

## The Department of Vermont Health Access Medical Criteria

**Subject:** Blood Pressure Monitor Set-Up: Automatic Blood Pressure Monitor

**Last Review:** January 11, 2023\*

**Past Revisions:** August 6, 2021, July 11, 2017, June 15, 2016, June 2, 2015, October 30, 2014, April 25, 2014, October 19, 2011, March 18, 2010, and 2004

**\*Please note: Most current content changes will be highlighted in yellow.**

### Description of Service or Procedure

The automatic blood pressure monitor is a device used to monitor blood pressure.

### Disclaimer

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

### Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

7102.2	Prior Authorization Determination
4.101	Medical Necessity for Covered Services
4.104	Medicaid Non-Covered Services
4.209	Durable Medical Equipment

### Coverage Position

An automatic blood pressure monitor may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont's Office of Professional Regulation's website\*, Statute, or rule who is knowledgeable regarding automatic blood pressure monitors and who provides medical care to the member AND
- When the clinical criteria below are met.

\* Vermont's Office of Professional Regulation's website: <https://sos.vermont.gov/opr/>



## Coverage Criteria

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An automatic blood pressure monitor may be covered for members who meet the following criteria:

- The member requires ongoing, frequent monitoring (as prescribed by the provider) for a specific disease (see below); AND
- The member, or caregiver, has been educated on how to use the device; AND
- The member has been prescribed the correct size of device; AND
- The member, or caregiver can accurately record and report the readings; AND
- Is required to report those blood pressure readings to the prescribing provider who utilizes them during his/her treatment of the member; AND
- When self-monitoring of member's blood pressure is used as an alternative to home health nursing visits; AND

The member has been diagnosed as having one of the following diagnoses/conditions:

- Benign hypertensive heart and kidney disease with chronic kidney disease or with heart failure and chronic kidney disease; OR
- Benign hypertensive renal disease; OR
- Elevated blood pressure reading, without diagnosis of hypertension; OR
- Essential hypertension; OR
- Heart failure and chronic kidney disease; OR
- Hypertensive heart disease without heart failure; OR
- Gestational hypertension without significant proteinuria, third trimester; OR
- Pre-existing essential hypertension complicating the puerperium; OR
- Recent myocardial infarction with labile office blood pressure; OR
- Renal dialysis status; OR
- Renal failure; OR
- Severe Pre-eclampsia, unspecified trimester; OR
- Severe Pre-eclampsia, third trimester; OR
- Symptomatic coronary artery disease with labile blood pressure OR
- Unspecified hypertensive heart and kidney disease with chronic kidney disease; OR
- Unspecified hypertensive renal disease; OR
- Unspecified maternal hypertension.

Note: Many individuals have difficulty obtaining correct readings, particularly if there are vision and/or hearing issues. Successful training and ability to obtain correct readings are a prerequisite for coverage.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exception: Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence-based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

## **Type of service or procedure covered**

An automatic blood pressure monitor is covered when:

- The member, or caregiver, is physically and cognitively able to use the device independently;  
AND
- The above criteria are met.

A continuous automatic blood pressure monitors is only covered for beneficiaries less than 12 months of age and when medically necessary. The continuous automatic blood pressure monitor measures blood pressure continuously in real time and comes with a recording device. These are non-invasive and can be used with a cuff or finger sensor.

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

- A standard blood pressure cuff with stethoscope
- An automatic blood pressure monitor is not covered if the above criteria are not met.

## **References**

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