# Q&A – Buying Home Blood Pressure Monitors to Support SMBP: How to Get Started

## Thursday, May 13, 2021 | Clinical Affairs Division

## Q&A

**Q: Q: A big drive for funding and recognition is not only billable sustainability but outcome measures. Specifically, what metrics should we use to demonstrate that SMBP is beneficial to our patients? (i.e., percent at goal based on last three values, etc.).**

**A:** The outcome measure used for reporting control of high blood pressure is UDS controlling high BP which is derived from CMS165v9. For this measure, control is considered achieved if the most recent BP measurement is <140/90 (must be obtained using a remote monitoring device). When managing a patient's high BP, however, the evidence suggests assessing BP control using 12 or more readings taken over 7 days (2 in the am and 2 in the pm daily, minimum of 3 days or 12 readings). These readings should be averaged and the average of <135/85 is consistent with office-based BP control of <140/90 and should be used as a goal for assessing BP control when managing hypertension as opposed to "reporting" BP control using home BP measurements. The BP measurement device used should be a validated device and the patient should have been trained to use it by a healthcare professional.

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**Q: Can you share the list of states whose Medicaid programs cover the devices?**

**A:** From a preliminary analysis that is still being finalized, the list of state (including DC) Medicaid programs that cover A4670 are: Alaska, Arkansas, California, Colorado, Connecticut, Delaware, DC, Hawaii, Idaho, Illinois, Indiana, Iowa, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, NH, NJ, NY, NC, ND, Ohio, Oregon, Texas, Utah, Virginia, Washington, and Wisconsin

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**Q: You mentioned being reimbursed once per device; what if that device is returned to the health center and given to a new patient. Can the same CPT code be used 1x for that new patient??**

**A:** It is our understanding that a CPT code can only be submitted once per device. If a patient gets a new device, then the code can be submitted again after training and calibration have occurred.

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**Q: For the states that cover BP cuffs under Medicaid, will that continue after the PHE ends???**

**A:** We don't know those details yet but will continue to monitor and communicate any updates.

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**Q: Must codes 99473 and G2025 be billed together or is 99473 alone sufficient enough for reimbursement??**

**A:** 99473 is a numerical procedure code (CPT) used to identify services and procedures performed by qualified health professionals (QHP). The American Medical Association (AMA) is responsible for writing and updating CPT codes. The codes are updated annually. Providers use CPT codes to document services and then the revenue cycle management team crosswalks that CPT code to G2025, which is what is submitted by the health center to get reimbursed.

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**Q: Is the reimbursement for CPT 99473 only for Medicare patients?**

**A:** CPT 99473 is a numerical procedure code used to identify services and procedures performed by qualified health professionals (QHP). It is not specific to Medicare or any insurance type.

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**Q: Can an FQHC bill 99473 if a non-clinical person such as a patient navigator or care coordinator provides the education and training??**

**A:** This code was designed for the care team; anyone on the care team can provide the education and training to qualify for the code.

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**Q: I was told by a manufacturer representative that the NHCI grant caps the pricing at $55 per device. Have you heard of this to be true??**

**A:** SMBP devices are considered supplies and there is no cap on the amount of NHCI supplemental funding awardees can spend on the cost of self-measured blood pressure monitoring (SMBP) devices. For additional information, see the HRSA NHCI Supplemental funding guidance.

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**Q: We are required to establish "Loaner" programs for SMBP (CDC 1815 grant funds) and I would love some guidance on sanitizing the home monitors and/or purchasing only cuffs to share with patients?**

**A:** https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/about-ama/iho-bp-engaging-patients-in-self-measurment_0.pdf#page=15

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**Q: Do you have some advice on whether readings should be uploaded in EHR directly or not? Are there any lessons learned??**

**A:** The short answer is yes; home BP readings should be integrated in the EHR. Promising practices include having home BP readings available in the patient's chart in the EHR and preferably with some context – labeled as the average BP, include the number of BPs constituting the average, the high and the low and how the BP was put in by the patient – electronically directly from the cuff or manually entered. The goal of integration is acquiring home BP readings within the EHR are to minimize error, support clinicians transitioning to using home gathered average blood pressure readings for clinical decision making and improving on clinical inertia in delivering care to patients with hypertension. You may want to consider the following items when thinking about integration:

- Clinical portals can be an important part of the integration. They fulfill the following critical functionality:
    - Repository of home BP reading allowing for one point of integration with the EHR.
    - A place where staff can view and validate the BP measurements of all patient's participating in the SMPB program.
    - Supports prioritization of patients for monitoring e.g., newly enrolled patients, patients with systolic BPs > 160 etc.
    - Provides greater detail for the BP readings e.g., if the reading was entered electronically or manually, time of day, identifies the sequence since many patients will need to engage in multiple sessions of 7-day sequences.
    - Facilitates calculating the average BP for clinical action rather than each individual reading one by one.
    - Facilitates graduating patients from the program when appropriate.

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**Q: We are using a validated device; do you recommend doing systematic calibration when patients start a SMBP program??**

**A:** Calibration is recommended, whenever possible, for all patients using SMBP. This may not always be feasible for all patients. If a validated device is being used with an appropriately sized cuff, some are not calibrating devices in every patient, rather, are calibrating devices if there are unexpected differences between in and out-of-office BP measurements.

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**Q: For Welch Allyn: It was stated the Home App stores 99 readings. What happens once that quota of readings is reached?**

**A:** The oldest stored reading is replaced by the most recent reading.

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**Q: What are the associated costs with using the A&D dashboard/portal?**

**A:** The **A&D Heart Track Clinician** portal is $5 /patient/month for low volumes of patients. The price per patient drops as the quantity of patients increases. The A&D Heart Track patient app is free.

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**Q: Welch Allyn/Hill-Rom. Do both the 1500 and 1700 series come with the ability to have the larger cuff size?**

**A:** Only the Home BP 1700 series is compatible with the 1700 cuff.

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**Q: What is the shelf-life on the 1700 model?**

**A:** There is no shelf life on the 1700.

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**Q: Will there be any wrist cuffs added to the VDL to accommodate those who need a wrist cuff vs. arm cuff?**

**A:** Nar Ramkissoon: Wrist cuff devices will become eligible for the VDL, to accommodate patients where an upper arm cuff may not be feasible or clinically appropriate.

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**Q: Many of our patients don't speak English and have barriers accessing the Internet. Do any of the vendors offer a device "hub" option that will allow for standalone transmission of data??**

**A:**

- **A&D Medical** works with a partner who can provide a hub as part of our solution.
- **Withings:** We do offer a cellular hub solution that would work with multiple Withings devices as well as the two standalone cellular products: our Cellular BPM Connect and our Cellular Body Scale.

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**Q: Do the devices with patient portals interface to eClinicalworks? Does they use Healow? Do they interface with Epic via MyChart? Greenway?**

**A:**

- **Withings** devices can interface with the eClinicalWorks EMR, and even bypass the Healow app so it's one less step your end-user needs to take in order to get data back to you. Withings can also interface with Greenway EMR
- **Welch Allyn**: Our current integration with eClinicialWorks/Healow works as follows:
  - In eClinicialWorks/Healow application, there is a setup section to link/associate a device which will redirect to WAH login.
  - Patient will use WAH account information (username/password) to login.
  - If association is successful, Healow App will show it."
- **A&D Medical:** Our portal can integrate with various EMR/EHRs – we can work with the providers to enable this capability.

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**Q: What is the range of upper arm sizes for the Withings BPM Connect?**

**A:** 9 to 17 inches

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**Q: Which vendors offer cellular devices today (or soon)??**

**A:**

- **Withings** has a cellular device
- **A&D Medical** does not currently have a cellular device. However, we can provide cellular capabilities through our hub partner.