

Medical Policy



Blood Pressure Monitor

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.
- The member can independently use the automatic blood pressure monitor or has an identified caregiver who can operate the device.
- 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

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. 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 Last accessed/reviewed 11/3/25.

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 Policy	Susan Glomb	Dr. B. Almasri	Nov. 11	
06	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		

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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. This is <i>no longer</i> a requirement and applies to ALL non-Medicare plans.	Carol Dimech	Dr. C. Lerchin	June 2020	6-8-20

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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
22	11-5-24	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	11-5-24	11-5-24
23	11-03-25	Annual Review. Updated reference list to remove inactive reference(s).	Lisa Wojno	Dr. C. Lerchin	11-03-25	11-03-25
24	8-6-2026	Removed: PA is required for all blood pressure units. Updated: The member can independently use the automatic blood pressure monitor or has an identified caregiver who can operate the device.	Susan Kazmierski	Dr. C. Lerchin	8-6-2026	8-6-2026