



## **MDHHS Creates Blood Pressure Cuff Coverage Grid**

The Michigan Department of Health and Human Services Heart Disease and Stroke Prevention Unit promotes the use of self-measured blood pressure monitoring (SMBP) in an effort to:

- Improve control of hypertension
- Reduce associated comorbidities
- Decrease costs associated with health care resource utilization

SMBP is the regular measurement of blood pressure by the patient outside the clinical setting, usually in the home. SMBP, along with clinical support, has been shown to improve blood pressure in patients with hypertension. This requires the patient to use a blood pressure measurement device (cuff) in their home.

### **Blood pressure cuff coverage grid**

MDHHS has created a Medicaid home blood pressure cuff coverage grid to facilitate:

- Patient access to home blood pressure cuffs
- Understanding of cuff coverage benefits

Providers can use the grid to check:

- Inclusion criteria
- Preauthorization requirements
- Special instructions specific to HAP Empowered and other plans prior to prescribing blood pressure cuffs to patients with hypertension for blood pressure self-monitoring

A copy of the grid is attached.

## Medicaid Managed Care Plan Coverage of Automated Home Blood Pressure Cuffs<sup>†,\*</sup> January 1, 2021 - December 31, 2021

Plan	Primary (essential) hypertension**	Inclusion Criteria	Preauthorization	Preauthorization Criteria	Comments
<b>Aetna</b> 866-316-3784	Yes	Must meet <a href="#">Medicaid Provider Manual</a> inclusion criteria***	No	-	
<b>Blue Cross Complete</b> 800-228-8554	Yes	Must be between 11-124 years of age	No	-	<ul style="list-style-type: none"> <li>Item can be obtained at a participating pharmacy or through plan DME vendor without prior authorization</li> <li>No specific diagnosis required</li> <li>Benefit limit of 1 cuff every 2 years</li> </ul>
<b>HAP Empowered</b> 888-654-2200	Yes	Must meet <a href="#">Medicaid Provider Manual</a> inclusion criteria***	No	-	
<b>McLaren Health Plan</b> 888-327-0671	Yes	None	No	-	<ul style="list-style-type: none"> <li>Preauthorization not required if supplied by an in-network DME company</li> </ul>
<b>MeridianHealth</b> 888-437-0606	Yes	None	No	-	<ul style="list-style-type: none"> <li>Professional coverage only; covered through DME provider; not covered through retail location (e.g. Walgreens, CVS, etc)</li> <li>Place of service 12</li> <li>CPT code billed must be active on the applicable Medicaid Fee Schedule to be eligible for reimbursement</li> </ul>
<b>Molina Healthcare</b> 888-898-7969	Yes	None	No	-	
<b>Priority Health Choice</b> 888-975-8102	Yes	Must meet <a href="#">Medicaid Provider Manual</a> inclusion criteria***	No	-	
<b>Total Health Care</b> 800-826-2862	Yes	Must meet <a href="#">Medicaid Provider Manual</a> inclusion criteria***	No	-	<ul style="list-style-type: none"> <li>Must obtain equipment through specific vendor; dispense according to Medicaid guidelines</li> </ul>
<b>United Healthcare Community Plan</b> 800-903-5253	Yes	Hypertension uncontrolled and on BP medication	Yes	Non-par provider orders only	<ul style="list-style-type: none"> <li>No specific diagnosis code required for billing</li> </ul>
<b>Upper Peninsula Health Plan</b> 800-835-2556	Yes	Must meet <a href="#">Medicaid Provider Manual</a> inclusion criteria***	Yes	See Comments box	<ul style="list-style-type: none"> <li>Preauthorization <b>not required</b> if supplied by an in-network DME company <u>and</u> member meets criteria outlined in the MDHHS Medicaid Provider Manual***</li> <li>Preauthorization <b>required</b> if supplied by an out-of-network DME provider and/or the member does not meet the criteria outlined in the Provider Manual***</li> </ul>

<sup>†</sup>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 2.4 of Medicaid Provider Manual on reverse



## 2.3 BLOOD PRESSURE MONITORING

<b>Definition</b>	Blood pressure monitoring includes manual and automatic blood pressure units.
<b>Standards of Coverage</b>	<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"> <li>▪ Daily titration of medications is required for renal disease.</li> <li>▪ A cardiovascular condition is present that affects blood pressure (e.g., congenital heart disease).</li> <li>▪ A brain lesion or cancer tumor is present that affects blood pressure.</li> <li>▪ A medication regimen is present that affects blood pressure.</li> </ul>
	<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"> <li>▪ Fluctuation in blood pressure as a result of renal disease.</li> <li>▪ Medications are titrated based on daily blood pressure readings.</li> </ul>
	<p>An automatic blood pressure monitor is covered when:</p> <ul style="list-style-type: none"> <li>▪ Standards of coverage for a manual unit have been met.</li> <li>▪ Beneficiary is age 11 or over.</li> <li>▪ 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.</li> </ul>
<b>Documentation</b>	<p>The documentation must be less than 30 days old and include:</p> <ul style="list-style-type: none"> <li>▪ Diagnosis/medical condition pertaining to the need for the blood pressure monitor.</li> <li>▪ Complete physician's treatment plan, including current blood pressure medications, frequency of checks, and specific patient protocol in case of an abnormal reading.</li> <li>▪ The medical reason a manual blood pressure unit cannot be used (for beneficiaries over the age of ten years).</li> <li>▪ Prescription from a pediatric nephrologist when daily titration of medications is required for renal disease (<b>required for coverage under CSHCS</b>).</li> </ul>
<b>PA Requirements</b>	PA is required for all blood pressure units.
<b>Payment Rules</b>	A blood pressure monitor is considered a <b>purchase only</b> item.