

An Economic Case for Self-Measured Blood Pressure (SMBP) Monitoring



SMBP, or home blood pressure monitoring, with clinical support can help people with hypertension reduce their blood pressure. Inconsistent insurance coverage for devices and provider reimbursement is a barrier to SMBP use. This document outlines a way to estimate a business return on investment, based solely on current Medicare reimbursement for SMBP support services. SMBP, which evidence shows is clinically important, can be a financially viable service even in times of not being fully reimbursable.



Hypertension Burden

Nearly **1 in 2** U.S. adults have hypertension, yet only about 1 in 4 have it under control.¹



Type of Health Insurance

Nearly **1 in 5** adults with hypertension are covered by **Medicare**.²



Medicare Reimbursement for SMBP Support Services

Current Procedural Terminology (CPT®) codes for SMBP:³

99473: Initial education for SMBP

- Can be submitted once per device
- Billed service for non-providers = **\$11.19 for patient education**

99474: Review of SMBP measurements connected to clinical decision making

- Can be submitted monthly
- Billed clinician service = **\$15.16 for data review and treatment plan**



Do the Math!

- Assuming an adult patient panel of 2,000 patients/clinician
- Assuming 1/2 have hypertension = **1,000 patients**
- Assuming 1/5 are Medicare beneficiaries = **200 patients**

200 patients × **\$11.19** for initial education = **\$2,238**

If half of patients submit data 6 months out of the next 12: **100 × \$15.16 × 6 months = \$9,096**

Reimbursement per clinician could total \$11,334 (\$2,238 + \$9,096)/year.

If there are 20 clinicians in a practice, that could add up to **an additional \$226,680/year.**

With the above as potential income, a case could be made for reinvesting the additional resources into infrastructure, such as additional FTEs, purchase of devices for patients who cannot afford them, development of a device loaner program, or investment in health IT upgrades.

1 Ritchey MD, Gillespie C, Wozniak G, Shay CM, Thompson-Paul AM, Loustalot F, Hong Y. Potential need for expanded pharmacologic treatment and lifestyle modification services under the 2017 ACC/AHA Hypertension Guideline. *J Clin Hypertens (Greenwich)*. 2018 Oct;20(10):1377–91.

2 Muntner P, Hardy ST, Fine LJ, Jaeger BC, Wozniak G, Levitan EB, Colantonio LD. Trends in blood pressure control among U.S. adults with hypertension, 1999–2000 to 2017–2018. *JAMA*. 2020 Sep 22;324(12):1190–200.

3 American Medical Association. SMBP CPT® coding. <https://www.ama-assn.org/system/files/2020-06/smbp-cpt-coding.pdf>. Accessed May 11, 2021.

