



MEDICAL POLICY STATEMENT

Original Effective Date	Next Annual Review Date	Last Review / Revision Date
07/01/2010	07/01/2017	06/06/2016
Policy Name		Policy Number
Emergency Response Systems		MM-0029
Policy Type		
<input checked="" type="checkbox"/> Medical	<input type="checkbox"/> Administrative	<input type="checkbox"/> Payment

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) apply to Medical health benefit plans administered by CSMG and its affiliates and are derived from literature based on and supported by applicable federal or state coverage mandates, 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 federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

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A. SUBJECT

Home Based Personal Emergency Response Systems

B. BACKGROUND

Personal Emergency response systems (PERS) also known as Medical Emergency Response Systems are composed of a radio transmitter, a console connection to a telephone line and an emergency response monitoring center. In specific clinical situations, and as part of physician prescribed plan of treatment, access to PERS may facilitate personal safety and allow a patient to safely remain in the home setting.

Recent technological developments of PERS support devices that may be worn around the neck (pendant) or on the wrist (wristband) potentially facilitating emergency response in the community setting. These devices are not considered medically necessary and are not covered by CareSource.

Note: PERS are available for MyCare Waiver members. The above statement does not apply to MyCare Waiver members.

C. DEFINITIONS

N/A

D. POLICY

- I. The use of a Personal Emergency Response system in a member's home may be medically necessary when ALL of the following criteria are met:
 - A. Documentation by the patient's physician of:



1. The specific clinical diagnoses and/or physical-functional limitations which serve as an indication for a Personal Emergency Response System
 2. How the Personal Emergency Response system specifically will improve member safety and facilitate continued residence in the home setting
- B. The member retains an appropriate cellular or landline phone system that will support the PERS device

CONDITIONS OF COVERAGE

HCPCS

CPT

AUTHORIZATION PERIOD

E. RELATED POLICIES/RULES

F. REVIEW/REVISION HISTORY

Date Issued: 07/01/2010

Date Reviewed: 07/01/2010, 07/01/2011, 10/01/2011, 10/01/2012, 07/01/2013,
07/01/2014, 07/01/2015, 06/06/2016

Date Revised: 07/01/2013

G. REFERENCES

1. [Porter EJ](#). Wearing and using personal emergency response system buttons. [J Gerontol Nurs](#). 2005 Oct;31(10):26-33.
2. [Elliott S](#), [Painter J](#), [Hudson S](#). Living alone and fall risk factors in community-dwelling middle age and older adults. [J Community Health](#). 2009 Aug;34(4):301-10.

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