## Ambulatory Blood Pressure Monitoring (ABPM) For the Clinician

### What is it?

ABPM measures blood pressure at regular intervals (every 15-30 minutes is typical) throughout the day and night. It is especially useful for patients in the following groups:

- To evaluate suspected white-coat hypertension in patients with hypertension and no target organ damage.
- Apparent drug resistant hypertension
- Hypotensive symptoms with antihypertensive medications
- Episodic hypertension
- Autonomic dysfunction

Because blood pressure is monitored during sleep, ABPM is useful to determine whether the blood pressure falls at night compared to daytime values. A night time fall is normal. Absence of a night time dip is associated with increased cardiovascular disease risk and other end-organ damage.

### How does ABPM work?

Ambulatory BP monitors are fully automatic and can record BP for 24 hours or longer while patients go about their normal daily activities. Monitors measure about 4 by 3 inches and weigh about 4 lbs. They can be worn on a belt or in a pouch and are connected to a sphygmomanometer cuff on the upper arm by a plastic tube. Patients are asked to keep their arm still while the cuff is inflating and to avoid extreme physical exertion while wearing the monitor.

### What clinical information can be determined by ABPM?

- An estimate of the true or mean blood pressure
- The diurnal rhythm of blood pressure
- Blood pressure variability
## Is ABPM a reimbursable procedure?

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

### Medicare criteria for ABPM reimbursement includes:
- Clinic blood pressure >140/90 mm Hg at 3 separate clinic visits with 2 measurements made at each visit
- At least 2 documented BP measurements taken outside the clinic <140/90 mm Hg
- No evidence of end-organ damage

### Private carriers may reimburse additional indications including:
- Evaluation of antihypertensive therapy
- Resistant hypertension
- Nocturnal angina
- Episodic hypertension
- Autonomic dysfunction
- Masked hypertension
- Failed home BP management

### What reimbursement codes do I need to know?

<table>
<thead>
<tr>
<th>CPT code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>93784</td>
<td>93784 (recommended global code) – 93790 Ambulatory blood pressure monitoring utilizing a system such a magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation, and report</td>
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<tr>
<td>93786</td>
<td>93786 – recording only</td>
</tr>
<tr>
<td>93788</td>
<td>93788 – scanning analysis</td>
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<tr>
<td>93790</td>
<td>93790 – physician review with interpretation and report</td>
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<table>
<thead>
<tr>
<th>ICD-9 code</th>
<th>Description</th>
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<tbody>
<tr>
<td>796.2</td>
<td>796.2 – Elevated blood pressure reading without diagnosis of hypertension</td>
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### How much is reimbursement?

- Medicare: $60- $120, depending on region
- Private insurance carriers: $75 - $225

Adapted from: