Key Findings

Analysis of California Senate Bill 694
Medi-Cal: Self-Measured Blood Pressure Devices and Services

Summary to the 2023–2024 California State Legislature, April 16, 2023

AT A GLANCE

For Medi-Cal beneficiaries, the version of California Senate Bill (SB) 694 analyzed by the California Health Benefits Review Program (CHBRP) would require coverage for self-measured blood pressure (SMBP) devices (monitors and cuffs) and two device-related services for the treatment of hypertension. In 2024, approximately 11 million Medi-Cal beneficiaries would have benefit coverage subject to SB 694.

Benefit Coverage: At baseline, 100% of Medi-Cal beneficiaries have coverage for the SMBP devices Postmandate, there would be no change. Postmandate, coverage for education/calibration service would increase for 9% of Medi-Cal beneficiaries. Postmandate, coverage of the 30-day data collection service would increase for 26% of Medi-Cal beneficiaries.

Medical Effectiveness: There is a *preponderance of evidence* that SMBP devices support clinically significant reductions of systolic and diastolic blood pressure (BP) but are not effective at supporting BP control. Evidence is *insufficient* to assess the impact of SMBP devices or the two device-related services on complications of hypertension, quality of life, or use of acute care services. There is *insufficient* evidence to suggest that SMBP devices and the two device-related services are associated with harms.

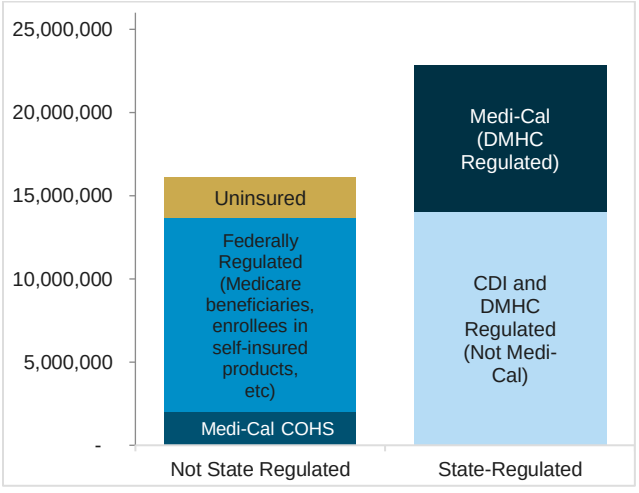
Cost and Health Impacts[1]: Device use is expected to remain at approximately 27,080 devices per year (so about 0.2% of Medi-Cal beneficiaries accessing coverage for a device). Use of the education/calibration service and the 30-day data collection services would increase by 110 and 40 uses per year, resulting in a $2,000 increase in Medi-Cal expenditures. SB 694 would have no measurable short-term public health impact due to a marginal increase in previously low levels of utilization.

BILL SUMMARY

Through reference to specific billing codes, SB 694 would require coverage of self-measured blood pressure (SMBP) devices and coverage of two SMBP device-related services for Medi-Cal beneficiaries for the treatment of hypertension.

- SMBP devices (monitors and cuffs) as defined by two Healthcare Common Procedure Coding System (HCPCS) codes:
  - A4670 – automatic blood pressure monitor
  - A4663 – blood pressure cuff
- Two SMBP device-related services as defined by two Current Procedural Terminology (CPT) codes:
  - 99473 – education/calibration: patient training and device calibration (billing allowed once per device)
  - 99474 – 30-day data collection: separate self-measurements of two readings 1 minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver (billing allowed once per calendar month)

Figure A. Health Insurance in CA



[1] Similar cost and health impacts could be expected for the following year, though possible changes in medical science and other aspects of health make stability of impacts less certain as time goes by.

Source: California Health Benefits Review Program, 2023.

ANATLYTIC APPROACH

As SB 694 addresses coverage for treatment (not diagnosis), this analysis addresses coverage and utilization of SMBP devices and the two device-related services for treatment (not diagnosis) of hypertension.

Although there are other SMBP devices and other device-related services, this analysis addresses only those devices and services indicated by the HCPCS and CPT codes referenced in SB 694.

CONTEXT

Hypertension, also known as high blood pressure, is a significant contributor to numerous conditions such as heart failure, heart attack, stroke, kidney disease/failure, sexual dysfunction, vision loss, and complications in pregnancy (e.g., pre-eclampsia, eclampsia). This preventable and treatable condition contributes to more than 500,000 premature deaths annually in the United States. Controlling blood pressure (BP) is important to preventing such conditions and associated premature death. An estimated 25% of adults diagnosed with hypertension successfully manage it through lifestyle changes and/or medications; the remainder experience uncontrolled hypertension placing them at higher risk of comorbidities and premature death.

Twenty-six percent of adult Californians are diagnosed with hypertension and rates increase as people age. Medi-Cal beneficiaries report consistently higher rates of hypertension than those with other types of insurance.

IMPACTS

Medical Effectiveness

A *preponderance of evidence* suggests that, relative to usual care, SMBP devices are effective at supporting clinically significant reductions of systolic and diastolic BP but are not effective at supporting BP control (defined as achieving a BP level below a threshold identified by the patient's provider or by study coordinators). There is *insufficient evidence* to assess the direct impact of SMBP devices on complications of hypertension, quality of life, or use of acute care services, although they are associated with reduction in BP, which can reduce the risk that a person with hypertension will develop complications or need acute care services.

There is *insufficient evidence* to assess the impact of the two device-related services required by SB 694 (i.e., education/calibration and 30-day data collection) on BP values, BP control, complications of hypertension, quality of life, or use of acute care services. Appendix C discusses other SMBP device-related services that exceed those for which SB 694 would require coverage (e.g., telemonitoring).

There is *insufficient evidence* to suggest that SMBP devices and SMBP device-related services are associated with harms, such as patients adjusting their medication based on their BP measurements without consulting their provider, which might negatively affect control of their hypertension.

Benefit Coverage, Utilization, and Cost

Benefit Coverage

At baseline, all Medi-Cal beneficiaries have coverage for SMBP devices (monitors and cuffs). Postmandate, there would be no change in benefit coverage for devices.

At baseline, 91% Medi-Cal beneficiaries have coverage for the SMBP device-related education/calibration service through their DMHC-regulated plan or through their County Organized Health System (COHS). Postmandate, coverage for this device-related service would increase for 9% of Medi-Cal beneficiaries.

At baseline, 74% of Medi-Cal beneficiaries have coverage for the SMBP device-related data collection service through their DMHC-regulated plan or through their County Organized Health System (COHS). Postmandate, coverage for this device-related service would increase for 26% of Medi-Cal beneficiaries.

Unit Costs

Unit costs (the amounts providers can receive for providing the devices and the services) are limited to $43 for the device, $14 for the education/calibration service, and $11 for the 30-day data collection service. SB 694 would not alter unit costs.

Utilization

As SB 694 would make no change in benefit coverage for SMBP devices, no measurable change in utilization would be expected. Use would be expected to remain at approximately 27,080 devices per year (so about 0.2% of Medi-Cal beneficiaries accessing coverage for a device).

Utilization of the education/calibration service would increase from 1,010 to 1,120 uses per year (an 11% increase).

Utilization of the 30-day data collection service would increase from 130 to 170 uses per year (a 31% increase).

Expenditures

Total expenditures by Medi-Cal for enrollment of beneficiaries in managed care would rise from $36,606,800,000 to $36,606,802,000, an increase of $2,000 (0.000005%).

Public Health

SB 694 would have no measurable short-term public health impact due to a marginal increase in previously low levels of utilization.

Long-Term Impacts

Although CHBRP estimates minimal change in utilization in the first year, Medi-Cal beneficiaries with hypertension who receive and use an SMBP device may be better able to lower their blood pressure values. Lower blood pressure (even if not fully controlled) is associated with better cardiovascular outcomes: fewer strokes, less cardiovascular disease, and less kidney failure. Therefore, there is potential for a long term public health impact should awareness of coverage and subsequent utilization expand among Medi-Cal providers and beneficiaries.