MDHHS Michigan Department of Health & Human Services

Health and Aging Services Administration

BULLETIN

HASA

Bulletin Number: HASA 22-16

Distribution: Medical Suppliers, Practitioners, Medicaid Health Plans, Integrated Care Organizations (ICOs), Hospitals, Clinics

Issued: June 1, 2022

Subject: Changes to Blood Pressure Monitor Policy

Effective: July 1, 2022

Programs Affected: Medicaid, Children's Special Health Care Services (CSHCS), Healthy Michigan Plan

The purpose of this bulletin is to notify providers of changes made to the blood pressure monitoring policy. The changes indicated in this bulletin are effective July 1, 2022.

Definition:

Blood pressure monitoring includes manual (sphygmomanometer/blood pressure apparatus with cuff and stethoscope) and automatic blood pressure devices.

Additions to Standards of Coverage:

The Michigan Department of Health and Human Services (MDHHS) covers manual or automatic blood pressure monitors for beneficiaries of any age diagnosed with hypertension when all the following are met:

- 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:
  - History of heart disease, congenital heart defects, or stroke.
  - A neurological condition that affects blood pressure.
  - Blood pressure fluctuations due to renal disease.
  - Hypertensive disorders in pregnancy, childbirth, or the puerperium period (e.g., pre-eclampsia).
  - 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.

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 their blood pressure using a manual blood pressure monitor. The family member/caregiver must be educated by the beneficiary's physician or physician's staff regarding proper use of the blood pressure monitor.

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 at https://www.validatebp.org/. 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.

Noncovered:

Finger and wrist monitors are non-covered items.

Additions to Documentation:

The documentation must be less than 30 days old and include:

- Complete practitioner's treatment plan, including current blood pressure medications, frequency of checks, life-style changes (i.e., diet, exercise, etc.) and specific patient protocol in case of an abnormal reading.

Frequency:

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.

Changes to Prior Authorization (PA) Requirements:

PA is not required when Standards of Coverage are met and the beneficiary has one of the following diagnoses/conditions:

- Renal disease; or
- Hypertensive disorders in pregnancy, childbirth, or the puerperium period (e.g., pre-eclampsia).

PA is required for the following:

- Diagnoses/conditions other than those listed above.
- Medical need beyond the standards of coverage.
- Replacement of the monitor and/or accessories prior to frequency limitations.

Warranty:

All manual and automatic blood pressure monitors must have a minimum one- year warranty.

Changes to Payment Rules:

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.

Refer to the Medicaid Code and Rate Reference tool for Healthcare Common Procedure Coding System (HCPCS) code coverage parameters.

All other policy requirements remain unchanged. Refer to the Medical Supplier Chapter of the MDHHS Medicaid Provider Manual at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms >> Medicaid Provider Manual.

Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved

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