



## MEDICAL POLICY STATEMENT

Original Effective Date	Next Annual Review Date	Last Review / Revision Date
04/15/2008	07/15/2017	06/06/2016
Policy Name		Policy Number
Home Medication Dispenser Devices		MM-0023
Policy Type		
<input checked="" type="checkbox"/> Medical	<input type="checkbox"/> Administrative	<input type="checkbox"/> Payment

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### A. SUBJECT

#### Home Medication Dispenser Devices

### B. BACKGROUND

Home medication dispenser devices organize doses of medications according to when they should be taken. While they may facilitate medicine management in some patients they are not without limitation, and may not be suitable for all patients. Patient assessment is essential in identifying the factors that may contribute to an individual patient's non-adherence and/or medication errors.

When, as a result of an assessment, Home Medication Dispense Devices assist a member to safely adhere to their medication regimen, they may be medically necessary.

### C. DEFINITIONS

N/A

### D. POLICY

- I. CareSource considers the use of a Medication Dispenser Device in a member's home as medically necessary when **ALL** of the below criteria are met:
  - A. Documented assessment of:
    1. The patient's medical regimen
    2. Potential and/or exhibited patient risk resulting from their inability to set up and/or dispense medications without assistance
    3. Caregiver support (or lack thereof) for utilizing a medication dispensing device
    4. Home nursing care needs for potential monitoring of Medication Dispenser Device



- B. Documents physician endorsement of use of a home medication dispenser device
- C. Reasonable expectation that the prescribed Medication Dispenser Device will assist member in medication adherence

## CONDITIONS OF COVERAGE

HCPCS  
CPT

## AUTHORIZATION PERIOD

## E. RELATED POLICIES/RULES

## F. REVIEW/REVISION HISTORY

Date Issued: 04/15/2008  
Date Reviewed: 04/15/2008, 04/15/2009, 07/15/2009, 07/15/2011, 10/15/2011, 10/15/2012, 07/15/2013, 07/15/2014, 07/14/2015, 06/06/2016  
Date Revised: 04/15/2009, 10/15/2011, 07/15/2013

## G. REFERENCES

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**The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.**