

## The Department of Vermont Health Access Clinical Criteria

**Subject:** Scales

**Last Review:** April 5, 2022\*

**Past Revisions:** August 7, 2020, November 1, 2017, September 9, 2015, October 30, 2014, October 4, 2013, June 4, 2012, June 28, 2011, September 1, 2009, and 2004

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

### Description of Service or Procedure

Coverage for scales is limited to:

- Pediatric members who require precise and frequent weight measurements to determine proper medication dosage, OR
- Pediatric members whose medical condition requires precise measurement of urinary output as determined by weighing diapers.
- Adult members with a diagnosis of Congestive Heart Failure (CHF).

### 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

### Coverage Position

A scale 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 in the use of scales 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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Pediatric scales may be covered for members who:

- Have a medical condition that:
  - requires daily or more frequent monitoring of weight in order to regulate medications **AND**
  - does not require the child to receive 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).

Scales may be covered for members who:

- Have a diagnosis of CHF

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): 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.

### **Clinical criteria for repeat service or procedure**

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The device continues to be medically necessary, but is no longer working properly and requires replacement.

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

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- 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)**

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- Scales for monitoring weight for any reason other than those stated in the coverage guidelines above are not a covered benefit.
- Smart diaper systems are currently in development, but are not covered at this time due to lack of definitive evidence of efficacy.

## References

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