

Updated Criteria for HCPCS Code A4670-Automatic Blood Pressure Monitor

Effective **July 6, 2020**, Fee for Service coverage criteria and reimbursement for HCPCS code A4670 will be updated and may be dispensed without prior approval. The new coverage criteria will be as follows:

Code	Fee	Max Unit/Frequency
A4670	\$50.00	1 every 5 years

A4670^{F3}	Automatic blood pressure monitor <u>Coverage Criteria:</u> <ul style="list-style-type: none">• The monitor must be ordered by a qualified practitioner as part of a comprehensive treatment plan that requires member monitoring and recording of blood pressure readings in the home.• Replacement due to other factors not covered by the manufacturer's warranty requires prior approval. Documentation of use and compliance to the physician treatment plan for monitoring blood pressure in the home must be submitted with the request.
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QUESTIONS

If you have questions, please call 1-800-342-3005 or email OHIPMEDPA@health.ny.gov

Any Medicaid Managed Care questions regarding policy should be directed to the member's Medicaid Managed Care plan.