



MEDICAL POLICY STATEMENT

Original Effective Date	Next Annual Review Date	Last Review / Revision Date
07/01/2010	07/01/2016	07/01/2015
Policy Name	Policy Number	
Emergency Response Systems	MM-0029	

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 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.

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

For Medicare 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: 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
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 S¹](#), [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.

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.