

Medical Policy



Personal Emergency Response System (PERS)

▼ Policy

A PERS (personal emergency response system) is a 24-hour emergency communication link to assistance outside the member's home based on health and safety needs and mobility limitations. The PERS is for use by a member with medical conditions that cause significant functional limitations or incapacitation and prevents the member from using other methods of summoning assistance in an emergency.

The PERS service is provided by a two-way voice communication system consisting of a base unit and an activation device worn by the member that will automatically link the member to a professionally staffed support center. The support center assesses the situation and directs an appropriate response whenever the system is engaged.

▼ Policy Guidelines

A. For a PERS to be considered reasonable and necessary the member must:

1. have a functioning land line phone that can accommodate a PERS;
2. live alone or be routinely alone for extended periods of time such that the member's safety would be compromised without the availability of a PERS unit in the home;
3. be able to independently use the PERS to summon help;
4. understand when and how to appropriately use the PERS; and
5. be at risk of moving to a more structured residential setting or be at significant risk for falls or other medical complications that may result in an emergency situation.

B. A PERS must meet the definition of DMEPOS and must include all of the following:

1. an in-home communications transceiver;
2. a remote, portable activator;
3. the capacity to respond to all incoming emergency signals;
4. the ability to receive multiple signals simultaneously and ensure that calls are not disconnected or put in a first come, first served rotation;

5. the ability to routinely send a signal to the central monitoring system to test the device and ensure the unit is working properly; and
 6. a central monitoring station with back-up systems, staffed by trained attendants 24 hours a day, seven days a week;
- C. The PERS must meet Underwriter Laboratories (UL) Standards 1637- Safety standards for home health care signaling equipment. Providers of PERS must provide documentation **upon request** to Northwood demonstrating compliance with these standards.
- D. In addition to DMEPOS provider responsibilities a provider of PERS must:
1. include options such as TDD and TTY capability to meet the needs of those members who are hearing impaired;
 2. provide PERS that can accommodate the needs of non-English speaking members;
 3. provide PERS that can accommodate the needs of members who are physically disabled (for example, providing "Sip-n-Puff" systems);
 4. maintain current data files at the central monitoring station and at each service facility that contain pre-established response protocols, and personal, medical, and emergency information for each member served;
 5. assess the member's need for in-home installation of PERS at the time the provider receives a referral for PERS. A DME-PERS provider will only be reimbursed for installation of the PERS only if the DME PERS provider's assessment determines that there is no one else available to install the PERS in the member's home, such as the member, the member's caregiver, or a family member. The DME PERS provider must maintain documentation of such assessment in the member's record. If other options exist for members to install PERS, providers may deliver the PERS to the member by mail. Return receipt is required. If PERS is delivered by mail, the provider must not submit a claim for installation.
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1. The PERS General Prescription form must be completed, dated, and signed by the member's prescribing provider before the installment of the PERS.
 2. The form must be renewed and signed by the member's prescribing provider in the event that the member's medical condition or living situation changes such that the member may no longer meet the requirements of coverage.
 3. The DME provider must maintain the PERS prescription in the member's record and make it available upon request.
- F. Reasons for non-coverage:

1. The PERS duplicates equipment already available to the member in an emergency (e.g., emergency call buttons, or other electronic means of calling for help); or
2. The member has access to help on a 24-hour-per-day, seven-day-per-week basis.

▼ HCPCS Level II Codes and Description

S5160 EMERGENCY RESPONSE SYSTEM; INSTALLATION AND TESTING

S5161 EMERGENCY RESPONSE SYSTEM; SERVICE FEE, PER MONTH
(EXCLUDES INSTALLATION AND TESTING)

▼ Important Note

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

▼ **References**

MassHealth Provider Manual Series; Durable Medical Equipment Manual; Program Regulations 409.429. Available online at <http://www.mass.gov/eohhs/docs/masshealth/regs-provider/regs-durablemedical.pdf>. Accessed November, 2011.

Applicable URAC Standard

Core 8	Staff operational tools and support
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Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:
A	11-07-11	Initial Release	Susan Glomb	Ken Fasse	n/a
01	11-11-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011
02	11-30-12	Annual review. No changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012
03	12-18-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri	
04	12-1-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	
05	11-12-15	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2015
06	11-17-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016
07	11-17-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2017
08	11-19-18	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2018