



MEDICAL POLICY STATEMENT

Michigan Marketplace

Policy Name & Number	Date Effective
Personal Emergency Response Systems-MI MP-MM-1667	01/01/2025-10/31/2025
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.

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A. Subject**Personal Emergency Response Systems****B. Background**

Personal emergency response systems (PERS) are devices with an integrated service that can secure help in the event of an emergency. Older adults are at increased risk of recurrent falls, stroke, and other medical emergencies where a PERS could be lifesaving or help mitigate further injury. 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 a member's alarm signal via the individual's PERS equipment. PERS can provide safety, assist in 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 the 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** the following criteria are met:
 - A. Documentation by the member's provider of **ALL** of the following:
 1. specific clinical diagnoses and/or physical-functional limitations which serve as an indication for a PERS
 2. how the PERS 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.
 - 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
 4. mentally and physically able to use the equipment appropriately

E. Conditions of Coverage

N/A

F. Related Policies/Rules
N/A

G. Review/Revision History

DATE		ACTION
Date Issued	07/17/2024	New policy. Approved at Committee.
Date Revised		
Date Effective	01/01/2025	
Date Archived	10/31/2025	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.

H. References

1. A full guide to personal emergency response systems (PERS). Accessed June 5, 2024. www.alwaysbestcare.com
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3. Breaux E. 7 Best medical alert systems of 2024: expert tested & reviewed. National Council on Aging. June 1, 2024. Accessed June 5, 2024. www.ncoa.org
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 June 5, 2024. www.pubmed.ncbi.nlm.nih.gov
5. Falls and fractures in older adults: causes and prevention. National Institute on Aging. Reviewed September 12, 2022. Accessed June 5, 2024. www.nia.nih.gov
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7. Golas SB, Nikola-Simons M, Palacholla R, et al. Predictive analytics and tailored interventions improve clinical outcomes in older adults: a randomized controlled trial. *NPJ Digit Med.* 2021;4(1):97. doi:10.1038/s41746-021-00463-y
8. Goyer A. How to choose a medical alert system. AARP. Updated October 22, 2021. Accessed June 5, 2024. www.aarp.org
9. Jehu DA, Davis JC, Falck RS, et al. Risk factors for recurrent falls in older adults: a systematic review with meta-analysis. *Maturitas.* 2021;144:23-28. doi:10.1016/j.maturitas.2020.10.021
10. Lachal F, Tchalla AE, Cardinaud N, et al. Effectiveness of light paths coupled with personal emergency response systems in preventing functional decline among the elderly. *SAGE Open Med.* 2016;4:1-8. doi:10.1177/2050312116665764
11. Okuboyejo S, Eyesan O. mHealth: using mobile technology to support healthcare. *Online J Public Health Inform.* 2014;5(3):233. doi:10.5210/ojphi.v5i3.4865
12. 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

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

13. Thorton K, Caprio Y. Community-based care. July 2018. Accessed June 5, 2024.
www.geriatricscareonline.org

Archived

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