MEDICAL POLICY STATEMENT
D-SNP

Policy Name & Number	Date Effective
Personal Emergency Response Systems-DSNP-MM-1426	04/01/2025-11/30/2025
Policy Type	
MEDICAL	

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.

This policy applies to the following Marketplace(s):	
☒ **Georgia**	☒ **Ohio**

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A. Subject
Personal Emergency Response System

B. Background
Personal Emergency Response Systems (PERS) are devices with an integrated service that can secure help in the event of an emergency. Currently available PERS allow for communication between the user and responders with additional services and alarms incorporated into the device depending on the sophistication of the device. Trained personnel at a remote monitoring station respond to an individual's alarm signal via the individuals PERS equipment. PERS can improve 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. 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 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 the following:
      1. Specific clinical diagnoses and/or physical-functional limitations indicating a need for PERS.
      2. How PERS will improve member safety and facilitate continued residence at home.
   B. The member retains an appropriate mobile or landline phone system that will support the PERS device.
   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 mobile device as an alternative
      4. mentally and physically able to use the equipment appropriately

E. State-Specific Information
Georgia: Part II – Chapter 16: Policies and Procedures for EDWP (CCSP and Source) Emergency Response System Services
Ohio: OAC 5160-44-02, OAC-5160-58-04, OAC 5160-44-16, and OAC 173-39-02.6

F. Conditions of Coverage
N/A

G. Related Policies/Rules
N/A

H. Review/Revision History

	DATE	ACTION
Date Issued	02/01/2023	New Policy
Date Revised	01/31/2024	Annual review: minor adjustment to background and definitions, added state-specific information, and updated the references. IN no longer covered. Approved at Committee.
	12/18/2024	Annual review: updated case management eligibility and references. Approved at Committee.
Date Effective	04/01/2025	
Date Archived	11/30/2025	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.

I. References

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4. Evidence Review: New Technologies: Epilepsies in Children, Young People and Adults: Diagnosis and Management. National Institute for Health and Care Excellence (NICE); 2022. Accessed December 9, 2024. www.pubmed.ncbi.nlm.nih.gov
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11. Nursing Facility-Based Level of Care Home and Community-Based Services Programs: Personal Emergency Response Systems, OHIO ADMIN. CODE 5160-44-16 (2024).
12. ODA Provider Certification: Personal Emergency Response System, OHIO ADMIN. CODE 173-39-02.6 (2024).
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14. *Part II – Chapter 16: Policies and Procedures for EDWP (CCSP and Source) Emergency Response System Services*. Georgia Dept of Community Health; 2024. Accessed December 10, 2024. www.mmis.georgia.gov
15. Stokke R. The personal emergency response system as a technology innovation in primary health care services: an integrative review. *J Med Internet Res*. 2016;18(7):e187. doi:10.2196/jmir.5727
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