

State of Vermont
Department of Vermont Health Access
280 State Drive, NOB 1 South
Waterbury, VT 05671-1010

Agency of Human Services
[Phone] 802-879-5903
[Fax] 802-879-5963
[Email] AHS.DVHAClinicalUnit@vermont.gov
www.dvha.vermont.gov

The Department of Vermont Health Access Medical Criteria

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

Last Review: March 27, 2024*

Past Revisions: January 11, 2023, 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.

[VT Medicaid participates](#) in Healthcare Effectiveness Data and Information Set HEDIS® quality reporting as a requirement of the Centers for Medicare and Medicaid and as a component of the VT Medicaid Global Commitment to Health Comprehensive Quality Strategy. These measures are used to gauge health plan performance and the effectiveness of care provided to a population within a health plan. One such HEDIS® measure is Controlling High Blood Pressure (CBP). DVHA has engaged in a [performance improvement project](#) on controlling high blood pressure which utilizes the controlling high blood pressure HEDIS® measure as an indicator of VT Medicaid performance in this health outcome. HEDIS® results impact pay-for-performance initiatives.

Vermont Medicaid enrolled providers can support improved performance in blood pressure (BP) control for Vermont Medicaid members by taking note of the following:

- The Controlling High Blood Pressure (CBP) HEDIS® measure thresholds for adequate blood pressure control are less than 140 systolic and less than 90 diastolic.
- BP readings taken by the member using a digital device and documented in the member's medical record with date taken are eligible for reporting for the Controlling High Blood Pressure (CBP) HEDIS® measure. Readings taken by a member with a non-digital device are not eligible.
- Support clinical staff in obtaining accurate BP measurements by providing training and competency checks, instruction around BP rechecks when elevated readings are obtained, and ensuring a variety of cuff sizes are available.
- Educate members and caregivers about elements of a healthy lifestyle to support blood pressure control including diet, exercise, medication adherence, smoking cessation, and home BP monitoring when indicated.



- BP monitors can be obtained by a Medicaid participating DME provider or Pharmacy with a Standard Written Order.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertain 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
- 4.106 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) 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

An automatic blood pressure monitor may be covered for members with 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

And meeting the following criteria:

- The member requires ongoing, frequent monitoring (as prescribed by the provider) for a specific disease (see above); 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

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.

Clinical criteria for repeat service or procedure

Replacement device(s) is covered when:

- The device is no longer functional through normal wear and tear or when the useful lifetime has been reached (HCAR Rule 4.209). See the DME limitation guidance list on the VT Medicaid Portal under Provider Resources at <http://vtmedicaid.com/#/resources>.

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 monitor is only covered for members 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.

Coding guidelines

Please see the Medicaid Portal at <http://vtmedicaid.com/#/feeSchedule> for fee schedules, code coverage, and applicable requirements.

References

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