

Medical Policy



Blood Pressure Monitoring

Description

A sphygmomanometer is an instrument for measuring blood pressure in the arteries, especially one consisting of a pressure gauge and a cuff that wraps around the upper arm and inflates to constrict the arteries.

A manual blood pressure monitor consists of a sphygmomanometer and stethoscope (A4660).

An automatic blood pressure monitor (A4670) is an electronic device that auto inflates and records a person's blood pressure on a digital read out.

Policy

For Medicare Members

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

- Member is on home dialysis; or
- Member has gestational hypertension.

For Non-Medicare Members

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

- A 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:

For Non-Medicare Members

An automatic blood pressure monitor is covered when:

- Standards of coverage for a manual unit have been met.
- Member is over the age of 10 years.
- Prior authorization is required for all blood pressure units.
- A blood pressure monitor is considered a **purchase only** item.

For Medicare Members

An automatic blood pressure monitor is noncovered.

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Documentation required:

- Diagnosis/medical condition pertaining to the need for the blood pressure monitor.
- Treating practitioner's treatment plan, including current blood pressure medications, frequency of checks.

HCPCS Level II Codes and Description

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| 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.

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

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

References

1. Paramount Affiliate of ProMedica: Medical Policy – Home Blood Pressure Monitors.
https://www.paramounthealthcare.com/assets/documents/MedicalPolicy/PG0010_Home_Blood_Pressure_Monitors.pdf - accessed November 2020, accessed 11-5-21, 11-2-22.
2. Aetna; Cardiovascular Monitoring Equipment for Home Use: Pulse, Blood Pressure, Telemonitors, and Pacemaker Monitors,
https://www.aetna.com/cpb/medical/data/500_599/0548.html
Accessed/reviewed 11/6/23.

Change/Authorization History

| Revision Number | Date | Description of Change | Prepared / Reviewed by | Approved by | Review Date: | Effective 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 | Susan Glomb | Dr. B. Almasri | Nov. 11 | |

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| 06 | 04-03-12 | Added reference to NH Medicaid | Susan Glomb | Dr. B. Almasri | | |
| 07 | 11-27-12 | Annual Review. Coverage criteria for automatic blood pressure monitor updated. | Susan Glomb | Dr. B. Almasri | Nov. 2012 | |
| 08 | 12-11-13 | Annual review. No changes. | Susan Glomb | Dr. B. Almasri | Dec 13 | |
| 09 | 11-24-14 | Annual Review. No changes | Susan Glomb | Dr. B. Almasri | | |
| 10 | 11-02-15 | Annual Review. Added language regarding Automatic Blood Pressure Monitors being noncovered by Medicare. | Lisa Wojno | Dr. B. Almasri | November 2015 | |
| 11 | 11-16-16 | Annual Review. No Changes. | Lisa Wojno | Dr. B. Amasri | November 2016 | |
| 12 | 11-10-17 | Annual Review. Updated Policy References. | Lisa Wojno | Dr. C. Lerchin | November 2017 | |
| 13 | 11-09-18 | Annual Review. No Changes. | Lisa Wojno | Dr. C. Lerchin | November 2018 | |
| 14 | 11-06-19 | Annual Review. No Changes. | Lisa Wojno | Dr. C. Lerchin | November 2019 | 11-2019 |
| 15 | 6-8-20 | Removed non-Medicare policy guideline: 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. | Carol Dimech | Dr. C. Lerchin | June 2020 | 6-8-20 |

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| | | This is <i>no longer</i> a requirement and applies to ALL non-Medicare plans. | | | | |
| 16 | 8-7-20 | Removed automatic blood pressure monitor requirement of 'the medical reason a manual blood pressure unit cannot be used'. | Carol Dimech | Dr. C. Lerchin | 8-7-20 | 8-7-20 |
| 17 | 11-16-20 | Annual Review. Updated policy references. | Lisa Wojno | Dr. C. Lerchin | November 2020 | |
| 18 | 11-5-21 | Annual review. No changes. | Carol Dimech | Dr. C. Lerchin | 11-5-21 | 11-5-21 |
| 19 | 11-12-21 | Added NCD, LCD verbiage to "Important Note". | Carol Dimech | Dr. C. Lerchin | 11-12-21 | 11-12-21 |
| 20 | 11-2-22 | Annual review. Added Aetna to reference list. | Carol Dimech | Dr. C. Lerchin | 11-2-22 | 11-2-22 |
| 21 | 11-6-23 | Annual Review. No Changes. | Carol Dimech | Dr. C. Lerchin | 11-6-23 | 11-6-23 |