

Medica Coverage Policy



Policy Name:	Ambulatory Blood Pressure Monitoring
Current Policy Effective Date:	3/1/2008

Product Application

The policy applies to all fully insured Medica Health Plans, Medica Insurance Company, and Medica Health Plans of Wisconsin products, unless a specific limitation or exception exists. For self-insured plans, consult individual plan sponsor benefit documents. If there is a discrepancy between a coverage policy and a self-insured benefit plan, the provisions of the benefit plan will govern. With respect to Medicare and Medicaid members, this policy will apply unless Medicare or Medicaid policies require different coverage.

Important Information - Please Read Before Using This Policy

Medica updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to Medica members. Medica also reserves the right to amend these policies without notice to contracted health care providers unless the amendment materially alters the policy. If the amendment materially alters the policy, Medica will disclose the change to contracted health care providers not less than 45 days prior to implementation of the policy. Medica's Coverage Policies contain general information only and do not guarantee coverage. Receipt of benefits is subject to all terms and conditions of the member's coverage document. Members should consult their Certificates of Coverage or Plan Documents/Summary Plan Descriptions, to review the provisions relating to a specific coverage determination. If there is a conflict between a Coverage Policy and the applicable coverage document, the coverage document will govern. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Medica's Provider Service Center toll free at 1-800-458-5512.

Medica's Coverage Policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy

Automated ambulatory blood pressure monitoring is COVERED.

Note: This policy is no longer scheduled for routine review of the scientific literature.

Description

Automated ambulatory blood pressure monitoring (ABPM) uses a fully automated system to measure blood pressure (BP) in 24-hour cycles with the intent of obtaining accurate blood pressure levels while the patient goes about his/her normal daily activities. The intended outcome is improved diagnosis of true hypertension and better-tailored anti-hypertensive drug management.

Automated ABPM systems are non-invasive systems employing a portable sphygmomanometer attached to a recording device. The system is fitted to the patient by a technician and is adjusted to record BP values at predetermined intervals, usually every 15 to 30 minutes. The BP readings are recorded and stored on a computer disc. Readings are downloaded by the physician or clinician for analysis. Automated ABPM is conducted through the supervision of a physician or trained clinician and is not a self-monitoring system.

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FDA Approval

Several ABPM devices have received FDA Class II [510(k)] approval. Examples of fully automated ABPM systems include, but are not limited to:

- TM-2430 A&D Medical Ambulatory Blood Pressure Monitor (A&D Engineering, Inc. Milpitas CA)
- Accutracker II (Suntech Medical Instruments, Inc. Raleigh NC)
- Spacelabs 90202 (Spacelabs Medical, Redmond WA)

Prior Authorization

Prior authorization is not required.

Coding Considerations

Use the current applicable CPT/HCPCS code(s).

Decision Date: 2/20/2008

Re-Review Date(s): 02/20/2008

05/28/2002

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