

Self-measured blood pressure (SMBP) refers to blood pressure (BP) measurements obtained outside of a physician's practice, usually at home. When combined with clinical support (e.g., one-on-one counseling, web-based or telephonic support tools, education), SMBP can enhance the quality and accessibility of care for people with high blood pressure and improve blood pressure control.¹ SMBP can be used to assess BP control and to make a diagnosis of hypertension. SMBP allows patients to actively participate in the management of their BP and has been shown to improve adherence to antihypertensive medications.²

SMBP codes and descriptions

As of January 1, 2020, physicians can submit claims for SMBP services using Current Procedural Terminology (CPT[®]) codes **99473** and **99474**.

CPT code	Description
99473	SMBP using a device validated for clinical accuracy; patient education/training and device calibration
99474	separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum 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 pressures and subsequent communication of a treatment plan to the patient

The codes address both initial and ongoing SMBP clinical services:

CPT code 99473 can be used when a patient receives education and training (facilitated by clinical staff) on the set-up and use of a SMBP measurement device validated for clinical accuracy, including device calibration.

99473 can only be reported once per device. It would most commonly be used prior to initiating SMBP in patients suspected of having hypertension or for those patients with an existing diagnosis of hypertension who have a new BP measurement device or are receiving training for the first time.

CPT code 99474 can be used for SMBP data collection and interpretation when patients use a BP measurement device validated for clinical accuracy to measure their BP twice daily (two measurements, one minute apart in the morning and evening), with a minimum of 12 readings required each billing period.

The SMBP measurements must be communicated back to the practice and can be manually recorded (e.g. phone, fax or in-person) or electronically captured and transmitted (e.g. secure e-mail, patient portal, or directly from device).

The physician or other qualified health care professional must then create or modify the treatment plan based on the documented average of these readings. The treatment plan must be documented in the medical record and communicated back to the patient, either directly or through clinical staff.

Coding limitations

- **99474** can be submitted once per calendar month; it cannot be used in the same calendar month as codes for ambulatory blood pressure monitoring (**93784, 93786, 93788, 93790**), remote physiologic monitoring (**99453-8, 99091**) or chronic care management (**99487, 99489-91**).
- **99473** can be submitted once per device. **99473** and **99474** should not be reported if performed as part of an E/M service. A separately reportable E/M service should be provided with Modifier 25.

Disclaimer: Information provided by the AMA contained within this Guide is for medical coding guidance purposes only. It does not (i) supersede or replace the AMA's Current Procedural Terminology[®] manual ("CPT Manual") or other coding authority, (ii) constitute clinical advice, (iii) address or dictate payer coverage or reimbursement policy, and (iv) substitute for the professional judgement of the practitioner performing a procedure, who remains responsible for correct coding.

CPT © Copyright 2019 American Medical Association. All rights reserved. AMA and CPT are registered trademarks of the American Medical Association.

Remote physiologic monitoring codes and descriptions

Other CPT codes that can be used for SMBP are found in the digitally stored data/remote physiologic monitoring section of the CPT code set. Remote physiologic monitoring (RPM) codes are for collecting and interpreting physiologic data that is digitally stored and/or transmitted by the patient and/or caregiver to the physician or qualified health care professional.

CPT code	Description
99453	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment
99454	Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
99457	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; additional 20 minutes
99091	Collection and interpretation of physiologic data (e.g. ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified healthcare professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days

Further information regarding parameters for these RPM codes and current CMS waivers are listed on the following two pages of this resource.

Parameters for CPT codes 99453-99458*

Requirement:

- A physician or qualified health care professional must prescribe RPM and a medical device (as defined by the FDA) to be used for conducting RPM.
- Patients must consent to enroll in RPM (patients may incur a co-pay for services, typically 20% of RPM charges per month for Medicare) and consent must be documented.
CMS waiver 3/1/20-the Public Health Emergency (PHE): Consent may be collected at time of service. Cost sharing may be reduced or waived by physician/practitioner, sanctions are suspended.
- If a patient has not been seen in the practice for one year or is a new patient, Medicare may require a face-to-face encounter before billing for RPM.
CMS waiver (3/1/20-PHE): RPM services may be furnished to new patients in addition to established patients during the COVID-19 public health emergency.
- Monitoring must occur for at least 16 days within a month.
CMS waiver (3/1/20-PHE): Monitoring can last for fewer than 16 days, but no less than 2 days, for purposes of treating suspected or confirmed COVID-19.
- Data must be digitally stored and/or transmitted back to the physician or other qualified health professional.
- Interactive communication between the physician/other qualified health professional and patient and/or caregiver is required, although an interactive video connection is not needed.

Coding limitation:

- **99457** may not be billed together with **99091** for same billing period and beneficiary.

*Note

Current exceptions to codes as a result of COVID-19 may be in place by CMS and other payers. Patients may not be required to give consent to be enrolled in RPM and co-pays may be waived. In addition, RPM may be utilized for new and established patients without requiring a face-to-face E/M visit.

Waivers and exceptions described in this document are temporary and effective March 1, 2020 through the end of the public health emergency (PHE), unless additional guidance is provided by CMS in the future.

Current CMS waivers can be found [here](#).

Current CMS telehealth codes can be found [here](#).

Parameters for CPT code 99091*

Requirement:

- Requires a minimum of 30 minutes of care team time spent toward services in each 30-day period.
- Patients must consent to enroll in RPM and consent must be documented.
CMS waiver (3/1/20–PHE): RPM services may be furnished to new patients in addition to established patients during the COVID-19 public health emergency.
- The number of monitoring days required per month is not specified.
- Data must be digitally stored and electronically transferred back to the practice.

Coding limitations:

- If an E/M service occurs on the same day, **99091** should not be reported separately.
- **99091** may not be billed together with **99457** for the same billing period and beneficiary.
- The code cannot be reported if it occurs within 30 days of codes **99339, 99340, 99374-9** or **99457**.

*Note

Current exceptions to codes as a result of COVID-19 may be in place by CMS and other payers. Patients may not be required to give consent to be enrolled in RPM and co-pays may be waived. In addition, RPM may be utilized for new and established patients without requiring a face-to-face E/M visit.

Waivers and exceptions described in this document are temporary and effective March 1, 2020 through the end of the public health emergency (PHE), unless additional guidance is provided by CMS in the future.

Current CMS waivers can be found [here](#).

Current CMS telehealth codes can be found [here](#).

RPM and chronic care management (CCM)

RPM services can overlap with chronic care management (CCM) services and both codes can be used within a calendar month. RPM may also be billed in the same calendar month as transitional care management services and behavioral health integration services. However, the time spent performing RPM must be separate from the time spent on CCM, transitional care management or behavioral health integration services.

References

1. Centers for Disease Control and Prevention. Self-Measured Blood Pressure Monitoring: Actions Steps for Clinicians. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2014.
2. Muntner P, Shimbo D, Carey RM, et al. Measurement of blood pressure in humans: a scientific statement from the American Heart Association. *Hypertension*. 2019;73(5):e35–e66. doi: 10.1161/HYP.0000000000000087.

Disclaimer: Information provided by the AMA contained within this Guide is for medical coding guidance purposes only. It does not (i) supersede or replace the AMA's Current Procedural Terminology® manual ("CPT Manual") or other coding authority, (ii) constitute clinical advice, (iii) address or dictate payer coverage or reimbursement policy, and (iv) substitute for the professional judgement of the practitioner performing a procedure, who remains responsible for correct coding.

CPT © Copyright 2019 American Medical Association. All rights reserved. AMA and CPT are registered trademarks of the American Medical Association.