



## COVERAGE OPTIONS FOR BLOOD PRESSURE MONITORS AND CUFFS

Personal home use blood pressure (BP) monitors and cuffs are covered as a pharmacy benefit for Gold Coast Health Plan (GCHP) and Gold Coast Health Plan Total Care Advantage (HMO D-SNP) members under Medi-Cal Rx and as a Durable Medical Equipment (DME) under the Gold Coast Health Plan (GCHP) medical benefit.

| COVERAGE INFORMATION                                                                                                     | MEDI-CAL AND TOTAL CARE ADVANTAGE BENEFITS                                                                                                                                                                                                                             | MEDI-CAL ONLY BENEFIT: DME                                                                                                                                                                                                                                                                                                         | TOTAL CARE ADVANTAGE BENEFIT ONLY FOR ESRD: (MEDICARE PART B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Blood Pressure Products Covered</p>  | <p>Covered products are restricted to those listed on the <a href="#">List of Covered Personal Blood Pressure Monitoring Devices and Blood Pressure Cuffs</a>.</p> <p>Please check the <a href="#">Medi-Cal Rx Web Portal</a> for the most up-to-date information.</p> | <p><u>Covered products include blood pressure devices billed with the following HCPCS codes.</u></p> <ul style="list-style-type: none"><li>• A4660 (sphygmomanometer / blood pressure apparatus with cuff and stethoscope)</li><li>• A4663 (blood pressure cuff only)</li><li>• A4670 (automatic blood pressure monitor)</li></ul> | <p>Medicare Part B covers home blood pressure devices for members with end-stage renal disease (ESRD) who are undergoing home dialysis.</p> <p>Covered products include blood pressure devices billed with the following HCPCS codes:</p> <ul style="list-style-type: none"><li>• A4660 – Sphygmomanometer/ blood pressure apparatus with cuff and stethoscope (Use this if ordering a standard clinical manual kit).</li><li>• A4663 – Blood pressure cuff only (Include this only if ordering a replacement or custom-sized cuff for an existing machine).</li><li>• A4670 – Automatic blood pressure monitor (Use this if ordering a standard clinical digital kit).</li></ul> |



| COVERAGE INFORMATION                                                                                                              | MEDI-CAL AND TOTAL CARE ADVANTAGE BENEFITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MEDI-CAL ONLY BENEFIT: DME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TOTAL CARE ADVANTAGE BENEFIT ONLY FOR ESRD: (MEDICARE PART B)                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Information on Billing and Reimbursement</p>  | <p>For Medi-Cal Rx billing, reimbursement, and prior authorization (PA) information on blood pressure devices and medical supplies, view the following links:</p> <ul style="list-style-type: none"> <li><a href="#">List of Covered Personal Blood Pressure Monitoring Devices and Blood Pressure Cuffs.</a></li> <li><a href="#">List of Covered Medical Supplies Product Descriptions and Billing Information.</a></li> <li>Other resources are listed on the <a href="#">Medi-Cal Rx Web Portal</a>.</li> </ul> <p><b>Quantity and billing restrictions apply.</b></p> <ul style="list-style-type: none"> <li>Only one BP monitor covered every five years.</li> <li>One BP cuff covered every 365 days.</li> <li>Wrist BP monitors / cuffs are NOT covered.</li> <li>Effective Fall 2026, ICD-10-CM diagnosis code(s) will be required for ALL pharmacy claims including claims for refills.</li> </ul> | <p>HCPCS codes A4660, A4663, or A4670 must be submitted with an ICD-10-CM diagnosis code that justifies medical necessity (e.g., I10 for Essential Hypertension). These codes are for purchase only. If these codes are billed with modifier RR (rental), the claim will be denied.</p> <p>More information is listed on the <a href="#">Medi-Cal Provider Manuals DME Billing Codes: Frequency Limits</a>.</p> <p><b>Quantity and billing restrictions apply.</b><br/>Only one BP monitor / cuff device covered every five years.</p> | <p>HCPCS codes (A4660, A4663, or A4670) must be submitted with an ESRD-related ICD-10 code ICD-10-CM diagnosis code that justifies the medical necessity.</p> <p>Quantity and billing restrictions apply<br/>Medicare covers the initial blood pressure monitor as part of the home dialysis setup kit. Replacement monitors or cuffs are covered on an as-needed basis due to normal wear and tear, or if the device breaks and is past its useful lifespan.</p> |
| <p>Questions on Prior Authorization (PA)</p>   | <p>For specific questions or issues with what is covered or if PA is required, please contact the Medi-Cal Rx Customer Service Center for assistance at 1-800-977-2273, available 24 hours a day, seven days a week, 365 days a year.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Prior authorization is not required for DME supplies under \$500.</p> <p>For more information on prior authorizations, providers can call GCHP at 1-888-301-1228.</p>                                                                                                                                                                                                                                                                                                                                                               | <p>No, standard prior authorization is generally not required for basic blood pressure monitors under Medicare Part B.</p>                                                                                                                                                                                                                                                                                                                                        |
| <p>List of Pharmacies and DME Providers</p>    | <p>For the list of contracted pharmacies that accept prescriptions for Medi-Cal Rx, check <a href="#">Medi-Cal Rx Find a Pharmacy</a>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p>For a list of DME providers, check the <a href="#">GCHP Provider Directory</a> under the Durable Medical Equipment and Medical Supplies section.</p>                                                                                                                                                                                                                                                                                                                                                                                | <p>The prescription must be submitted to a Medicare-enrolled Durable Medical Equipment (DME) supplier or a Medi-care-certified home dialysis clinic.</p>                                                                                                                                                                                                                                                                                                          |



| COVERAGE INFORMATION                                                                                                             | MEDI-CAL AND TOTAL CARE ADVANTAGE BENEFITS                                                                                                   | MEDI-CAL ONLY BENEFIT: DME                                                                                                               | TOTAL CARE ADVANTAGE BENEFIT ONLY FOR ESRD: (MEDICARE PART B)                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Prescriptions for BP Monitors and Cuffs</p>  | <p>Send the prescription to a pharmacy that accepts Medi-Cal Rx. To locate a pharmacy, check the <a href="#">Medi-Cal Rx Web Portal</a>.</p> | <p>Send the prescription to a <a href="#">DME provider contracted with GCHP</a> and ask them to bill GCHP under the medical benefit.</p> | <p>The prescription must be written by the physician overseeing the patient's home dialysis treatment. It must document the medical necessity of the device—specifically that the patient is actively undergoing home kidney dialysis—and include the diagnosis code (typically an ESRD-related ICD-10 code) alongside the doctor's signature.</p> <p>Requires a prescription that is submitted to the Home Dialysis Provider.</p> |

**Sample prescription to send to the pharmacy or DME provider.**

**Rx: Blood Pressure Monitor – Small, Medium, or Large**

Sig: Use as directed

Quantity: #1

**Blood Pressure Cuff – Small or Large**

Sig: Use as directed

Quantity: #1

**ICD-10-CM diagnosis code\*:** One that justifies medical necessity for cardiovascular monitoring for a chronic condition or on a regular basis (e.g., I10 for Essential Hypertension)

Refills: none

\* Effective Fall 2026, ICD-10-CM diagnosis code(s) will be required for ALL pharmacy claims including claims for refills. The diagnosis requirement is still needed for DME coverage.