

Medicaid Managed Care Plan Coverage of Automated Home Blood Pressure Cuff†,* January 1, 2023 - December 31, 2023

Plan	Primary (essential) hypertension**	Inclusion Criteria	Preauthorization	Comments
Aetna 866-316-3784	Yes	Must meet Medicaid Provider Manual inclusion criteria***	See Comments	<ul style="list-style-type: none"> • Preauthorization not required if supplied by an in-network provider <u>and</u> member meets criteria outlined in the MDHHS Medicaid Provider Manual*** • Preauthorization required if supplied by an out-of-network provider and/or the member does not meet the criteria outlined in the Provider Manual***
Blue Cross Complete 800-228-8554	Yes	Must be between 11-124 years of age	No	<ul style="list-style-type: none"> • Item can be obtained at a participating pharmacy or through plan DME vendor without prior authorization • No specific diagnosis required • Benefit limit of 1 cuff every 2 years
HAP Empowered 888-654-2200	Yes	Must meet Medicaid Provider Manual inclusion criteria***	See Comments	<ul style="list-style-type: none"> • Preauthorization not required if supplied by an in-network DME company
McLaren Health Plan 888-327-0671	Yes	None	See Comments	<ul style="list-style-type: none"> • Preauthorization not required if supplied by an in-network DME company
MeridianHealth 888-437-0606	Yes	None	No	<ul style="list-style-type: none"> • Professional coverage only; covered through DME provider; not covered through retail location (e.g. Walgreens, CVS, etc) • Place of service 12 • CPT code billed must be active on the applicable Medicaid Fee Schedule to be eligible for reimbursement
Molina Healthcare 888-898-7969	Yes	Must meet Medicaid Provider Manual inclusion criteria***	See Comments	<ul style="list-style-type: none"> • Item must be dispensed by a participating DME provider.
Priority Health Choice 888-975-8102	Yes	Must meet Medicaid Provider Manual inclusion criteria***	See Comments	<ul style="list-style-type: none"> • Preauthorization is not required if supplied by an in-network DME company and member meets criteria outlined in the MDHHS Medicaid Provider Manual
United Healthcare Community Plan 800-903-5253	Yes	Must meet Medicaid Provider Manual inclusion criteria***	See Comments	<ul style="list-style-type: none"> • Preauthorization not required if supplied by an in-network DME company
Upper Peninsula Health Plan 800-835-2556	Yes	Must meet Medicaid Provider Manual inclusion criteria***	See Comments	<ul style="list-style-type: none"> • Preauthorization not required if supplied by an in-network DME company <u>and</u> member meets criteria outlined in the MDHHS Medicaid Provider Manual*** • Preauthorization required if supplied by an out-of-network DME provider and/or the member does not meet the criteria outlined in the Provider Manual***

†Benefits are subject to change at each insurer's discretion; check with insurer to confirm coverage eligibility

**HCPCS code A4670

**ICD-10 code I10

***Refer to Medical Supplier Section 2.3 of Medicaid Provider Manual on reverse



2.3 BLOOD PRESSURE MONITORING

Definition	Blood pressure monitoring includes manual (sphygmomanometer/blood pressure apparatus with cuff and stethoscope) and automatic blood pressure devices.
Standards of Coverage	<p>Manual or automatic blood pressure monitors are covered for beneficiaries of any age with uncontrolled blood pressure when all the following are met:</p> <ul style="list-style-type: none"> ▪ The treatment plan requires the beneficiary to self-monitor and record blood pressure readings at a minimum of once daily; ▪ The beneficiary has any of the following conditions: <ul style="list-style-type: none"> ➢ History of heart disease, congenital heart defects, or stroke. ➢ A neurological condition that affects blood pressure. ➢ A medication regimen is present that affects blood pressure. ➢ Blood pressure fluctuations due to renal disease. ➢ Medications are titrated based on daily blood pressure readings. ➢ Hypertensive disorders in pregnancy, childbirth, or the puerperium period (e.g., pre-eclampsia); or ➢ Hypertension, despite beneficiary compliance with the treatment plan (i.e., adherence to medication regimen, dietary changes, smoking cessation, etc.). ▪ The ordering practitioner or practitioner’s nursing staff have educated the beneficiary on self-measurement of blood pressure, recording blood pressure readings, have fit the beneficiary with the appropriate cuff size, and have provided or referred the beneficiary for follow-up education as necessary; and ▪ The medical supplier has provided further education regarding use of the monitor/cuff, cleaning/maintenance, warranty information, troubleshooting errors, and the medical supplier’s contact information for repairs/replacement or assistance for equipment malfunction. <p>An automatic blood pressure monitor is recommended rather than a manual blood pressure monitor unless the beneficiary has an adult family member/caregiver available to assist the beneficiary in taking blood pressure using a manual blood pressure monitor. The family member/caregiver must be instructed by the beneficiary’s practitioner or practitioner’s staff regarding proper use of the blood pressure monitor.</p>



	<p>The blood pressure monitor must be registered with the U.S. Food & Drug Administration. Reference the American Medical Association (AMA), U.S. Blood Pressure Validated Device Listing of blood pressure monitors that meet the AMA's criteria for clinical accuracy. The list is available on the AMA website; refer to the Directory Appendix for website information. Provision of the link to the AMA validated device list is for provider informational purposes only. Medicaid blood pressure monitor coverage is not contingent upon the requested device being validated by the AMA.</p>
Non-Covered Items	<ul style="list-style-type: none"> Finger and wrist monitors
Documentation	<p>The documentation must be less than 30 days old and include:</p> <ul style="list-style-type: none"> Diagnosis/medical condition pertaining to the need for the blood pressure monitor. Complete practitioner's treatment plan, including current blood pressure medications, frequency of checks, lifestyle changes (i.e., diet, exercise, etc.), and specific patient protocol in case of an abnormal reading. Prescription from a pediatric nephrologist when daily titration of medications is required for renal disease (required for coverage under CSHCS).
Frequency	<p>One blood pressure monitor (manual or automatic) may be purchased within a five-year period. The blood pressure cuff may be replaced once every two years.</p>
PA Requirements	<p>Prior authorization is not required for the following when Standards of Coverage are met, and the beneficiary has one of the following diagnoses/conditions:</p> <ul style="list-style-type: none"> renal disease; or hypertensive disorders in pregnancy, childbirth, or the puerperium period (e.g., pre-eclampsia). <p>Prior authorization is required for the following:</p> <ul style="list-style-type: none"> Medical need beyond the standards of coverage. Diagnoses/conditions other than those listed above. Replacement of the monitor and/or accessories prior to frequency limitations.
Warranty	<p>Manual and automatic blood pressure monitors must have a minimum of a one-year warranty.</p>
Payment Rules	<p>A blood pressure monitor is considered a purchase only item and includes all accessories necessary for operation of the monitor. Any warranties must be expired prior to requesting replacement of the monitor or accessories.</p> <p>Refer to the Medicaid Code and Rate Reference tool for HCPCS code coverage parameters. (Refer to the Directory Appendix for website information.)</p>