



BLOOD PRESSURE MONITORS FOR MEDICAID MEMBERS

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Status: Current

I. DESCRIPTION

Priority Health may cover blood pressure monitors for Medicaid members if medical necessity is established and no other means of monitoring the member's blood pressure is available.

II. POLICY/CRITERIA

- A. Blood pressure monitoring equipment, either manual or automatic, may be covered with the following documentation:
1. Diagnosis/medical condition pertaining to the need for the blood pressure monitor.
 2. Complete physician's treatment plan, including current blood pressure medications, frequency of checks, and specific patient protocol in case of an abnormal reading.
 3. The medical reason a manual blood pressure unit cannot be used for members over the age of ten years of age.
 4. Prescription from a pediatric nephrologist when daily titration of medications is required for renal disease.
- B. A **manual** blood pressure unit may be covered for a member **under the age of 21** when:
1. Daily titration of medications is required for renal disease.
 2. A cardiovascular condition is present that affects blood pressure (e.g. congenital heart disease).
 3. A brain lesion or cancer tumor is present that affects the blood pressure.
 4. A medication regimen is present that affects blood pressure.
- C. A **manual** blood pressure unit may be covered for a member **over age 21** with uncontrolled blood pressures when one of the following is present:
1. Fluctuation in blood pressure as a result of renal disease.
 2. Medications are titrated based on blood pressure readings.
- D. **Automatic** blood pressure monitor is covered when:
1. Criteria for a manual unit are met.



2. Member is age 11 or over.

E. Economic alternatives such as a manual blood pressure unit has been either tried or ruled out prior to requesting authorization of an automatic blood pressure monitor.

III. MEDICAL NECESSITY REVIEW

Required

Not Required

Not Applicable

IV. APPLICATION TO PRODUCTS

This policy applies to Medicaid members only. Coverage is determined by the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html.

V. CODING INFORMATION

ICD-9 Codes that may support medical necessity

- 401.0 Essential hypertension, malignant
- 401.1 Essential hypertension, benign
- 401.9 Unspecified essential hypertension

- 402.00 Malignant hypertensive heart disease without heart failure
- 402.01 Malignant hypertensive heart disease with heart failure
- 402.10 Benign hypertensive heart disease without heart failure
- 402.11 Benign hypertensive heart disease with heart failure
- 402.90 Unspecified hypertensive heart disease without heart failure
- 402.91 Unspecified hypertensive heart disease with heart failure

- 403.00 Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage I through stage IV, or unspecified
- 403.01 Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage V or end stage renal disease
- 403.10 Hypertensive chronic kidney disease, benign, with chronic kidney disease stage I through stage IV, or unspecified
- 403.11 Hypertensive chronic kidney disease, benign, with chronic kidney disease stage V or end stage renal disease
- 403.90 Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified
- 403.91 Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease



- 404.00 Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified
- 404.02 Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage V or end stage renal disease
- 404.03 Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage V or end stage renal disease
- 404.10 Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified
- 404.12 Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage V or end stage renal disease
- 404.13 Hypertensive heart and chronic kidney disease, benign, with heart failure and chronic kidney disease stage V or end stage renal disease
- 404.90 Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified
- 404.91 Hypertensive heart and chronic kidney disease, unspecified, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified
- 404.92 Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage V or end stage renal disease
- 404.93 Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease

- 405.01 Secondary renovascular hypertension, malignant
- 405.09 Other secondary hypertension, malignant
- 405.11 Secondary renovascular hypertension, benign
- 405.19 Other secondary hypertension, benign
- 405.91 Secondary renovascular hypertension, unspecified
- 405.99 Other secondary hypertension, unspecified

- 437.2 Hypertensive encephalopathy

- 458.0 Orthostatic hypotension
- 458.1 Chronic hypotension
- 458.21 Hypotension of hemodialysis
- 458.29 Other iatrogenic hypotension
- 458.8 Other specified hypotension
- 458.9 Unspecified hypotension

- 642.00 – 642.9 Hypertension complicating pregnancy, childbirth, and the puerperium

- 780.2 Syncope and collapse
- 796.2 Elevated blood pressure reading without diagnosis of hypertension

- 997.91 Hypertension

CPT/HCPCS Codes

- A4660 Sphygmomanometer/blood pressure apparatus with cuff and stethoscope
- A4663 Blood pressure cuff only
- A4670 Automatic blood pressure monitor



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