Michigan 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:

1: Determine if patient is eligible for the device

Patients eligible for blood pressure (BP) devices are outlined in the Michigan Department of Health and Human Services (MDHHS) provider manual (Section 2.3, Blood Pressure Monitoring p. 1,229 – 1,230)

- Automatic blood pressure monitors are covered for beneficiaries of any age with uncontrolled blood pressure when **ALL** the following are met:

1. The beneficiary has **ANY** of the following conditions:
   - History of heart disease, congenital heart defects, or stroke
   - A neurological condition that affects blood pressure
   - A medication regimen is present that affects blood pressure
   - Blood pressure fluctuations due to renal disease
   - Medications are titrated based on daily blood pressure readings
   - Hypertensive disorders in pregnancy, childbirth, or the puerperium period (e.g., pre-eclampsia);
   - Hypertension, despite beneficiary compliance with the treatment plan (i.e., adherence to medication regimen, dietary changes, smoking cessation, etc.).

2. The treatment plan requires the beneficiary to self-monitor and record blood pressure readings at a minimum of once daily;

3. The ordering practitioner or practitioner nursing staff have educated the beneficiary on self-assessment of blood pressure, recording blood pressure readings, have fit the beneficiary with the appropriate cuff size, and have provided or referred the beneficiary for follow up education as necessary; and

4. The medical supplier has provided further education regarding use of the monitor/cuff, cleaning/maintenance, warranty information for repairs/replacement or assistance for equipment malfunction

- Prior authorization (PA) may be required depending on individual's Medicaid plan coverage, as outlined in MDHHS MCO guidance document.
- PA is not required if standards of coverage are met, and the beneficiary has one of the following diagnoses/conditions: renal disease, hypertensive disorders in pregnancy, childbirth, or puerperium period (e.g., pre-eclampsia).

2. Provide documentation of treatment plan and submit DME order:

- Diagnosis, eligible medical condition (current blood pressure, medications)
- Treatment plan, including SMBP protocol, current blood pressure medications, frequency of checks lifestyle changes, and specific patient protocol in case of abnormal reading

3. Submit documentation and prior authorization request if needed:

Use one of the following methods to submit the PA request:

- Written order
- Direct entry into CHAMPS
- Electronic through EHR or practice management software

4. Receive notification of PA status from MDHHS:

- Approved – notify beneficiary
- Denied – address denial reason
- Resubmit – provide additional documentation, if requested

5. Check that patient has received their device:

- Beneficiary should receive notification on how to obtain their device from an approved medical supplier, (pick up or home delivery), and may be provided with training via a DME supplier
- If there is an option for the patient to select a particular device, refer to the US Blood Pressure Validated Device Listing™ (ValidateBP.org) to advise patient.

6. Initiate SMBP with patient:

- When patient receives device, ask patient to come in to the office for initial cuff fitting and training on how to use the device

7. 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

8. Sustain your SMBP program:

- Submit claims for SMBP clinical services using CPT® codes
  - Medicaid providers may be reimbursed for SMBP services using 99473, for patient device education and training, and 99474, for data collection and interpretation in Michigan

Resources

CPT/HCPCS Codes for SMBP

Code	Description
99473	SMBP using a device validated for clinical accuracy; patient education/training and device calibration
99474	Separate self-measurements of two readings one mint, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic pressures and subsequent communication of a treatment plan to the patient
A4670	Automatic blood pressure monitor
A4663	Blood pressure cuff

Policy

Michigan Medicaid policy addressing reimbursement and DME procedures:

- Michigan Department of Health and Human Services Practitioner and Medical Clinic Fee Schedule
- Michigan Department of Health and Human Services Medical Suppliers/Orthotists/Prosthetists/DME Dealers Fee Schedule

Patient Eligibility

Guidance for determining if patients are eligible for SMBP, by patient characteristics and Medicaid managed care plan:

- MDHHS Medicaid Provider Manual
- Medicaid Managed Care Plan Coverage of Automated Home Blood Pressure Cuffs January 1, 2023 - December 31, 2023

Ordering devices under DME

Guidance on specific DME ordering procedures:

- MDHHS Medicaid Provider Manual
- Michigan Provider Medicaid DME Guide

Initiating SMBP with patients

AMA resources to assist with implementing an SMBP program following evidence-based guidelines and protocols:

- AMA 7-step SMBP Quick Guide
- US Blood Pressure Validated Device Listing (VDL)™

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