

Reimbursement for Ambulatory Blood Pressure Monitoring (ABPM)



ABPM is currently reimbursable by both Medicare and many private health insurance payers. Global reimbursement rates vary between **\$62 to \$122** for Medicare and **\$75 to \$300** for private insurance carriers. Rates for reimbursement vary depending on geographical region, insurance company policies and patient conditions. Although covered by many health plans, Medicare currently only reimburses ABPM patients with suspected “white coat” hypertension.



Medicare Reimbursement Criteria for ABPM includes the following:

- 1 Clinic Blood Pressure > 140/90mmHg at 3 separate clinic visits with 2 measurements made at each visit.
- 2 A minimum of 2 documented blood pressure measurements taken outside the clinic environment <140/90mmHg.
- 3 No evidence of end-organ damage.



CPT Codes

- 93784** ABPM utilizing a system (i.e., WatchBP O3) for 24 hours or longer, including recording, scanning analysis, interpretation and report.
- 93786 Recording only.
- 93788 Scanning analysis with report.
- 93790 Physician review with interpretation and report.

ICD-9 Codes

796.2 Elevated blood pressure reading without diagnosis of hypertension. This is the ONLY CODE reimbursed by Medicare	429 Ill-defined descriptions and complications of heart disease
401 Essential hypertension	458 Orthostatic hypotension
401.1 Benign hypertension	458.9 Unspecified hypotension
401.9 Unspecified hypertension - (Resistant)	642 Hypertension complicating pregnancy, childbirth and puerperium
402 Hypertensive heart disease	642.3 Transient hypertension of pregnancy
402.1 Benign hypertensive heart disease	642.4 Mild or unspecified preeclampsia
402.9 Unspecified hypertensive heart disease	642.9 Unspecified hypertension complicating pregnancy
402.90 Unspecified hypertension without congestive heart failure	669.2 Maternal hypotension syndrome
403 Hypertensive renal disease	780.2 Syncope and collapse
413 Nocturnal angina	997.91 Other hypertension – episodic

WatchBP revenue is estimated based on approved diagnostic procedures (CPT codes) for specific medical conditions. Microlife Medical Home Solutions, Inc. cannot guarantee payer reimbursement. Refer to payer guidelines for further billing options.