

Georgia Medicaid Program Coverage Update: Guide to utilizing Self-Measured Blood Pressure (SMBP) benefits

General steps for ordering devices and providing clinical support to eligible patients on Medicaid:

Step 1: Determine if patient is eligible for device and submit order

- Patients eligible for blood pressure (BP) devices are outlined in the Georgia Department of Community Health [Policies and Procedures Manual for Durable Medical Equipment Services](#) (Policy 1117, p. 188-189)

	Blood Pressure Device	Blood Pressure Cuff
Eligibility	HTN-related diagnosis, covered once every 5 years	HTN-related diagnosis, covered once every 2 years

- Validated blood pressure devices are covered for beneficiaries 18 years and older with a hypertension-related diagnosis code (eg, I10, N17-19), once every five years. Blood pressure cuffs are covered once every two years. Prior authorization is **not** required.
- Provided cuffs/monitors must listed on www.validatebp.org.

Step 2: Order a device or provide patient device in office

- Provide patient information on how to obtain a device from DME supplier or how to receive device in office
 - If device is obtained in office, conduct in person device education and training using CPT 99473
 - If ordered, schedule future in office visit to conduct 99473 with patient

○ **Step 3: Provide patient with ongoing SMBP support**

- Follow SMBP protocol (see resources for more information)
- Share plan with patient on how often to take readings, record them, and communicate back
- Update treatment plan as necessary based on SMBP readings and submit claims for 99474, for data collection, interpretation and subsequent communication of a treatment plan to the patient

Resources

Policy

- [Georgia Policies and Procedures Manual for Durable Medical Equipment Services](#)
- [State of Georgia Requirements for DME Suppliers](#)

Initiating SMBP with patients

- [AMA 7-step SMBP Quick Guide](#)
- [US Blood Pressure Validated Device Listing \(VDL\)[™]](#)
- [SMBP Jumpstart](#)

