SMBP Coverage Insights: Medicaid

April 2023 (based on data available 3/15/23)



Self-measured blood pressure (SMBP) is an evidence-based strategy that can improve blood pressure control for individuals with hypertension. SMBP is most effective when an individual has access to a validated blood pressure device for home use coupled with ongoing clinical support. Refer to the US Blood Pressure Validated Device Listing (VDL™) for a list of validated devices.

The chart below shows the status of coverage by state for 1) SMBP clinical services and 2) automated blood pressure devices and standalone cuff. It is intended to highlight which states offer provider reimbursement to perform SMBP services and allow Medicaid patients to obtain an automated blood pressure device.

CPT® and **HCPCS** Code Description

| 99473 | SMBP using a device validated for clinical accuracy and patient education/training and device calibration |
|-------|--|
| 99474 | Separate self-measurements, collection of daily reports by the patient or caregiver to the healthcare provider, communication of BP readings and treatment plans |
| A4670 | Automated blood pressure device |
| A4663 | Blood pressure cuff only |

| | | BP Device Codes | | | | | | | | | | | | |
|-------------|------------------------|-------------------|---------|-------------------|----------|---------|--|------------------------------------|---------|----------------------------|------------------------------------|----------|--|--|
| | Provider Reimbursement | | | | | | Durable Medical Equipment (DME) Fee Schedule | | | | | | | |
| | 994 | 473 | 99474 | | Source | A4670 | | | A4663 | | | Source | | |
| | Covered | Amount Covered | Covered | Amount covered | | Covered | Amount Covered | Prior Authorization Required | Covered | Amount covered | Prior Authorization Required | | | |
| Alabama | | | | | ② | | | | | | | ② | | |
| Alaska | | | | | ② | • | \$110.00 | | • | Varies | | ② | | |
| Arizona | • | \$11.65 | • | \$15.65 | Ø | • | Varies | | • | Varies | | ② | | |
| Arkansas | | | | | Ø | • | \$8.22 | | | 1 1 1 1 1 1 | | ② | | |
| California | | | | | ② | • | Varies | | • | Varies | | ② | | |
| Colorado | • | \$9.76 | • | \$12.51 | Ø | • | \$73.90 | 0 | • | \$21.92 | 0 | ② | | |
| Connecticut | | | | | ② | • | \$65.00 | | • | \$28.53 | | ② | | |
| Delaware | • | \$17.12 | • | \$23.23 | ② | • | \$50.04 | | • | \$19.47 | | ② | | |
| D.C. | | | | | Ø | • | \$103.93 | | • | \$19.95 | | ② | | |
| Florida | | | | | ② | | | | | 1 1 1 1 1 1 | | ② | | |

Medicaid program administrators are encouraged to contact iho-info@ama-assn.org with any updates or corrections to the information contained in this table.

Additional pricing or medical review required for states where reimbursement is "VARIES".



| | | SME | BP Service C | odes | | BP Device Codes Durable Medical Equipment (DME) Fee Schedule | | | | | | | | |
|---------------|---------|-------------------|--------------|-------------------|----------|---|-------------------|------------------------------------|---------|-------------------|------------------------------------|-------------|--|--|
| | | Provid | der Reimburs | ement | | | | | | | | | | |
| | 99473 | | 99474 | | Source | A4670 | | | A4663 | | | Source | | |
| | Covered | Amount Covered | Covered | Amount covered | | Covered | Amount Covered | Prior Authorization Required | Covered | Amount covered | Prior Authorization Required | | | |
| Georgia | • | \$9.45 | • | \$12.82 | 2 | | | | | | | > | | |
| Hawaii | • | \$7.57 | • | \$5.54 | ② | • | \$15.00 | | • | Varies | | ② | | |
| Idaho | • | \$9.14 | • | \$12.56 | ② | • | \$56.28 | | • | Varies | | ② | | |
| Illinois | | | | | Ø | • | \$65.13 | | • | \$15.88 | | ② | | |
| Indiana | • | \$7.60 | • | \$10.70 | ② | • | \$40.00 | 0 | • | \$27.80 | | ② | | |
| Iowa | | | | | ② | • | \$49.36 | | | | | ② | | |
| Kansas | | | | | ② | | | | • | \$30.00 | | ② | | |
| Kentucky | • | \$8.03 | • | \$11.47 | ② | • | \$35.00 | | • | \$35.00 | | ② | | |
| Louisiana | | | | | ② | • | \$56.89 | 0 | • | \$23.11 | 0 | ② | | |
| Maine | | | | | ② | • | \$62.64 | | | | | ② | | |
| Maryland | | | | | ② | • | \$47.36 | | • | \$11.40 | | ② | | |
| Massachusetts | | | | | ② | • | N/A | | • | N/A | | ② | | |
| Michigan | • | \$7.53 | • | \$8.91 | ② | • | \$62.30 | 0 | • | \$20.58 | 0 | ② | | |
| Minnesota | | | | | ② | • | \$75.88 | | • | \$22.88 | | ② | | |
| Mississippi | | | | | ② | | | | • | \$9.00 | | ② | | |
| Missouri | | | | | ② | • | \$49.47 | | • | \$16.36 | | ② | | |
| Montana | • | \$14.38 | • | \$18.61 | ② | | | | | | | Ø | | |

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| | | SME | BP Service Co | BP Device Codes | | | | | | | | | | | |
|----------------|------------------------|-------------------|---------------|-------------------|----------|---------|--|------------------------------------|---------|-------------------|------------------------------------|----------|--|--|--|
| | Provider Reimbursement | | | | | | Durable Medical Equipment (DME) Fee Schedule | | | | | | | | |
| | 99473 | | 99474 | | Source | | A4670 | | A4663 | | | Source | | | |
| | Covered | Amount Covered | Covered | Amount covered | | Covered | Amount Covered | Prior Authorization Required | Covered | Amount covered | Prior Authorization Required | | | | |
| Nebraska | • | \$9.76 | | | ② | • | \$86.85 | | • | Varies | | ② | | | |
| Nevada | | | | | ② | • | \$49.65 | | | | | ② | | | |
| New Hampshire | | | | | ② | • | \$159.44 | | • | \$38.27 | | ② | | | |
| New Jersey | • | \$6.35 | • | \$7.92 | ② | • | Varies | | • | Varies | | ② | | | |
| New Mexico | • | \$9.24 | • | \$12.96 | ② | • | Varies | | • | Varies | | ② | | | |
| New York | | | | | ② | • | \$50.50 | | | | | ② | | | |
| North Carolina | • | \$9.33 | • | \$13.02 | ② | • | \$62.98 | | | | | ② | | | |
| North Dakota | | | | | ② | • | \$48.36 | | • | \$35.05 | | ② | | | |
| Ohio | • | \$8.23 | | | ② | • | \$47.00 | | • | \$13.00 | | ② | | | |
| Oklahoma | | | | | ② | | | | | | | ② | | | |
| Oregon | • | \$8.18 | • | \$10.83 | ② | • | \$52.38 | | • | \$21.63 | | ② | | | |
| Pennsylvania | | | | | ② | | | | | | | ② | | | |
| Rhode Island | • | \$25.36 | | | Ø | | | | | | | ② | | | |
| South Carolina | | | | | Ø | | | | | | | ② | | | |
| South Dakota | | | | | Ø | | | | | | | ② | | | |
| Tennessee | | | | | N/A | | | | | | | N/A | | | |
| Texas | • | \$8.70 | • | \$11.23 | ② | • | \$62.30 | 0 | • | \$25.76 | 0 | ② | | | |

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| | | SME | SP Service Co | odes | - | BP Device Codes | | | | | | | | | |
|---------------|------------------------|-------------------|---------------|----------------------------|----------|-----------------|--|------------------------------------|---------|-------------------|------------------------------------|------------|--|--|--|
| | Provider Reimbursement | | | | | | Durable Medical Equipment (DME) Fee Schedule | | | | | | | | |
| | 994 | 1 73 | 99474 | | Source | A4670 | | | A4663 | | | Source | | | |
| | Covered | Amount Covered | Covered | Amount covered | | Covered | Amount Covered | Prior Authorization Required | Covered | Amount covered | Prior Authorization Required | | | | |
| Utah | | | | | ② | • | \$122.14 | | • | \$20.26 | | Ø | | | |
| Vermont | | | | | ② | • | \$52.91 | | | | | Ø | | | |
| Virginia | • | \$8.61 | • | \$11.14 | ② | • | \$54.29 | 0 | • | Varies | 0 | ② | | | |
| Washington | | | | 1 1 1 1 1 1 | ② | • | \$71.60 | 0 | • | Varies | 0 | ② | | | |
| West Virginia | | | | | ② | | | | | | | ② | | | |
| Wisconsin | • | \$8.95 | • | \$12.13 | ② | • | \$63.90 | | • | \$22.88 | | ② | | | |
| Wyoming | • | \$9.75 | • | \$13.50 | ② | • | \$70.83 | | • | \$20.58 | | (7) | | | |

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| Summary | 99473 | 99474 | A4670 | A4663 |
|--|---------|---------|---------|---------|
| Total states with coverage | 21 | 18 | 38 | 33 |
| Total states with coverage and covered amount data available | 21 | 18 | 33 | 22 |
| Average covered amount | \$10.22 | \$12.49 | \$63.08 | \$22.70 |

Acknowledgments:

Thank you to the Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention and Million Hearts® teams for their contributions to this resource.

The information in this resource was compiled from publicly available sources: Medicaid provider fee schedules, DME fee schedules, provider handbooks, notices or releases, medical policy. The information contained in this resource is current as of March 2023, but may have limitations such as reimbursement, requirements or coding parameters, missing or potentially outdated information across states depending on the data source.