

# Medical Policy



## Blood Pressure Monitoring

### ▼ Description

Blood pressure monitoring includes manual and automatic blood pressure units.

### ▼ Policy

A manual blood pressure unit may be considered reasonable and necessary when:

- Daily titration of medications is required for renal disease
- A cardiovascular condition is present that affects blood pressure
- A brain lesion or cancer tumor is present that affects blood pressure.
- A medication regimen is present that affects blood pressure.
- Gestational hypertension

### ▼ Policy Guidelines

Limitations:

An automatic blood pressure monitor is covered when:

- Standards of coverage for a manual unit have been met.
- Member is over the age of ten years.
- Economic alternatives (such as a manual blood pressure unit) have either been tried or ruled out prior to requesting authorization of an automatic blood pressure monitor.
- Prior authorization is required for all blood pressure units.
- A blood pressure monitor is considered a **purchase only** item.

Documentation required:

- Diagnosis/medical condition pertaining to the need for the blood pressure monitor.
- Physician's treatment plan, including current blood pressure medications, frequency of checks
- The medical reason a manual blood pressure unit cannot be used (for members over the age of ten years)

## ▼ HCPCS Level II Codes and Description

A4670	Automatic Blood Pressure Monitor
A4663	Blood Pressure Cuff
A4660	Sphygmomanometer/ blood pressure apparatus with cuff and stethoscope.

## ▼ Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

## ▼ References

1. Priority Health: Blood Pressure Monitors and Ambulatory Blood Pressure Monitoring, Medical Policy No. 91503-R4.  
<https://www.priorityhealth.com/provider/manual/auths/~~/media/documents/medical-policies/91503.pdf>; accessed November 2017.

**2. Paramount Affiliate of ProMedica: Medical Policy – Home Blood Pressure Monitors.**

[http://www.paramounthealthcare.com/documents/MedicalPolicy/PG0010\\_Home\\_Blood\\_Pressure\\_Monitors.pdf](http://www.paramounthealthcare.com/documents/MedicalPolicy/PG0010_Home_Blood_Pressure_Monitors.pdf), accessed November 2017

**Applicable URAC Standard**

Core 8	Staff operational tools and support.
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**Change/Authorization History**

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:
A	11-20-09	Initial Release	Susan Glomb	Kenneth G. Fasse	n/a
01	12-2008	Annual review. No changes	Susan Glomb	Ken Fasse	Dec.08
02	12-04-09	Annual review- no changes.	Susan Glomb	Ken Fasse	Dec. 09
03	11-19-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Nov.10
04	05-02-11	Policy updated to reflect current practice.	Susan Glomb	Dr. Almasri	
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. Almasri	
05	11-07-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 11
06	11-27-12	Annual review. No changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012
07	12-11-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri	
08	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	
09	11-02-15	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2015

10	11-16-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016
11	11-10-17	Annual Review. Updated policy references.	Lisa Wojno	Dr. C. Lerchin	November 2017
12	11-09-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018