

## Automatic Blood Pressure Machines

**1. Automatic Blood Pressure Machines are reimbursable using the following code effective for dates of service on or after January 1, 2009.** Please make the following changes, noted in **BOLD**, in your DME Procedure Code section:

<b>A4670</b>	Automatic blood pressure monitor (semi or fully automatic)
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The monitors require prior approval and will be priced as follows:

- Semi automatic – Hand cuff inflation (contraction of bulb)  
Maximum reimbursement **\$31.00**
- Fully automatic - Push button operation  
Maximum reimbursement **\$65.00**

### **2. Coverage Criteria (semi-automatic)**

- Blood pressure monitors are covered when ordered by a qualified practitioner as part of a comprehensive treatment plan for patient monitoring and recording in the home.
- Hearing impairment or visual impairment
- Unable to teach patient to use manual monitor due to low literacy skills or learning impairment

### **3. Coverage Criteria (fully-automatic)**

- Patient meets criteria for semi-automatic monitor and
- Arthritis or other motor disorders involving the upper extremities

For information on obtaining prior approval go to:

[http://www.emedny.org/ProviderManuals/DME/PDFS/DME\\_PA\\_Guidelines.pdf](http://www.emedny.org/ProviderManuals/DME/PDFS/DME_PA_Guidelines.pdf)  
or call 1-800-343-9000.

Questions on coverage criteria may be referred to the Division of Provider Relations and Utilization Management at 1-800-342-3005