

Automatic Blood Pressure Monitor

Last Review Date: January 11, 2019

Number: MG.MM.DM.19

Medical Guideline Disclaimer

Property of EmblemHealth. All rights reserved. The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request for prior authorization. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary. If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication. EmblemHealth Services Company LLC, ("EmblemHealth") has adopted the herein policy in providing management, administrative and other services to HIP Health Plan of New York, HIP Insurance Company of New York, Group Health Incorporated and GHI HMO Select, related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definition

Automated oscillometer blood pressure unit (e.g., Dinamap, Omron, and the BpTRU) is an appliance with a cuff attachment that automatically reads the blood pressure and pulse at preset or programmed intervals.

Guideline

Automatic home blood pressure monitoring equipment is covered for all lines of business with a limit of one unit every five years following the criteria below:

1. Member is age 11 or over
2. The cost of the device does not exceed \$40.00
3. The member obtains the device through a contracted vendor

Applicable Procedure Codes

A4670	Automatic blood pressure monitor
--------------	----------------------------------

References

NYC Health. Guide to Self-Measured Blood Pressure for Health Care Providers.

<https://www1.nyc.gov/assets/doh/downloads/pdf/csi/hyperkit-self-measured-monitoring-guide.pdf>

NYC Health. High Blood Pressure Coalition: Take the Pressure Off, NYC! <https://www1.nyc.gov/site/doh/health/health-topics/blood-pressure-take-pressure-off-nyc.page>