \(ABPM\)](#)

Other(s)

[Place of Service Codes for Professional Claims, CMS Website](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	<p>Template Update</p> <ul style="list-style-type: none"> Reformatted policy; transferred content to new template
07/08/2020	<p>Policy Summary</p> <p><i>Overview</i></p> <ul style="list-style-type: none"> Revised language to indicate: <ul style="list-style-type: none"> Ambulatory blood pressure monitoring (ABPM) is a diagnostic test that allows for the identification of various types of high blood pressure (BP) ABPM devices are small portable machines that are connected to a blood pressure cuff worn by patients that record blood pressure at regular periods over 24 to 48 hours while the patient goes about their normal activities, including sleep The recording is interpreted by a physician or non-physician practitioner, and appropriate action is taken based on the findings Diagnosis and treatment of high BP is important for the management of various conditions including cardiovascular disease and kidney disease <p><i>Guidelines</i></p> <ul style="list-style-type: none"> Revised language to indicate: <ul style="list-style-type: none"> ABPM is only covered for the diagnosis of hypertension in members under the following circumstances: <ul style="list-style-type: none"> For beneficiaries with suspected white coat hypertension, which is defined as average office BP of systolic BP >130 mm Hg but <160 mm Hg, or diastolic BP >80 mm Hg but <100 mm Hg on two separate clinic/office visits with at least two separate measurements made at each visit, and with at least two BP measurements taken outside the office which are <130/80 mm Hg For beneficiaries with suspected masked hypertension, which is defined as average office BP between 120 mm Hg and 129 mm Hg for systolic BP, or between 75 mm HG and 79 mm Hg for diastolic BP on two separate clinic/office visits with at least two separate measurements made at each visit, and at least two BP measurements taken outside the office which are ≥130/80 mm Hg Added language to indicate ABPM devices must be: <ul style="list-style-type: none"> Capable of producing standardized plots of BP measurements for 24 hours with daytime and night-time windows and normal BP bands demarcated; and, 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 <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version MPG008.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).