

Prescribing Automatic Blood Pressure Monitors for Medicaid Beneficiaries

June 2024

28% of Vermont Medicaid insured adults have been diagnosed with hypertension.

57% have been advised by a healthcare provider to monitor their blood pressure at home (VT Behavioral Risk Factor Surveillance System (BRFSS), 2021).



Automatic Blood Pressure (BP) Monitors are a Covered Benefit

- Vermont Medicaid has covered Automatic BP monitors when prescribed by a medical provider for over two decades. In September 2023, prescribing authority was <u>expanded to</u> <u>the Vermont Medicaid Pharmacy Program</u>.
- For essential, benign, or nonspecific hypertension, elevated BP without hypertension diagnosis, hypertensive heart disease without heart failure, and gestational hypertension, healthcare providers and pharmacists can be reimbursed for writing an automatic BP monitor prescription.

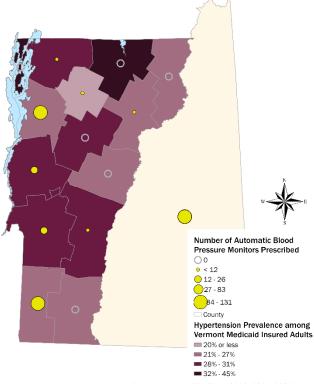
Medicaid Automatic BP Monitor Prescriptions are Most Commonly Prescribed in Bennington and Chittenden Counties and New Hampshire

- No providers in six of 14 Vermont counties submitted claims for automatic BP monitor prescription reimbursement.
- As of 2022, counties with the highest hypertension prevalence have seen the fewest prescriptions given by providers for automatic BP monitors.

How to Get Reimbursed

For patients with a hypertension diagnosis:

- Complete a prescription for a digital blood pressure monitor, to be given to a Medicaid participating pharmacy or Durable Medical Equipment (DME) vendor, using Healthcare Common Procedure Coding System (HCPCS) codes A4663 or A4670 as appropriate.
- For questions about billing, contact your provider representative. They can be found on provider representative map which can be accessed on the <u>Medicaid provider</u> <u>resources page</u>.



Data source: VT Behavioral Risk Factor Surveillance (BRFSS), 2017, 2018, 2021, 2022 and Green Mountain Care Board (GMCB), Vermont Health Care Uniform Reporting and Evaluation System (VHCURES), 2020-2022, extract 3009, extracted April 10, 2024.

All analyses, conclusions and recommendations are solely those of the Department of Health and not necessarily those of the GMCB.