New CPT Codes to Cover Self-Measured Blood Pressure (SMBP)

Self-measured blood pressure (SMBP) is the regular measurement of blood pressure (BP) by a patient outside the clinical setting, usually at home.

Benefit to patients and providers
- SMBP helps providers diagnose and manage hypertension more effectively using an average of up to seven days of BP readings that are more representative of a patient’s daily mean BP compared to clinic readings.
- SMBP helps engage patients in self-management of high BP.

New coverage and codes
As of January 1, 2020, physicians that offer SMBP related clinical services to their patients are able to submit claims using two CPT codes for these services. The use of SMBP expands the reach of reliable BP readings to individuals who may not have access to ABPM or where ABPM is less viable or not preferred by patients.

The two new codes address both initial and ongoing SMBP clinical services:
- The first code covers SMBP device calibration and training on set-up and use. It can be used once per device prior to initiating SMBP in patients with high BP suspected of having hypertension or in those with diagnosed hypertension to assess BP control. (Can be facilitated by staff and submitted by the provider).
- The subsequent code is used when patients use a SMBP device validated for clinical accuracy to self-measure their BP twice daily (two readings, one minute apart) every 30 days (min. of 12 readings) and communicate these BP readings back to the practice, either manually or electronically. This allows the provider to make ongoing treatment decisions based on the average of their readings, and communicate a treatment plan back to the patient.

CPT codes and descriptions:

99473-: Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration
- Device validated for clinical accuracy
  - Hypertension Canada
  - Stride BP
- Patient education/training and device calibration
  - SMBP patient training tips
  - Device accuracy test
99474-: Self-measured blood pressure:
• Using a device validated for clinical accuracy
• Separate self-measurements of two readings one minute apart, twice daily over a 30-day period (min. of 12 readings)
• Collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional*
• With report of average systolic and diastolic 3P and subsequent communication of a treatment plan to the patient

Supporting evidence
Scientific evidence shows that SMBP, also known as home BP monitoring (HBPM), plus clinical support, helps individuals diagnosed with hypertension manage and, in some cases, lower their BP. There is strong evidence that SMBP plus additional support is more effective than usual care in lowering BP among patients with hypertension.
• In 2015, the U.S. Preventive Services Taskforce gave a Grade A recommendation for confirming BPs taken outside of the clinical setting using home or ambulatory BP monitoring (ABPM) 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 BF > 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 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.

References
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