

## **CMS Proposed National Coverage Determination for Ambulatory Blood Pressure Measurement – Comments due May 9<sup>th</sup>**

The American Heart Association (AHA) and the American Medical Association (AMA) have been advocating for policy changes to align coverage and reimbursement with best practices in blood pressure control. CMS has released a proposed National Coverage Determination (NCD) for Ambulatory Blood Pressure Management (ABPM).

We hope that you will consider submitting public comments to CMS reflecting on how this additional coverage will benefit the patients who you serve via: <https://www.cms.gov/medicare-coverage-database/details/nca-proposed-decision-memo.aspx?NCAId=294>

**Comments are due by May 9<sup>th</sup>.**

If you would like to align with the comments the two organizations will be submitting together you may consider including the following points your comments:

- Recommend that CMS revise the clinical circumstances in which ABPM is appropriate and necessary to be consistent with prior guidelines including the 2017 American Heart Association/American College of Cardiology Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults, including:
  - Removal of the requirement of 3 months of lifestyle interventions prior to ABPM use, as there is no empiric evidence to support first proceeding with lifestyle change before obtaining an immediate diagnosis, confirmation, or exclusion of white coat or masked hypertension.
  - Usage of an *average* office blood pressure of two separate office blood pressure readings
  - Removal of references to out-of-office measurements before a patient is eligible for coverage of ABPM; the proposed NCD's phrasing suggests that home blood pressure monitoring be done first, while the USPSTF-recommended method for diagnosing hypertension is to use ABPM as the out-of-office blood pressure measurement
  - Addition of the missing diastolic blood pressure range and correction of the systolic range so that it reads "between 120 mm Hg and 129 mm Hg for systolic blood pressure or between 75 mm Hg and 79 mm Hg for diastolic blood pressure."
- Recommend that CMS specify nocturnal hypertension as an indication for ABPM.
- Recommend that a specific blood pressure device validation protocol rather than referring to a specific website that summarizes whether a device has undergone validation testing, be used.
- Request clarification from CMS regarding the "management" aspect of this proposed coverage determination, given the organizations' request focused on diagnosis only, and clinical guidelines for management of hypertension differ from the clinical guidelines for diagnosis.