# PROVIDER POLICIES & PROCEDURES

## WEIGHT SCALE

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for a weight scale. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

A weight scale is a device that is used to measure the weight of an individual. A weight scale can be mechanical or digital. A mechanical weight scale has a rotating dial which indicates the weight. A digital scale has a small LCD display which indicates the weight and operates on an external source and/or batteries.

**CLINICAL GUIDELINE**

Coverage guidelines for a weight scale are made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines *only*. Coverage determinations are based on an assessment of the individual and their unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

A weight scale, mechanical or digital, may be considered medically necessary when:

A. The individual has a chronic condition that requires ongoing monitoring of weight from home (e.g., congestive heart failure, end stage renal disease, hypertension treated with diuretic medication);

OR

B. The treating physician, advanced practice registered nurse (APRN), or physician assistant (PA) has determined self-monitoring of weight at home is medically needed to ensure the individual attains and maintains a safe, healthy body weight (i.e., for management of overweight/obesity or malnourished states);

AND

C. The treating physician, advanced practice registered nurse (APRN), or physician assistant (PA) has educated the individual on the importance of weight monitoring and the need for consistent recordings of weight.

NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat.

Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

**PROCEDURE**
Prior authorization of a weight scale is required. Requests for coverage are reviewed in accordance with procedures in place for reviewing requests for durable medical equipment. Coverage determinations are based upon a review of requested and/or submitted case-specific information.

The following information is needed to review requests for a weight scale:

1. Fully completed authorization request via on-line web portal; and
2. Signed prescription by a physician, advanced practice registered nurse (APRN), or physician assistant (PA) dated within the last 12 months, with the following information:
    - Diagnosis
    - Length of need
    - Type of weight scale; and
3. Clinical documentation supporting medical necessity as outlined in the *Clinical Guideline* section of this policy; and
4. Documentation of the ordering physician or practitioner's treatment plan, including the frequency of weight checks and/or diuretic medications within the last 12 months; and
5. Documentation demonstrating the ordering physician or practitioner has educated the individual on self-measurement of weights and the recording of weights; and
6. Pricing information as outlined in the DSS Pricing Policy for MEDS Items.

**EFFECTIVE DATE**
This policy for the prior authorization for a weight scale for individuals covered under the HUSKY Health Program is effective November 01, 2024.

**LIMITATIONS**
Not Applicable

**CODES:**

| Code | Description |
|---|---|
| E1639 | Weight scale, each |

**DEFINITIONS**

1. **HUSKY A**: Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B**: Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C**: Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.

4. **HUSKY D**: Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program**: The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP**: Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **Medically Necessary or Medical Necessity**: (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
8. **Prior Authorization**: A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

## REFERENCES


- Park JS, Bramante C, Vakil R, Lee G, Gudzune K. Affordability and features of home scales for self-weighing. *Clin Obes.* 2021;11(5):e12475. doi:10.1111/cob.12475
- DSS Provider Bulletin 2018-08: Updated MEDS Fee Schedule Changes, dated February 2018.


## PUBLICATION HISTORY

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|---|---|---|
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