

Blood Pressure Devices

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4003

Recent review date: 2/2026

Next review date: 6/2027

Policy contains: Blood pressure devices; hypertension; hypotension

AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered, on a case-by-case basis by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.

Policy statement

Blood pressure devices are covered for members who meet one of the below criteria:

- Are receiving hemodialysis in the home setting.
- Are pregnant member with a diagnosis of chronic hypertension.
- Are members under the age of 21 years diagnosed with hypertension or hypotension.

Only electronic blood pressure devices may be approved for members under the age of 21 and for those who are pregnant.

Documentation of medical necessity is required.

References

Louisiana Department of Health. 2010. Durable Medical Equipment Provider Manual. Blood Pressure Devices. Chapter 18, Section 18.2.9. Issued 06/25/2025.

Policy updates

Initial review date: 3/2/2021

2/2023: Policy references updated.

AmeriHealth Caritas Louisiana

2/2024: Policy references updated.

2/2025: Policy references updated.

2/2026: Policy references updated.

Related Codes

Below are the most commonly submitted codes for the service(s)/item(s) subject to this policy CCP.4003. This is not an exhaustive list of codes. Providers are expected to consult the appropriate coding manuals and bill accordingly.

Code	Code Description
A4670	Automatic blood pressure monitor
A4663	Blood pressure cuff only
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified