The Department of Vermont Health Access Medical Policy

Subject: Pediatric Scales
Last Review: June 6, 2016
Revision 6: September 9, 2015
Revision 5: October 30, 2014
Revision 4: October 4, 2013
Revision 3: June 4, 2012
Revision 2: June 28, 2011
Revision 1: September 1, 2009
Original Effective: 2004

Description of Service or Procedure

Coverage for pediatric scales is limited to:
- Pediatric beneficiaries who require precise and frequent weight measurements to determine proper medication dosage, OR
- Pediatric beneficiaries whose medical condition requires precise measurement of urinary output as determined by weighing diapers.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the beneficiary’s aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule

7102.2 Prior Authorization Determination
7103 Medical Necessity

Medicaid Rules can be found at http://humanservices.vermont.gov/on-line-rules

Coverage Position

A pediatric scale may be covered for beneficiaries:
- When the pediatric scale is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with Vermont State
Practice Act, who is knowledgeable in the use of pediatric scales and who provides medical care to the beneficiary AND

- When the clinical guidelines below are met.

**Coverage Criteria**

Pediatric scales may be covered for beneficiaries who:

- Have a medical condition that requires daily or more frequent monitoring of weight in order to regulate medications and when the child does not require daily visits from a home health nurse who would be able to provide the monitoring via a scale provided by the home health agency, OR
- Are receiving breast milk when the mother must ingest medication that may adversely affect the infant, where the medication is known to enter breast milk and where it is imperative that the amount received by the infant is closely monitored, OR
- Have a medical condition that requires daily or more frequent monitoring of the weight of their diaper in order to measure urinary output (for example, hydronephrosis).

**Clinical guidelines for repeat service or procedure**

- If the repair of the device is greater than 50% the cost of replacement AND
- Indication for approval of the device or service remains present.

**Type of service or procedure covered**

- Pediatric scales that measure in grams.
- If the need is 3 months or less, rental is appropriate.

**Type of service or procedure not covered (this list may not be all inclusive)**

- Bathroom scales are not a covered benefit, unless there is a diagnosis of heart failure and with a provider prescription. (Medicaid Rule 7505.5).
- Scales for monitoring weight for any reason other than those stated in the coverage guidelines above are not a covered benefit.

**References**

The following references demonstrate the use of urine collected in diapers to determine urinary output, or use of infant weight to determine appropriate levels of medication.


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