



MEDICAL POLICY STATEMENT Marketplace

Policy Name & Number	Date Effective
Personal Emergency Response Systems-MP-MM-1425	09/01/2026
Policy Type	
MEDICAL	

Medical Policy Statements are developed from a review of the available evidence-based, clinical information based on and supported by clinical guidelines from medical specialties, peer-reviewed medical and scientific studies, nationally recognized utilization and technology assessment guidelines, and other medical management industry standards to aid in determining the medical necessity of a service. Medically necessary services are defined in the plan-specific Evidence of Coverage, Member Handbooks, Provider Manuals, Medical Policy Statements, and/or other plan policies and procedures.

Medical Policy Statements do not guarantee an authorization or payment of services. Please refer to the plan contract (e.g., Evidence of Coverage, Member Handbook) for the service(s) referenced in the Medical Policy Statement. Except as otherwise required by law, if there is a conflict between the Medical Policy Statement and the plan contract and/or provider agreement, then the plan contract and/or provider agreement will be the controlling document. Reasonable discretion may be used in interpreting and applying this Policy Statement to services provided in a particular case, and the policy may be modified at any time. Medical Policy Statements may be superseded by federal and state laws and regulations, as applicable. In the case of a discrepancy between the Policy Statement's effective date and any applicable legal or regulatory requirement, the law or regulation will govern.

Coverage for mental health and substance use disorder (MH/SUD) benefits are provided at the same level as coverage for medical and surgical (M/S) benefits, as required by the Mental Health Parity and Addiction Equity Act (MHPAEA). MH/SUD benefits are not subject to limits or requirements that are more restrictive than those that apply to M/S benefits.

This policy applies to the following Marketplace(s):

☒ Georgia	☒ Indiana	☒ Ohio	☒ West Virginia
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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. 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** 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 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 cellular device as an alternative
4. mentally and physically able to use the equipment appropriately

E. State-Specific Information
N/A

F. Conditions of Coverage
NA

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

G. Related Policies/Rules
NA

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, and updated references. Approved at Committee.
	12/18/2024	Annual review: updated references. Approved at Committee.
	08/13/2025	Annual review: updated references. Approved at Committee.
	05/20/2026	Annual review: updated references. Approved at Committee
Date Effective	09/01/2026	
Date Archived		

I. References

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3. Bat-Erdene BO, Saver JL. Automatic acute stroke symptom detection and emergency medical systems alerting by mobile health technologies: a review. *J Stroke Cerebrovasc Disc*. 2021;30(7):105826. doi:10.1016/j.jstrokecerebrovasdis.2021.105826
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11. 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
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