

Ambulatory Monitoring Reimbursement Information

Reimbursement

In the U.S., third-party reimbursement (when provided) may vary from \$80 to \$350. Many private insurance companies do not reimburse the cost of ambulatory monitoring, but this situation is especially unpredictable. Reimbursement by Blue Cross/Blue Shield differs from state to state. Below is an example of a medical necessity letter that can be sent to third party payers. For other countries outside the U.S., various reimbursements do exist.

A technician specially trained for the purpose typically carries out the recordings. The level of expertise required is no greater than for performing other medical procedures, such as ECGs. The reference manuals provide all the necessary information. A&D Representatives are available to train personnel in the physician office.

The following information should help in maximizing possible third-party reimbursement for ambulatory monitoring.

The U.S. Physician's Current Procedural Terminology, 4th edition (CPT-4) guide gives the following codes for ambulatory monitoring:

- **93784.** Ambulatory blood pressure monitoring utilizing a system such as magnetic tape and/or computer disk, for 24 hours including recording, scanning analysis, interpretation, and report. The Medicare national average payment amount is \$43.08.
- **93786.** Recording only. The Medicare national average payment amount is \$34.03.
- **93758.** Scanning analysis with report.
- **93790.** Physician review with interpretation and reports. The Medicare national average payment amount is \$9.05.

The International Classification of Disease, Volume 9 (ICD-9) lists diagnostic codes related to hypertension as:

401. Essential hypertension

- 401.0 Malignant essential hypertension
- 401.1 Benign essential hypertension
- 401.9 Unspecified essential hypertension

402. Hypertensive Heart Disease

- 402.0 Malignant hypertensive heart disease
- 402.1 Benign hypertensive heart disease
- 402.9 Unspecified hypertensive heart disease

403. Hypertensive Renal Disease

- 403.0 Malignant hypertensive renal disease
- 403.1 Benign hypertensive renal disease
- 403.9 Unspecified hypertensive renal disease

404. Hypertensive heart and Renal Disease

- 404.0 Malignant hypertensive heart & renal disease
- 404.1 Benign hypertensive heart & renal disease
- 404.9 Unspecified hypertensive heart & renal disease

405. Secondary Hypertension

- 405.0 Malignant secondary hypertension
- 405.1 Benign secondary hypertension
- 405.9 Unspecified secondary hypertension

Reimbursement Guidelines

Codes needed for reimbursement:

CPT Code: 93784
ICD9 Code: 401.9

Billing Descriptions:

24 HR BP Monitor
Appt type: 3 Established Pt. Schedule
Dr/Nurse: 2 Nurse Visit

An example of a medical necessity letter justifying the use of ambulatory monitoring of a particular patient.

Patient: _____

Contract No. or HIC No. _____

Dear Benefit Manger:

I have been treating (patient name) since (date) for his/her (diagnosis). Treatment has included (brief clinical summary). In my opinion, the status of the patient's condition warrants that use of an ambulatory blood pressure monitor to:

1. Determine episodic borderline or uncontrolled hypertension as well as syncope or orthostatic hypertension;
2. Help assess hypertension in relation to end organ damage;
3. Determine the efficacy of prescribed medication, dosage and frequency of dose.
4. Assess the effects of multiple drug interaction; and
- 5 Determine the presence or absence of hypertension (patient has demonstrated office hypertension only)

6. A LifeSourceMD brand (by A & D Medical) automated ambulatory blood pressure monitoring system has been prescribed to record my patient's blood pressure measurements for a 1-, 2-, or 3-Day period. As a result of this test, I have determined the best course of treatment is (summary).

Sincerely,