

ISSUE BRIEF:

Opportunities in Medicaid: Improving cardiovascular health with self-measured blood pressure

April 2022

Hypertension, or high blood pressure, affects 1 in 3 people enrolled in Medicaid.¹ When uncontrolled, hypertension can result in heart attack, heart failure, stroke, and kidney disease.

Managing hypertension and the consequences of uncontrolled hypertension costs the U.S. an estimated \$131 billion each year. This includes not only the cost of health care services and medications, but loss of productivity from illness and premature death.² The cost of uncontrolled hypertension increases dramatically with each additional co-morbidity, with estimated individual health care costs ranging from \$5,500 to \$19,000 annually.³ Low income, non-pregnant adults on Medicaid disproportionately suffer from uncontrolled hypertension. Fortunately, hypertension can be controlled, and complications prevented through lifestyle changes and medication, especially when diagnosed early.

The only way to diagnose and monitor hypertension is through accurate blood pressure measurement. For many people, however, blood pressure measurements taken in a doctor's office differ greatly from those taken at home or otherwise outside of a clinical setting. For this reason, current clinical guidelines recommend,^{4,5,6} the use of out-of-office blood pressure measurements for confirming a diagnosis of hypertension, adjusting medications, and assessing blood pressure control.

Using validated home blood pressure devices, patients can regularly monitor blood pressure at different points in time and report their measurements directly to their physician. Self-measured blood pressure (SMBP) is a more accurate predictor of cardiovascular events and mortality than office-measured blood pressure, and scientific evidence has shown that SMBP, when combined with clinical support, can improve blood pressure control.^{7,8}

Effective SMBP requires the use of a validated automated blood pressure device, patient education on proper use of the device, and physician interpretation of readings to make diagnosis and treatment decisions. Medicaid coverage for devices and services, however, is often insufficient and remains a key barrier to the adoption of SMBP. With an estimated nine million low income, non-pregnant adults on Medicaid living with hypertension, there is a significant opportunity to improve health outcomes and avert costly and preventable complications by ensuring that SMBP services, validated blood pressure devices, and necessary accessories are adequately covered by Medicaid programs.⁹

Opportunities to impact blood pressure control rates in the Medicaid population:

- Expand coverage for SMBP clinical services to encourage provider adoption and utilization
 - Include SMBP clinical services (CPT® codes 99473, 99474) in the Medicaid provider fee schedule as covered benefits
- Expand coverage for validated automated blood pressure devices for home use to enable beneficiaries to do SMBP
 - Include validated automated blood pressure devices (A4670) and an appropriately sized cuff (A4663) in the Medicaid durable medical equipment (DME) fee schedule as covered benefits
- Address health inequities by ensuring every member has access to a validated device and an appropriately sized blood pressure cuff as necessary
 - Remove patient exclusions, eligibility requirements, and prior authorization for an automated device and an appropriately sized cuff (medical necessity reviews should not be required if there is a physician order)
 - Ensure adequate reimbursement for validated automated blood pressure devices and clinical services

Relevant AMA Policy

Reimbursement for Telehealth D-480.965

Our AMA will work with third-party payers, the Centers for Medicare and Medicaid Services, Congress and interested state medical associations to provide coverage and reimbursement for telehealth to ensure increased access and use of these services by patients and physicians. (Res. 122, A-19)

For additional information or assistance with legislation in your state, please contact Annalia Michelman, JD, senior legislative attorney, AMA Advocacy Resource Center, at annalia.michelman@ama-assn.org or (312) 464-4788.

¹ Controlling High Blood Pressure: Ages 18 to 85 <https://www.medicaid.gov/state-overviews/scorecard/controlling-high-blood-pressure/index.html>. Accessed March 9, 2022

² Health topics - high blood pressure - polaris. Centers for Disease Control and Prevention. <https://www.cdc.gov/polaris/healthtopics/highbloodpressure/index.html#:~:text=High%20blood%20pressure%20costs%20the,of%20productivity%20from%20premature%20death>. Published November 18, 2021. Accessed March 7, 2022

³ Chapel JM, Ritchey MD, Zhang D, Wang G. Prevalence and medical costs of chronic diseases among adult Medicaid beneficiaries. *Am J Prev Med* 2017; 53:S143–S154.3

⁴ The Surgeon General's Call to Action for Hypertension. <https://www.cdc.gov/bloodpressure/docs/SG-CTA-HTN-Control-Report-508.pdf>. Accessed March 9, 2022

⁵ Whelton PK, Carey RM, Aronow WS, Casey DE. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Hypertension* (2018);71(6):Pages e13-e115 <https://doi.org/10.1161/HYP.0000000000000065>

⁶ United States Preventative Services Task Force. Hypertension in Adults: Screening. www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertension-in-adults-screening#:~:text=The%20USPSTF%20recommends%20screening%20for,diagnostic%20confirmation%20before%20starting%20treatment. Accessed March 9, 2022

⁷ Bryant KB, Sheppard JP, Ruiz-Negrón N, et al. Impact of self-monitoring of blood pressure on processes of hypertension care and long-term blood pressure control. *Journal of the American Heart Association*. 2020;9(15). doi:10.1161/jaha.120.016174

⁸ Jackson SL, Ayala C, Tong X, Wall HK. Clinical implementation of self-measured blood pressure monitoring, 2015–2016. *American Journal of Preventive Medicine*. 2019;56(1). doi:10.1016/j.amepre.2018.06.017

⁹ 2020 Medicaid and CHIP Beneficiary Profile: Characteristics, Health Status, Access, Utilization, Expenditures, and Experience. <https://www.medicaid.gov/medicaid/quality-of-care/downloads/beneficiary-profile-2021.pdf>. Accessed March 7, 2022