



MEDICAL POLICY STATEMENT GEORGIA MEDICARE DUAL ADVANTAGE

Policy Name	Policy Number	Date Effective
Personal Emergency Response System	MM-1209	09/01/2021-06/30/2022
Policy Type		
MEDICAL	Administrative	Pharmacy
		Reimbursement

Medical Policy Statement prepared by CareSource and its affiliates 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 CareSource and its affiliates 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.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Table of Contents

A.	Subject.....	2
B.	Background.....	2
C.	Definitions.....	2
D.	Policy.....	2
E.	Conditions of Coverage	2
F.	Related Polices/Rules.....	2
G.	Review/Revision History.....	2
H.	References.....	3



A. Subject

Personal Emergency Response System (PERS)

B. Background

Personal Emergency Response Systems can provide safety, medication adherence, and allow for independent living when part of the physician’s prescribed plan of treatment.

C. Definitions

- **Personal Emergency Response System (PERS)** – Includes telecommunications equipment, a central monitoring station, and a medium for two-way, hands-free communication between the individual and the station. Personnel at the station respond to an individual’s alarm signal via the individuals PERS equipment. This does not include remote video monitoring of the individual in their home or systems that only connect to emergency service personnel.

D. Policy

I. The use of a Personal Emergency Response System (PERS) in a member’s home may be medically necessary when all of the following criteria are met:

- A. Documentation by the member’s physician of:
 1. The specific clinical diagnoses and/or physical-functional limitations which serve as an indication for a Personal Emergency Response System; and
 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; and
- C. To be eligible for PERS service, the member is assessed by CareSource Case Management to be:
 1. Frail and functionally impaired;
 2. Living alone or with another functionally impaired person;
 3. Willing to arrange for private line telephone service if private line is not currently in place OR willing to sign a form saying that they have accepted a wireless cellular device as an alternative; and
 4. Mentally and physically able to use the equipment appropriately.

E. Conditions of Coverage

NA

F. Related Policies/Rules

NA

G. Review/Revision History

DATE		ACTION
Date Issued	05/26/2021	New Policy
Date Revised		



Date Effective	09/01/2021	
Date Archived	06/30/2022	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Thorton, K., & Caprio, Y. (2018, July). *Community-Based Care*. Retrieved May 20, 2021 from www.geriatricscareonline.org.
2. AgingInPlace. (2020, April). *Comprehensive Guide to Personal Emergency Response Systems*. Retrieved May 20, 2021 from www.aginginplace.org.
3. Stokke, R. (2016, July). *The Personal Emergency Response System as a Technology Innovation in Primary Health Care Services: An Integrative Review*. Retrieved May 20, 2021 from www.jmir.org.
4. National Council on Aging. (n.d.). *Get the Facts on Falls Prevention*. Retrieved May 20, 2021 from www.ncoa.org.

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

