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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

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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 individual’s PERS equipment. This does not include remote video monitoring of the individual in the 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	09/01/2020	
Date Revised	03/30/2022	No changes; updated references

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



Date Effective	08/01/2022	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.
Date Archived	09/30/2022	

Archived

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