


MEDICAL POLICY STATEMENT			
Effective Date	Next Annual Review Date	Last Review / Revision Date	
7/2010	10/2012	10/2011	
Author			
James Foster MD			

CSMG Medical Policy Statements are derived from literature based and supported clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services are those health care services or supplies which 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.

A. SUBJECT

Emergency Response System

B. BACKGROUND

Emergency response systems may assist a member to safely remain in their home and follow their physician prescribed plan of treatment.

C. POLICY

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

CareSource may cover use of an Emergency Response system in a member's home if all of the below criteria are met.

1. Participation in a CareSource Case Management Program
2. Documented physician agreement of emergency response system usage.
3. Home nursing visit
4. Documented usage of an Emergency Response System would assist the member in continuing to reside in their home
5. Reasonable expectation that the intervention will the assist member to be safe in their home environment
6. The member must have a landline or cellular phone system

The CareSource Care Management staff must monitor effectiveness of Emergency response system.

If there is no LCD or NCD present reference the CSMG Policy for coverage:

D. REVIEW / REVISION HISTORY

Date Issued: 7/1/2010

Date Revised: 7/1/2010

Date Reviewed: 7/1/2010, 7/1/2011, 10/1/2011

E. REFERENCES

1. Ohio Administrative Code (OAC) 5101:3-1-01

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