



## PROVIDER POLICIES & PROCEDURES

### BLOOD PRESSURE MONITOR

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 blood pressure monitor. 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 blood pressure monitor is a device that is used to measure the blood pressure in the arteries. A blood pressure monitor can be manual or automatic. A manual blood pressure monitor consists of a sphygmomanometer and stethoscope. An automatic blood pressure monitor is an electronic device that auto inflates and records an individual's blood pressure on a digital read out. Automatic blood pressure monitors can be used on the upper arm or wrist.

#### Benefit and Prior Authorization Requirements

- Manual and automatic arm blood pressure monitors may be supplied once every three (3) years without prior authorization (except if exceeds the DSS fee schedule amount).
- Prior authorization is required if the request for the manual or automatic arm blood pressure monitor is prior to three (3) years.
- Prior authorization is required if the billed amount for the manual or automatic arm blood pressure cuff will exceed the DSS maximum allowed amount as outlined on the [DSS MEDS Medical/Surgical Supplies Fee Schedule](#).
- Prior authorization for an automatic wrist monitor is always required.

Note: DSS will not recognize prescribing of a blood pressure monitor solely for the purpose of enabling a licensed practitioner to render a telehealth visit as medically necessary or cover a self-measured blood pressure monitor solely on that basis.

Reference: [DSS Provider Bulletin 2019-68](#) and [DSS Provider Bulletin 2020-62](#).

#### CLINICAL GUIDELINE

Coverage guidelines for a blood pressure monitor 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 blood pressure monitor, manual or automatic, may be considered medically necessary when:

- A. The individual has **any one** of the following conditions:
- Pregnancy
  - Hypertension

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on [www.ct.gov/husky](http://www.ct.gov/husky) by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at [www.ctdssmap.com](http://www.ctdssmap.com).

AND

- B. The ordering physician, advanced practice registered nurse (APRN), or physician assistant (PA) has educated the individual on self-measurement of blood pressure and recording of readings; and
- C. (For wrist monitors only) The individual's upper arm measurement exceeds the supported size of an extra-large cuff.

**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 manual and automatic arm blood pressure and wrist monitor is required as outlined in the introduction section of this policy. 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 manual and automatic arm blood pressure monitor:

- 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 monitoring device
  - Blood pressure cuff size
- 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 and the medical need; and
- 5. Documentation demonstrating the ordering physician or practitioner has educated the individual on self-measurement of blood pressure and the recording of blood pressure readings.

The following information is needed to review requests for an automatic wrist blood pressure monitor:

- 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 monitoring device
- 3. Clinical documentation supporting medical necessity as outlined in the *Clinical Guideline* section of this policy; and

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4. Documentation supporting the measurement of the individual's upper arm exceeds the supported size of an extra-large cuff; and
5. Documentation of the ordering physician or practitioner's treatment plan and the medical need; and
6. Documentation demonstrating the ordering physician or practitioner has educated the individual on self-measurement of blood pressure and the recording of blood pressure readings.

**EFFECTIVE DATE**

This policy for the prior authorization for a blood pressure monitor for individuals covered under the HUSKY Health Program is effective May 01, 2024.

**LIMITATIONS**

Not Applicable

**CODES:**

Code	Description
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope
A4670	Automatic blood pressure monitor

**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. **HUSKY Plus Physical Program (or HUSKY Plus Program):** A supplemental physical health program pursuant to Conn. Gen. Stat. § 17b-294, for medically eligible members of HUSKY B in Income Bands 1 and 2, whose intensive physical health needs cannot be accommodated within the HUSKY Plan, Part B.
8. **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

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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.

9. **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**

- Shimbo, D., Artinian, N.T., Basile, J.N., et al. Self-Measured Blood Pressure Monitoring at Home: A Joint Policy Statement From the American Heart Association and the American Medical Association. June 22, 2020. Available at: <https://www.ahajournals.org/doi/10.1161/CIR.0000000000000803>. Accessed on 12/28/2023.
- Million Hearts. Self-Measured Blood Pressure (SMBP) Monitoring. September 29, 2023. Available at: <https://www.millionhearts.hhs.gov/tools-protocols/tools/smbp.html#:~:text=Strong%20scientific%20evidence%20shows%20that,hypertension%20lower%20their%20blood%20pressure>
- DSS Provider Bulletin 2020-62: Clarification of Coverage for Blood Pressure Monitors and Manual and Electric Breast Pumps, dated August 2020.
- DSS Provider Bulletin 2019-68: Self-Measured Blood Pressure (SMBP) Monitoring Devices, dated October 2019.

**PUBLICATION HISTORY**

Status	Date	Action Taken
Original Publication	February 2024	Approved by Medical Policy Review Committee on February 14, 2024. Approved at the March 18, 2024 CHNCT Clinical Quality Subcommittee meeting. Approved by DSS on March 28, 2024.

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