MEDICAL POLICY STATEMENT

Original Effective Date	Next Annual Review Date	Last Review / Revision Date
04/15/2008	07/15/2016	07/14/2015

Policy Name	Policy Number
Home Medication Dispenser Devices	**MM-0023**

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

For Medicare plans please reference the below link to search for Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD):

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

For Special Needs Plan members, reference the below link to search for Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD):

If there is no NCD or LCD present, reference the CareSource Policy for coverage.

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
Date Revised:	04/15/2009, 10/15/2011, 07/15/2013

G. REFERENCES

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This guideline contains custom content that has been modified from the standard care guidelines and has not been reviewed or approved by MCG Health, LLC.

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