

Medicaid Managed Care Plan Coverage of Automated Home Blood Pressure Cuffs^{†,*} January 1, 2021 - December 31, 2021

Plan	Primary (essential) hypertension**	Inclusion Criteria	Preauthorization	Preauthorization Criteria	Comments
Aetna 866-316-3784	Yes	Must meet Medicaid Provider Manual inclusion criteria***	No	-	
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***	No	-	
McLaren Health Plan 888-327-0671	Yes	None	No	-	<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***	No	-	
Total Health Care 800-826-2862	Yes	Must meet Medicaid Provider Manual inclusion criteria***	No	-	<ul style="list-style-type: none"> Must obtain equipment through specific vendor; dispense according to Medicaid guidelines
United Healthcare Community Plan 800-903-5253	Yes	Hypertension uncontrolled and on BP medication	Yes	Non-par provider orders only	<ul style="list-style-type: none"> No specific diagnosis code required for billing
Upper Peninsula Health Plan 800-835-2556	Yes	Must meet Medicaid Provider Manual inclusion criteria***	Yes	See Comments box	<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 2.4 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	A manual blood pressure unit may be covered for a beneficiary under the age of 21 when: <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.
	Coverage for beneficiaries age 21 and over with uncontrolled blood pressures when one of the following is present: <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.
	An automatic blood pressure monitor is covered when: <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	The documentation must be less than 30 days old and include: <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.