



# Just the Fax

A fax bulletin from Molina Healthcare of Michigan (MHM) • January 6, 2022

## **Blood Pressure Cuff Coverage Information**

To facilitate patient access to home blood pressure cuffs and understanding of cuff coverage benefits, the Michigan Department of Health and Human Services (MDHHS) has created a Medicaid home blood pressure cuff coverage grid. The grid can be used by providers to check inclusion criteria, preauthorization requirements, and special instructions specific to each managed care plan prior to prescribing blood pressure cuffs to patients with hypertension for blood pressure self-monitoring.

The blood pressure cuff monitoring grid and an overview of MDHHS blood pressure monitoring standards are included with this communication on pages 2 and 3, respectively.

**NOTE:**

FOR MOLINA, NO PRIOR AUTHORIZATION IS REQUIRED FOR BLOOD PRESSURE CUFFS IF SUPPLIED BY AN IN-NETWORK DME COMPANY.

**Thank you for serving our Molina members!**  
**880 West Long Lake Road - Suite 600 - Troy, MI 48098**  
**Phone 947-622-1230 or 947-218-0897 – Fax 800-594-7404**

## Medicaid Managed Care Plan Coverage of Automated Home Blood Pressure Cuffs<sup>†\*</sup>

### January 1, 2022 - December 31, 2022

Plan	Primary (essential) hypertension**	Inclusion Criteria	Preauthorization	Comments
Aetna 866-316-3784	Yes	Must meet <a href="#">Medicaid Provider***</a> <a href="#">Manual</a> inclusion criteria	See Comments	<ul style="list-style-type: none"> <li>Preauthorization <b>not required</b> if supplied by an in-network provider and member meets criteria outlined in the MDHHS Medicaid Provider Manual***</li> <li>Preauthorization <b>required</b> if supplied by an out-of-network provider and/or the member does not meet the criteria outlined in the Provider Manual***</li> </ul>
Blue Cross Complete 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>
HAP Empowered 888-654-2200	Yes	Must meet <a href="#">Medicaid Provider***</a> <a href="#">Manual</a> inclusion criteria	See Comments	<ul style="list-style-type: none"> <li>Preauthorization not required if supplied by an in-network DME company</li> </ul>
McLaren Health Plan 888-327-0671	Yes	None	See Comments	<ul style="list-style-type: none"> <li>Preauthorization not required if supplied by an in-network DME company</li> </ul>
MeridianHealth 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>
Molina Healthcare 888-898-7969	Yes	None	No	
Priority Health Choice 888-975-8102	Yes	Must meet <a href="#">Medicaid Provider***</a> <a href="#">Manual</a> inclusion criteria	See Comments	<ul style="list-style-type: none"> <li>Preauthorization is not required if supplied by an in-network DME company and member meets criteria outlined in the MDHHS Medicaid Provider Manual</li> </ul>
United Healthcare Community Plan 800-903-5253	Yes	Must meet <a href="#">Medicaid Provider***</a> <a href="#">Manual</a> inclusion criteria	See Comments	<ul style="list-style-type: none"> <li>Preauthorization not required if supplied by an in-network DME company</li> </ul>
Upper Peninsula Health Plan 800-835-2556	Yes	Must meet <a href="#">Medicaid Provider***</a> <a href="#">Manual</a> inclusion criteria	See Comments	<ul style="list-style-type: none"> <li>Preauthorization <b>not required</b> if supplied by an in-network DME company and 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

<sup>\*</sup>HCPSCS code A4670 <sup>††</sup>ICD-10 code I10

<sup>\*\*</sup>Refer to Medical Supplier Section 2.3 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.