

	<p align="center"><b>Hospital Grade Blood Pressure Device Guidelines</b></p>	
<p align="center"><b>Guideline #</b> 6184</p>	<p align="center"><b>Categories</b> Clinical → Care Management CM, TCHP Guidelines, Utilization Management UM</p>	<p align="center"><b>This Guideline Applies To:</b> Texas Children's Health Plan</p>
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**GUIDELINE STATEMENT:**

Texas Children's Health Plan (TCHP) performs authorization of all Hospital Grade Blood Pressure Devices.

**DEFINITIONS:**

- Hospital-grade blood pressure device. A device that includes memory for continuous recording, has an alarm system to notify the caregiver of abnormal readings, and is capable of frequent or continuous automatic blood pressure and heart rate monitoring with correction of motion artifact.

**PRIOR AUTHORIZATION GUIDELINES**

1. All requests for prior authorization for Hospital Grade Blood Pressure Devices are received via online submission, fax, phone or mail by the Utilization Management Department and processed during normal business hours.
2. The Utilization Management professional receiving the request evaluates the submitted information to determine if the documentation supports the Hospital Grade Blood Pressure Device as an eligible service.
3. Hospital Grade Blood Pressure Devices services will be subject to the prior authorization requirements documented in the current Texas Medicaid Provider Procedures Manual – Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook. Per TCHP Policy, Device will be considered purchase after 10 rental payments to the same provider.
4. Requests that do not meet the criteria established by this procedure will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy will be followed.
5. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to

the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

**REFERENCES:****Government Agency, Medical Society, and Other Authoritative Publications:**

- Texas Medicaid Provider Procedures Manual June 2019  
[http://www.tmhp.com/TMHP\\_File\\_Library/Provider\\_Manuals/TMPPM/2019/Jun\\_2019%20TMPPM.pdf](http://www.tmhp.com/TMHP_File_Library/Provider_Manuals/TMPPM/2019/Jun_2019%20TMPPM.pdf)

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