BlueCross BlueShield of Illinois

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Diabetes Self-Management

Benefit

Members with diabetes, whether or not they are insulin-dependent, have coverage for specified care, education, and supplies, subject to benefits provisions and limitations in their health care policy. This coverage also applies to members with gestational diabetes.

Interpretation

Diabetic instruction in nutrition, blood glucose monitoring and interpretation, exercise/activity, foot and skin care, medication and insulin treatment plans, and prevention of diabetic complications is covered. The primary care physician, a consulting physician, or a certified health care professional who has expertise in diabetes management may instruct the member. Training can take place in the office, at home, or in an outpatient department.

Training is limited to three medically necessary visits after a new diagnosis of diabetes.

If a member has repeated symptomatic hyperglycemia (blood glucose over 250 mg/dl), severe symptomatic hypoglycemia for which he/she needed the help of another person, or a significant change either in the progression of his/her diabetes or its treatment, the PCP may determine that the member needs up to two more visits for diabetic instruction.

Diabetic supplies including lancets, alcohol pads and testing strips are in benefit. These can be obtained either through the member's pharmacy benefits or with a group approved referral to a contracted DME provider. Some employer groups have limited or no drug or DME benefits. Member benefits are subject to usual contractual deductibles, co-payments, and coinsurance.

Glucose Monitors (including those for the visually impaired) are also in benefit. The HMO may have a special program available that would allow the member to receive certain monitors at no cost. The member should contact the HMO's customer service department for details.

Paid by	Professional Charges	**IPA**
	DME (from contracted provider)	**HMO**
	DME (from non-contracted provider)	**IPA**
	Prescription Drugs	**HMO** (through prescription benefit)

Coverage Variation

Note: See related benefits interpretations on Drugs, DME, and Infusion Pumps

Note: Benefit coverage and/or exclusions may vary for certain employer groups. To ensure current member benefit determination, please refer to the BCBS Benefit Matrix and/or contact customer service to confirm member coverage.

Note: All DME exception requests must be submitted prospectively to the CAU. See the instructions located on the Introduction page of this section of the Provider Manual It is the intent of the CAU to respond to your requests within two business days.

Note: Blue Precision HMO℠ and BlueCare Direct℠ have a separate contracted provider list for Durable Medical Equipment (DME) and Orthotic and Prosthetic devices.

Note: Effective July 1, 2013, Medicare Primary members must use a Medicare Contracted Provider to ensure coverage by Medicare. If submitting the claim to the HMO for coordination of benefits and the provider is not an HMO contracted provider – stamp the claim group approved and indicate in writing "Medicare Contracted Billing."