

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-03 Medicare National Coverage Determinations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10073	Date: May 1, 2020
	Change Request 11650

SUBJECT: National Coverage Determination (NCD) 20.19 Ambulatory Blood Pressure Monitoring (ABPM)

I. SUMMARY OF CHANGES: The purpose of this change request is to inform contractors that for dates of service on and after July 2, 2019, CMS will cover Ambulatory Blood Pressure Monitoring for the diagnosis of hypertension in Medicare beneficiaries under updated criteria.

The Federal government creates NCDs that are binding on the MACs who review and/or adjudicate claims, make coverage determinations, and/or payment decisions, and also binds quality improvement organizations, qualified independent contractors, the Medicare appeals council, and Administrative Law Judges (ALJs) (see 42 Code of Federal Regulations (CFR) section 405.1060(a)(4) (2005)). An NCD that expands coverage is also binding on a Medicare advantage organization. In addition, an ALJ may not review an NCD. (See section 1869(f)(1)(A)(i) of the Social Security Act.)

EFFECTIVE DATE: July 2, 2019

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: June 16, 2020 - MAC local edits; October 5, 2020 - CWF, MCS, FISS edits

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	1/20.19/20.19 Ambulatory Blood Pressure Monitoring (ABPM)

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

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I. GENERAL INFORMATION

A. Background: Ambulatory Blood Pressure Monitoring (ABPM) is a diagnostic test that allows for the identification of various types of High Blood Pressure (BP). ABPM devices are small portable machines that are connected to a Blood Pressure (BP) cuff worn by patients that record BP at regular periods over 24 to 48 hours while the patient goes about their normal activities, including sleep. The recording is interpreted by a physician or non-physician practitioner, and appropriate action is taken based on the findings. Diagnosis and treatment of high BP is important for the management of various conditions including cardiovascular disease and kidney disease.

Section 20.19 of the Medicare National Coverage Determinations (NCD) Manual establishes conditions of coverage for ABPM. The Centers for Medicare & Medicaid Services (CMS) has covered ABPM since 2001 only for those patients with documented suspected White Coat Hypertension (WCH). On January 16, 2003, a technical correction for this NCD was issued to clarify that a physician is required to perform the interpretation of the data obtained through ABPM, but there are no requirements regarding the setting in which the interpretation is performed.

NOTE: Please refer to the previous Change Requests (CRs) 2726 and 9751 for additional information.

B. Policy: For dates of service on and after July 2, 2019, CMS will cover ABPM for the diagnosis of hypertension in Medicare beneficiaries under the following circumstances:

1. For beneficiaries with suspected WCH, which is defined as average office systolic BP greater than 130 mm Hg but less than 160 mm Hg or diastolic BP greater than 80 mm Hg but less than 100 mm Hg 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 less than 130/80 mm Hg.
2. For beneficiaries with suspected masked hypertension, which is defined as average office BP between 120 mm Hg and 129 mm Hg for systolic BP or between 75 mm Hg and 79 mm Hg 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 greater than or equal to 130/80 mm Hg.

ABPM devices must be:

- capable of producing standardized plots of BP measurements for 24 hours with daytime and night-time 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; and,
- interpreted by the treating physician or treating non-physician practitioner.

Coverage of other indications for ABPM is at the discretion of the Medicare Administrative Contractors.

NOTE: Effective July 2, 2019, for eligible patients, ABPM is covered once per year.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared- System Maintainers				Other	
		A	B	H H H		F M V C S	M C S	V M S	C W F		
11650 - 03.1	For dates of service on and after July 2, 2019, MACs shall cover ABPM for the diagnosis of hypertension in Medicare beneficiaries: With suspected WCH, which is defined as average office systolic BP greater than 130 mm Hg but less than 160 mm Hg or diastolic BP greater than 80 mm Hg but less than 100 mm Hg 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 less than 130/80 mm Hg.	X	X								
11650 - 03.2	For dates of service on and after July 2, 2019, MACs shall cover ABPM for the diagnosis of hypertension in Medicare beneficiaries: With suspected masked hypertension, which is defined as average office BP between 120 mm Hg and 129 mm Hg for systolic BP or between 75 mm Hg and 79 mm Hg 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 greater than 130/80 mm Hg.	X	X								
11650 - 03.3	For dates of service on and after July 2, 2019, MACs shall cover ABPM for the diagnosis of hypertension in Medicare beneficiaries based on the coverage criteria outlined in Pub 100-03, chapter 1, section 20.19 of the NCD Manual and the billing instructions provided in claims processing requirements at Pub. 100-04, chapter 32, section 10, Medicare Claims Processing Manual.	X	X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E D I	C M A C
		A	B	H H H		
11650 - 03.4	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X	X			

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Thomas Dorsey, 410-786-7434 or Thomas.Dorsey@cms.hhs.gov (Professional Claims) , David Dolan, 410-786-3365 or David.Dolan@cms.hhs.gov (Coverage and Analysis) , Wanda Belle, 410-786-7491 or Wanda.Belle@cms.hhs.gov (Coverage and Analysis) , Patricia Brocato-Simons, 410-786-0261 or Patricia.BrocatoSimons@cms.hhs.gov (Coverage and Analysis) , William Ruiz, 410-786-9283 or William.Ruiz@cms.hhs.gov (Institutional Claims)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

20.19 Ambulatory Blood Pressure Monitoring (ABPM)

(Rev.10073, Issued: 05-01-2020, Effective: 07-02-2019 Implementation: 06- 16-2020, 10-05-2020)

A. General

Ambulatory Blood Pressure Monitoring (ABPM) is a diagnostic test that allows for the identification of various types of high blood pressure (BP). ABPM devices are small portable machines that are connected to a blood pressure cuff worn by patients that record blood pressure at regular periods over 24 to 48 hours while the patient goes about their normal activities, including sleep. The recording is interpreted by a physician or non-physician practitioner, and appropriate action is taken based on the findings. Diagnosis and treatment of high BP is important for the management of various conditions including cardiovascular disease and kidney disease.

B. Nationally Covered Indications

For dates of service on and after July 2, 2019, the Centers for Medicare & Medicaid Services (CMS) believes that the evidence is sufficient to determine that ABPM is reasonable and necessary for the diagnosis of hypertension in Medicare beneficiaries under the following circumstances:

- 1. For beneficiaries with suspected white coat hypertension, which is defined as average office BP of systolic BP >130 mm Hg but <160 mm Hg, or diastolic BP >80 mm Hg but <100 mm Hg 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 mm Hg.*
- 2. For beneficiaries with suspected masked hypertension, which is defined as average office BP between 120 mm Hg and 129 mm Hg for systolic BP, or between 75 mm HG and 79 mm Hg for diastolic BP on two separate clinic/office visits with at least two separate measurements made at each visit, and at least two BP measurements taken outside the office which are \geq 130/80 mm Hg.*

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; and,*
- provided to patients with oral and written instructions and a test run in the physician's office must be performed; and,*
- interpreted by the treating physician or treating non-physician practitioner.*

For eligible patients, ABPM is covered once per year.

C. Nationally Non-Covered Indications

N/A

D. Other

Coverage of other indications for ABPM not indicated above are at the discretion of the Medicare Administrative Contractors.

(Last reviewed July 2019.)