

SMBP Coverage Insights: Medicaid

As of 2/28/2022



Self-measured blood pressure (SMBP) is an evidence-based strategy that can improve blood pressure control for individuals with hypertension. SMBP is most effective when an individual has access to a validated blood pressure device for home use coupled with ongoing clinical support. Refer to the [US Blood Pressure Validated Device Listing \(VDL™\)](#) for a list of validated devices.

The chart below shows the status of coverage by state for 1) SMBP clinical services and 2) automated blood pressure devices and standalone cuff. It is intended to highlight which states offer provider reimbursement to perform SMBP services and allow Medicaid patients to obtain an automated blood pressure device.

CPT® and HCPCS Code Description

99473	SMBP using a device validated for clinical accuracy and patient education/training and device calibration
99474	Separate self-measurements, collection of daily reports by the patient or caregiver to the healthcare provider, communication of BP readings and treatment plans
A4670	Automated blood pressure device
A4663	Blood pressure cuff only

	SMBP Service Codes					BP Device Codes						
	Provider Reimbursement					Durable Medical Equipment (DME) Fee Schedule						
	99473		99474		Source	A4670			A4663		Source	
	Covered	Amount Covered	Covered	Amount covered		Covered	Amount Covered	Prior Authorization Required	Covered	Amount covered	Prior Authorization Required	
Alabama												
Alaska						●	\$110.00		●	Varies		
Arizona	●	\$11.27	●	\$15.40		●	Varies		●	Varies		
Arkansas						●	\$8.22					
California						●	Varies		●	Varies		
Colorado	●	\$9.57	●	\$12.26		●	\$72.45	○	●	\$21.49	○	
Connecticut						●	\$65.00		●	\$28.53		
Delaware	●	\$15.84	●	\$12.76		●	\$43.09		●	\$16.76		
D.C.						●	\$103.93		●	\$19.95		
Florida												

Medicaid program administrators are encouraged to contact iho-info@ama-assn.org with any updates or corrections to the information contained in this table.

Additional pricing or medical review required for states where reimbursement is "VARIES".

	SMBP Service Codes					BP Device Codes						
	Provider Reimbursement					Durable Medical Equipment (DME) Fee Schedule						
	99473		99474		Source	A4670			A4663			Source
Covered	Amount Covered	Covered	Amount covered		Covered	Amount Covered	Prior Authorization Required	Covered	Amount covered	Prior Authorization Required		
Georgia	●	\$9.45	●	\$12.82	↻							↻
Hawaii	●	\$7.57	●	\$5.54	↻	●	\$15.00		●	Varies		↻
Idaho	●	\$8.82	●	\$12.51	↻	●	\$56.28		●	Varies		↻
Illinois					↻	●	\$63.37		●	\$15.45		↻
Indiana	●	\$7.60	●	\$10.70	↻	●	\$40.00	○	●	\$27.80		↻
Iowa					↻	●	\$49.36					↻
Kansas					↻				●	\$30.00		↻
Kentucky	●	\$8.03	●	\$11.47	↻							↻
Louisiana					↻	●	\$56.89		●	\$23.11		↻
Maine					↻	●	\$59.07					↻
Maryland					↻	●	\$44.57		●	\$10.73		↻
Massachusetts					↻	●	N/A		●	N/A		↻
Michigan	●	\$6.14	●	\$8.32	↻	●	\$62.30		●	\$20.58		↻
Minnesota					↻	●	\$70.40		●	\$22.88		↻
Mississippi					↻				●	\$8.55		↻
Missouri					↻	●	\$49.47		●	\$16.36		↻
Montana	●	\$13.82	●	\$18.01	↻							↻

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	SMBP Service Codes					BP Device Codes						
	Provider Reimbursement					Durable Medical Equipment (DME) Fee Schedule						
	99473		99474		Source	A4670			A4663			Source
	Covered	Amount Covered	Covered	Amount covered		Covered	Amount Covered	Prior Authorization Required	Covered	Amount covered	Prior Authorization Required	
Nebraska	●	\$9.57			↗	●	\$85.15		●	Varies		↗
Nevada					↗	●	\$49.65					↗
New Hampshire					↗	●	\$159.44		●	\$38.27		↗
New Jersey	●	\$6.21	●	\$7.81	↗	●	Varies		●	Varies		↗
New Mexico	●	\$9.24	●	\$12.96	↗	●	Varies		●	Varies		↗
New York					↗	●	\$50.00		●	N/A		↗
North Carolina	●	\$9.33	●	\$7.86	↗	●	\$62.98					↗
North Dakota	●	\$11.09	●	\$15.16	↗	●	\$47.29		●	\$34.27		↗
Ohio	●	\$8.73			↗	●	\$47.00		●	\$13.00		↗
Oklahoma					↗							↗
Oregon	●	\$7.54	●	\$6.20	↗	●	\$52.38		●	\$21.63		↗
Pennsylvania					↗							↗
Rhode Island	●	\$24.15			↗							↗
South Carolina					↗							↗
South Dakota					↗							↗
Tennessee					N/A							N/A
Texas	●	\$8.70	●	\$11.79	↗	●	\$62.30	○	●	\$25.76	○	↗

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	Provider Reimbursement					Durable Medical Equipment (DME) Fee Schedule						
	99473		99474		Source	A4670			A4663			Source
	Covered	Amount Covered	Covered	Amount covered		Covered	Amount Covered	Prior Authorization Required	Covered	Amount covered	Prior Authorization Required	
Utah					↗	●	\$122.14		●	\$20.26		↗
Vermont					↗	●	\$52.91					↗
Virginia	●	\$7.21	●	\$9.39	↗	●	\$54.29		●	N/A		↗
Washington					↗	●	N/A	○	●	N/A	○	↗
West Virginia					↗							↗
Wisconsin	●	\$8.06	●	\$10.92	↗	●	\$63.90		●	\$22.88		↗
Wyoming	●	\$9.75	●	\$13.16	↗	●	\$69.06		●	Varies		↗

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Summary	99473	99474	A4670	A4663
Total states with coverage	22	19	37	32
Total states with coverage and covered amount data available	22	19	31	20
Average covered amount	\$9.90	\$11.32	\$62.84	\$21.91

Acknowledgments:

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The information in this resource was compiled from publicly available sources: Medicaid provider fee schedules, DME fee schedules, provider handbooks, notices or releases, medical policy. The information contained in this resource is current as of February 2022, but may have limitations such as reimbursement, requirements or coding parameters, missing or potentially outdated information across states depending on the data source.