

Change to National Coverage Determination may affect your Medicare coverage

The Centers for Medicare & Medicaid Services (CMS) sometimes change the coverage rules that apply to an item or service under Medicare. When this happens, CMS issues a National Coverage Determination, or NCD.

NCDs tell us:

- What benefits and services are covered
- What benefits and services are changing
- What Medicare will pay for an item or service

CMS recently issued an update to the NCD that applies to the following service:

Ambulatory Blood Pressure Monitoring

Here is a description of the change to the NCD. This affects services given **on or after July 2, 2019**

Services affected	Additional information
<p>The Centers for Medicare and Medicaid Services (CMS) issued an NCD to update Ambulatory Blood Pressure Monitoring</p>	<p>Ambulatory Blood Pressure Monitoring is a diagnostic test that allows for the identification of various types of high blood pressure.</p> <p>CMS will cover ABPM for the diagnosis of hypertension in Medicare beneficiaries under the following updated criteria:</p> <ul style="list-style-type: none"> • Suspected White Coat Hypertension (WCH), which is defined as average office systolic blood pressure (BP) greater than 130 mm Hg but less than 160 mm Hg or diastolic BP greater than 80 mm Hg but less than 100 mm Hg on two separate clinic/office visits with at least two separate measurements made at each visit and with at least two BP measurements taken outside the office which are less than 130/80 mm Hg.

Services affected (continued)	Additional information
<p>The Centers for Medicare and Medicaid Services (CMS) issued an NCD to update Ambulatory Blood Pressure Monitoring</p>	<ul style="list-style-type: none"> • Suspected masked hypertension, which is defined as average office BP between 120 mm Hg and 129 mm Hg for systolic BP or between 75 mm Hg and 79 mm Hg for diastolic BP on two separate clinic/office visits with at least two separate measurements made at each visit and with at least two BP measurements taken outside the office which are greater than or equal to 130/80 mm Hg. <p>For eligible patients, ABPM is covered once per year.</p> <p>ABPM devices must be:</p> <ul style="list-style-type: none"> • Capable of producing standardized plots of BP measurements for 24 hours with daytime and nighttime windows and normal BP bands determined. • Provided to patients with oral and written instructions, and a test run in the physician’s office must be performed and interpreted by the treating physician or treating non-physician practitioner <p>This summarizes CMS Transmittal R10073NCD.</p>

We’re here to help you

Mercy Care Advantage is an HMO SNP with a Medicare contract and a contract with the Arizona Medicaid Program. Enrollment in Mercy Care Advantage depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. See Evidence of Coverage for a complete description of benefits, exclusions, limitations and conditions of coverage. If you have questions, Mercy Care Advantage Member Services representatives are available to help you 8:00 a.m. - 8:00 p.m., 7 days a week. Please call 602-586-1730 or 1-877-436-5288 (TTY 711).