



**TO: Medical Equipment, Devices and Supplies (MEDS) Providers, Physicians, Physician Assistants and Advanced Practice Registered Nurses (APRNs)**

**RE: Clarification of Coverage for Blood Pressure Monitors and Manual and Electric Breast Pumps**

This provider bulletin clarifies guidance for coverage of medically necessary (1) blood pressure monitors; and (2) manual and electric breast pumps for pregnant women under the Connecticut Medical Assistance Program (CMAP).

### **Blood Pressure Monitors**

PB 2019-68 stated that self-measured blood pressure (SMBP) monitoring devices used for managing hypertension in individuals enrolled under the HUSKY A, C and D programs are covered as durable medical equipment (DME) and do not require prior authorization (PA). Through this bulletin the Department of Social Services (DSS) is superseding the first paragraph of PB 2019-68 to the extent of extending this coverage to HUSKY B members who meet all other stated requirements.

Further, through this bulletin, DSS is superseding the section on SMBP included in PB 2020 - 18 “CMAP COVID-19 Response – Bulletin 15: Emergency MEDS Program Changes”. That bulletin added coverage of automatic blood pressure monitors for all pregnant women in order to facilitate early identification and treatment of high blood pressure or high blood pressure related issues that may occur during pregnancy.

Please note that automatic blood pressure monitors are only approved without prior authorization for use on the upper arm. Because

use on the upper arm is in most situations more clinically accurate, if a prescribing provider is seeking authorization to use a wrist blood pressure monitor, the prescribing provider must:

- 1) submit documentation to the Medical Equipment Devices and Supplies (MEDS) supplier, showing that the arm monitor will not fit the member who will use it because the measurement is beyond the supported size for an extra-large arm monitor cuff;
- 2) identify medical necessity, including, but not limited to, pregnancy or history of hypertension;
- 3) utilize the appropriate ICD-10 diagnosis code on the prescription so that the MEDS supplier can include it on the professional claim; and
- 4) maintain documentation in the medical record specifying the member’s medical condition to justify the need for this medical device.

Please note that DSS will not recognize prescribing of a blood pressure monitor solely for the purpose of enabling a licensed practitioner to render a telehealth visit as medically necessity or cover an SMBP monitoring device solely on that basis.

**Manual and Electric Breast Pumps**

Manual and electric breast pumps billed under procedure codes E0602 and E0603 are a covered benefit for pregnant women. Please note that manual and electric breast pumps can be dispensed prior to an inpatient hospital admission, but not prior to the member's third (3<sup>rd</sup>) trimester of pregnancy.

As a reminder, qualifying HUSKY A, B, C and D Health members are eligible for one (1) breast pump in each two (2) calendar years.

Per Section 17b-262-716(b)(2) of the Regulations of Connecticut State Agencies, "a prescription shall be valid for no longer than one year".

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