

Better Care for hypertensive patients - **Better Business** for a medical practice

Ambulatory Blood Pressure Monitoring improves the quality of care for patients with hypertension while adding revenue to a practice.

By William B. White, MD*

In recent years, ambulatory blood pressure monitoring (ABPM) has become a commonly used tool for the diagnosis and management of hypertension. Much of this growth was enhanced by the 2001 decision of the Center for Medicare and Medicaid Services (CMS) to begin reimbursement of ABPM for evaluation of “white-coat” hypertension. However, because of the focus on “white-coat” hypertension, there has been much confusion and misinformation as to whether ABPM is even a covered medical procedure. Understanding the clinical benefits and reimbursement of ABPM presents a valuable, yet often-missed opportunity for both physicians and sales representatives who might distribute these devices.

Ambulatory Blood Pressure Monitoring

ABPM is a procedure where a small, automated electronic device, worn by the patient for a period of 24 hours or more, periodically records blood pressure (BP) during normal daily activities, including sleep. Typically, readings are taken every 15-20 minutes during the day and every 30-40 minutes at night. Fewer nighttime readings are needed because of reduced BP variability and enhanced patient comfort. Collected data are downloaded to a PC program to allow viewing of data and creation of a medical report. Many ABPM software programs also facilitate integration of the summary report with most electronic medical record systems. There are several ABPM recorders now available, many of which have been validated to ensure reliability and clinical accuracy comparable to those taken with a standard manual BP device.

Clinical Benefits

Several clinical studies have indicated that ABPM better predicts target organ damage than standard BP readings taken in the doctor’s office. The advantages gained are mostly because greater quantities of data allow better assessment of average BP by reducing random error and capturing more representative data during normal activity. ABPM clearly helps identify the 15-30% of “white-coat” hypertensives, or patients with otherwise normal BP levels despite an elevated office BP reading. Perhaps more importantly, ABPM reveals patients that might lack good BP control as well. Home or self blood pressure monitoring can help identify lower out-of-office readings, but only ABPM can provide valuable information on nighttime and early morning BP increases, both of which have been shown to predict future cardiovascular events.

A New Revenue Source

Decreasing income and reimbursement cutbacks are currently a great concern for many physicians. ABPM provides an effective way for medical practices to add revenue without dramatic investment. Complete ABPM systems can typically be purchased for under \$3000. Global reimbursement rates for Medicare vary between \$60-\$120 depending on location, while private insurance rates are generally between \$75-\$250 (*CPT code: 93784*). In many cases, private carriers need to be notified that ABPM has been added to the practice to begin reimbursement. Even though Medicare currently only reimburses ABPM for suspected “white-coat” hypertension, (*ICD-9 code: 796.2*), many private insurance providers will cover ABPM for other appropriate clinical indications. Both private insurance companies and patients recognize the potential benefit of an accurate diagnosis of “white-coat” hypertension which may help to avoid the cost of unnecessary medications and subsequent adverse effects associated with these drugs when used in excess.

ABPM has become a mature tool in the assessment and management of clinical hypertension. Educating physicians on the facts about ABPM reimbursement and recommending it as a valuable tool for their practices will allow them to make more informed and more effective clinical decisions for their patients with high blood pressure. Clinical revenue for ABPM has improved and is now adding more substantially to practice income - allowing physicians to do what is best for their patients with hypertension.

* Dr. White is professor of medicine and chief, hypertension and vascular diseases, University of Connecticut School of Medicine in Farmington, Connecticut.