

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Lisa Trumbell

Phone Number: 517-284-1226

Initial

Public Comment

Final

Brief description of policy:

This policy updates standards of coverage, documentation requirements, prior authorization and payment rules for blood pressure monitors.

Reason for policy (problem being addressed):

Standards of coverage indicated in current policy do not fully address the medical criteria MDHHS considers for coverage of blood pressure monitors.

Budget implication:

budget neutral

will cost MDHHS \$ 200,000, and is not budgeted in current appropriation

will save MDHHS \$

Is this policy change mandated per federal requirements?

No

Does policy have operational implications on other parts of MDHHS?

No

Does policy have operational implications on other departments?

No

Summary of input:

controversial

acceptable to most/all groups

limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please provide status:	If yes, Submission Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	
Date: Approval Date:	

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2206-DMEPOS	Date: March 28, 2022

Comments Due: May 2, 2022
Proposed Effective Date: July 1, 2022
Direct Comments To: Lisa Trumbell, DMEPOS Policy Specialist
Address:
E-Mail Address: trumbell@michigan.gov
Phone: 517-284-1226 **Fax:**

<p>Policy Subject: Changes to Blood Pressure Monitor Policy</p> <p>Affected Programs: Medicaid, Children’s Special Health Care Services (CSHCS), Healthy Michigan Plan</p> <p>Distribution: Medical Suppliers, Practitioners, Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs), Hospitals, Clinics</p> <p>Summary: This policy updates standards of coverage, documentation requirements, prior authorization, and payment rules for blood pressure monitors.</p> <p>Purpose: Standards of coverage indicated in current policy do not fully address the medical criteria MDHHS considers for coverage of blood pressure monitors.</p> <p>Cost Implications: \$200,000, annually</p> <p>Potential Hearings & Appeal Issues: No.</p>
--

State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted:	Public Notice Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Submitted date:
--	---

Tribal Notification: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - Date:

THIS SECTION COMPLETED BY RECEIVER

<input type="checkbox"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number
-------------------	---------------------

Signature Printed:

Bureau/Administration <i>(please print)</i>	Date
--	-------------

Proposed Policy Draft

Michigan Department of Health and Human Services
Behavioral and Physical Health and Aging Services Administration

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

Issued: June 1, 2022 (Proposed)

Subject: Changes to Blood Pressure Monitor Policy

Effective: July 1, 2022 (Proposed)

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

This policy applies to Medicaid Fee-for-Service (FFS). Medicaid Health Plans (MHPs) and Integrated Care Organizations (ICOs) must provide the full range of covered services described in this policy at a minimum and may choose to provide services over and above those specified. For beneficiaries enrolled in an MHP or ICO, the provider must check with the beneficiary's health plan for prior authorization (PA) requirements.

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 and automatic blood pressure monitors for beneficiaries of any age with uncontrolled blood pressure 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; and
- 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); or
- Chronic 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, and have fit the beneficiary for the appropriate cuff size; 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 practitioner or practitioner's staff regarding proper use of the blood pressure monitor.

The blood pressure monitor must be registered with the U.S. Food & Drug Administration (FDA). (Refer to the American Medical Association (AMA), US Blood Pressure Validated Device Listing of blood pressure monitors that meet the AMA criteria for clinical accuracy at 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 or 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, lifestyle 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 PA Requirements

PA is not required for the following 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 within the Community Health Automated Medicaid Processing System (CHAMPS) 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](#).)