

SMBP Coverage Insights: Medicaid

May 2025 (based on data available 2/15/2025)



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	●	\$15.02	●	\$17.52	↗	●	Varies		●	Varies		↗
Arkansas					↗	●	\$8.22					↗
California					↗	●	Varies		●	Varies		↗
Colorado	●	\$10.05	●	\$12.89	↗	●	\$76.12	○	●	\$22.58	○	↗
Connecticut					↗	●	\$65.00		●	\$28.53		↗
Delaware	●	\$13.72	●	\$16.00	↗	●	Varies		●	\$6.27		↗
D.C.					↗	●	\$103.93		●	\$19.95		↗
Florida	●	\$7.72	●	\$10.46	↗							↗

Contact matt.mcreynolds@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	↗	●	\$35.00		●	\$20.00		↗
Hawaii	●	\$14.58	●	\$9.05	↗	●	\$15.00			Varies		↗
Idaho	●	\$11.38	●	\$13.73	↗	●	\$56.28		●	Varies		↗
Illinois					↗	●	\$65.91		●	\$16.07		↗
Indiana	●	\$12.84	●	\$15.41	↗	●	\$52.47	○	●	\$36.47		↗
Iowa					↗	●	\$49.58					↗
Kansas	●	\$8.22	●	\$10.10	↗	●	\$75.00		●	\$30.00		↗
Kentucky	●	\$8.03	●	\$11.47	↗	●	\$35.00		●	\$35.00		↗
Louisiana	●	\$8.53	●	\$10.66	↗	●	\$56.89	○	●	\$23.11	○	↗
Maine					↗	●	\$62.64					↗
Maryland					↗	●	\$47.36		●	\$11.40		↗
Massachusetts					↗	●	N/A		●	N/A		↗
Michigan	●	\$9.16	●	\$10.65	↗	●	\$62.30		●	\$20.58		↗
Minnesota					↗	●	\$72.00		●	\$22.88		↗
Mississippi					↗				●	\$9.00		↗
Missouri					↗	●	\$49.47		●	\$16.36		↗
Montana	●	\$18.90	●	\$21.98	↗							↗

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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	●	\$10.05			↗	●	\$89.45		●	Varies		↗
Nevada					↗	●	\$49.65					↗
New Hampshire					↗	●	\$159.44		●	\$38.27		↗
New Jersey	●	\$7.39	●	\$8.42	↗	●	Varies		●	Varies		↗
New Mexico	●	\$11.71	●	\$14.44	↗	●	Varies		●	Varies		↗
New York					↗	●	\$50.50					↗
North Carolina	●	\$9.33	●	\$13.02	↗	●	\$62.98		●	\$21.81		↗
North Dakota	●	\$15.59	●	\$18.13	↗	●	\$51.30		●	\$37.18		↗
Ohio	●	\$8.72	●	\$11.31	↗	●	\$47.00		●	\$13.00		↗
Oklahoma					↗							↗
Oregon	●	\$11.52	●	\$13.43	↗	●	\$52.38		●	\$21.63		↗
Pennsylvania	●	\$9.61			↗	●	\$73.88		●	\$27.20		↗
Rhode Island	●	\$22.27			↗							↗
South Carolina					↗							↗
South Dakota	●	\$11.59	●	\$13.73	↗	●	\$66.71		●	\$26.52		↗
Tennessee					N/A							N/A
Texas	●	\$9.22	●	\$12.50	↗	●	\$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		●	\$20.36		↗
Vermont					↗	●	\$51.85					↗
Virginia	●	\$10.53	●	\$12.24	↗	●	\$54.29	○	●	Varies	○	↗
Washington					↗	●	\$71.60	○	●	Varies	○	↗
West Virginia					↗							↗
Wisconsin	●	\$8.95	●	\$12.13	↗	●	\$63.90		●	\$22.88		↗
Wyoming	●	\$9.75	●	\$13.16	↗	●	\$69.06		●	\$20.58		↗

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Summary	99473	99474	A4670	A4663
Total states with coverage	27	24	42	37
Total states with coverage and covered amount data available	27	24	36	26
Average covered amount	\$11.44	\$13.14	\$63.79	\$22.76

Status Key:

- Device and service coverage
- Device coverage
- Services coverage
- Standalone cuff coverage
- No coverage

Based on data available 2/15/2025

Thank you to the Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention and Million Hearts® teams for their contributions to this resource.

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