



Medicare Coverage Expansion of Ambulatory Blood Pressure Monitoring (ABPM)

ABPM is a non-invasive, diagnostic test that allows a physician or clinical practitioner to closely monitor blood pressure (BP) readings of suspected hypertensive patients, utilizing a digital system connected to the clinical setting. Continuous measures are reported over a 24 to 48-hour cycle, with daytime, nighttime, and 24-hour mean BPs reported using software that is included with the device. ABPM is used to diagnose patients with suspected white coat, masked, and other hypertensive conditions.

Expanded coverage

Medicare coverage of ABPM has been expanded to identify and address undiagnosed hypertension in patients who present to the clinic with elevated BP readings on two or more occasions. The new National Coverage Determination and indicators now allow for additional clinical uses with a broader range of BP measurements, resulting in more patients being eligible for the test.

Coverage criteria for ABPM is expanded to include:

- Beneficiaries with suspected white coat hypertension, which is defined as an average office BP of systolic BP > 130 mmHg but < 160 mmHg, or diastolic BP > 80 mmHg but < 100 mmHg on two separate clinic/office visits with at least two separate measurements made at each visit and with at least two BP measurements taken outside the office which are < 130/80 mmHg.
- Beneficiaries with suspected masked hypertension, which is defined as an average office BP between 120 mmHg and 129 mmHg for systolic BP or between 75 mmHg and 79 mmHg for diastolic BP on two separate clinic/office visits with at least two separate measurements made at each visit and with at least two BP measurements taken outside the office which are ≥ 130/80 mmHg.

Additionally, ABPM devices must be:

- Capable of producing standardized plots of BP measurements for 24 hours with daytime and nighttime windows and normal BP bands demarcated.
- Provided to patients with oral and written instructions and a test run in the physician's office must be performed.
- Interpreted by the treating physician or treating non-physician practitioner.
- Covered once per year, for eligible patients.



Supporting evidence

Medicare coverage of ABPM has been in place since 2002, but only for suspected white coat hypertension (based on the available evidence at that time).

- In 2015, the U.S. Preventive Services Taskforce gave a Grade A recommendation for confirming BPs outside of the clinical setting using home or ambulatory BP monitoring before a diagnosis of hypertension is made and treatment is started. (USPSTF, 2015)
- The [2017 ACC/AHA Guideline for High BP in Adults](#) recommends:
 - ◆ Out-of-office BP measurement to confirm the diagnosis of hypertension and the titration for BP lowering medication, in conjunction with telehealth counseling or clinical interventions.
 - ◆ In adults with an untreated systolic BP > 130 mmHg but < 160 mmHg or diastolic BP > 80 mmHg but < 100 mmHg, it is reasonable to screen for the presence of white coat hypertension by using either daytime ABPM or HBPM before the diagnosis of hypertension.
 - ◆ In adults with untreated office BPs that are consistently between 120-129 mmHg for systolic BP or between 75-79 mmHg for diastolic BP, screening for masked hypertension with HBPM (or ABPM) is reasonable.