

Medicaid Managed Care Plan Coverage of Automated Home Blood Pressure Cuffs^{†,*} January 1, 2022 - December 31, 2022

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	None	No	
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 and automatic blood pressure units.
Standards of Coverage	<p>A manual blood pressure unit may be covered for a beneficiary under the age of 21 when:</p> <ul style="list-style-type: none"> ▪ Daily titration of medications is required for renal disease. ▪ A cardiovascular condition is present that affects blood pressure (e.g., congenital heart disease). ▪ A brain lesion or cancer tumor is present that affects blood pressure. ▪ A medication regimen is present that affects blood pressure.
	<p>Coverage for beneficiaries age 21 and over with uncontrolled blood pressures when one of the following is present:</p> <ul style="list-style-type: none"> ▪ Fluctuation in blood pressure as a result of renal disease. ▪ Medications are titrated based on daily blood pressure readings.
	<p>An automatic blood pressure monitor is covered when:</p> <ul style="list-style-type: none"> ▪ Standards of coverage for a manual unit have been met. ▪ Beneficiary is age 11 or over. ▪ Economic alternatives (such as a manual blood pressure unit) have either been tried or ruled out prior to requesting authorization of an automatic blood pressure monitor.
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 physician's treatment plan, including current blood pressure medications, frequency of checks, and specific patient protocol in case of an abnormal reading. ▪ The medical reason a manual blood pressure unit cannot be used (for beneficiaries over the age of ten years). ▪ Prescription from a pediatric nephrologist when daily titration of medications is required for renal disease (required for coverage under CSHCS).
PA Requirements	PA is required for all blood pressure units.
Payment Rules	A blood pressure monitor is considered a purchase only item.