

Ambulatory Blood Pressure Monitoring Reimbursements Rates and Coding Guidelines

As you have recognized, issues related to reimbursement rates are important to consider in deciding when and how to incorporate ABPM as part of your practice. As with other procedures, reimbursement rates vary depending on a number of factors including contracted rates, insurance company policies, patient symptoms and conditions, coding procedures as well for each particular region in the country.

Medicare

Medicare reimbursement rates for Ambulatory Blood Pressure Monitoring (ABPM) are typically the lowest and generally fall into the \$63-\$122 range. Also, Medicare only covers ABPM for those patients with suspected White Coat Hypertension (ICD-9 796.2) and requires documentation in the patient's chart that the his/her blood pressure was elevated on at least three separate clinic/office visits with two separate measurements made at each visit. In addition, there should be at least two measurements taken outside the office. Finally, there should be no evidence of end-organ damage.

Private Insurance Providers

As can be expected, private providers are more generous in their reimbursements and will reimburse for a wider range of conditions including nocturnal angina, episodic hypertension, arrhythmia, evaluation of syncope, gestational hypertension/preeclampsia. Of course, not all providers cover all conditions.

The following are some estimates of reimbursement rates:

Aetna HMO	\$170-\$200
Cigna HMO/PPO	\$160-\$300
Blue Cross/Blue Shield	\$60-\$70
First Health	\$170-\$190
Pacificare HMO	\$180-\$210
United HMO & PPO	\$55-\$60

For examples of private payer's policies, please see Aenta's guidelines at http://www.aetna.com/cpb/data/CPBA0025.html or Wellmark BlueCross/BlueShiled's guidelines at http://www.wellmark.com/e-business/provider/medical-policies/policies/ambulatory-bp.htm which are not too different than the other private providers.

Again, the coverage decisions and reimbursement rates vary by provider, contractual agreements and for each state. While many private providers deem ABPM to be an effective and economical method of diagnosis, some providers do not view ABPM as medically necessary. Please contact your billing department, IPA or your provider representative for your contracted rates.



Coding Guidelines

CPT procedure codes; ranging from 93784 thru 93790 may be used for billing purposes including:

- 93784 Ambulatory blood pressure monitoring; including recording, scanning analysis, interpretation and report. **This global code is what we recommend.**
- 93786 Recording only
- 93788 Scanning analysis with report
- 93790 Physician review with interpretation and report

ICD-9 Codes

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Elevated blood pressure reading without diagnosis of hypertension	796.2
(The only ICD-9 code covered by Medicare)	
Essential hypertension	401
Essential hypertension – Unspecified (Resistant)	401.9
Hypertensive heart disease	402
Hypertensive renal disease	403
Nocturnal angina	413.0
Ill-defined descriptions and complications of heart disease	429
Orthostatic hypotension	458
Hypotension, unspecified	458.9
Hypertension complicating pregnancy, childbirth, and the puerperium	642
Transient hypertension of pregnancy	642.3
Mild or unspecified pre-eclampsia	642.4
Unspecified hypertension complicating pregnancy	642.9
Maternal hypotension syndrome	669.2
Syncope and collapse	780.2
Other Hypertension (Episodic)	997.91

A useful site for searching various ICD-9 codes is http://icd9cm.chrisendres.com/index.php.

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