



**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

Durable Medical Equipment (DME)

Benefit

Durable medical equipment is in benefit. DME items:

- withstand repeated use (are reusable);
- are appropriate for home use;
- primarily and customarily serve a medical rather than a comfort or convenience purpose;
- generally are not useful to a person in the absence of illness or injury;
- are ordered and/or prescribed by an IPA Physician.

Interpretation

The IPA is not required to be a "supplier" of medically necessary medical equipment. A contracting DME provider may bill the HMO directly, in which case the HMO may contact the IPA to confirm that the DME is approved by the IPA. The DME provider may also bill the IPA. In this case, the IPA should stamp the bill group approved or not group approved and send the bill to the HMO. In addition to the usual information required on all claim submissions, claim documentation must show:

- Name of medical supplier
- Date of purchase or rental
- Type of medical equipment
- Purchase price (if applicable)
- Quantity (if applicable)
- IPA Physician name and approval or prescription
- Diagnosis
- Receipt(s) which verify payment of purchase or rental.

DME items that are in benefit are generally not useful to a person in the absence of an illness or injury. Such examples include but are not limited to canes, commodes, shower seats, walkers and raised toilet seats.

Items of equipment not primarily used for a medical purpose do not meet the definition of DME and are not covered. Personal hygiene, comfort or convenience items commonly used for other than medical purposes are excluded and not in benefit. Such examples include but are not limited to are air conditioners, humidifiers, physical fitness equipment, televisions and telephones.

Back-up equipment or equipment which duplicates the function of DME already possessed by the member is normally not in benefit. For example, separate pieces of DME would not be provided for use at home and at school. However, there are certain life-sustaining DME items whereas back-up equipment may be indicated and covered. The list of these items may be found at the end of this benefit Guideline. If the Primary Care Physician determines that there is medical necessity for the back-up equipment, the IPA should submit a benefit determination to the Customer Assistance Unit (CAU) for authorization and to ensure appropriate claim adjudication.

If DME can be rented for a cost less than purchase, payment for the rental will be made. Once purchase price is reached, no more benefits will be available for that piece of equipment.

Purchase will be covered only if:

- the item of equipment is unavailable on a rental basis; or
- the member will use the item of equipment for a long enough period of time to make its purchase more economical than continuing rental fees.

It is the IPA's responsibility to monitor usage and efficacy of rented DME. Rental should be terminated when the DME is no longer used or is no longer medically indicated.

Non-reusable supplies used with DME are covered as medical supplies.

Generally, replacement of an item of DME is covered, if it is less expensive to replace than to repair. The member need not have been a member of the HMO at the time the DME was originally obtained for supplies or repair to be covered. However, a contracted vendor should be used.

Non-covered DME items include:

- Mechanical or electrical features which usually serve only a convenience function, unless documentation is provided as to the medical need for such items;
- Devices and equipment used for environmental control or enhancement, e.g., air conditioners, humidifiers, air filters, portable Jacuzzi pumps;
- Back-up equipment or duplicative equipment, except for HMO authorized life-sustaining equipment as described above;
- Equipment utilized in a facility that would normally provide for such an item, e.g., a mechanical bed while a member is in a hospital or extended care facility

If an IPA orders DME that is not in benefit and does not inform the member that the DME is not covered, the member cannot be held responsible for the cost of the DME. If the IPA uses a non-contracting provider, the member cannot be held responsible for the cost of the DME. The HMO will reject the claim and the IPA is liable for the cost of the DME.

Paid by	Professional Charges	IPA
	Equipment Charges (from a contracted provider)	HMO
	Equipment Charges (from a non-contracted provider)	IPA

Coverage Variation

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: 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: Blue Precision HMOSM and BlueCare DirectSM 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.”

Note: Life-Sustaining DME List

HCPCS Code	Life Sustaining DME
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0425	Stationary compressed gas system
E0430	Portable gaseous oxygen system
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
E0434	Portable liquid oxygen system
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0440	Stationary liquid oxygen system
E0450	Volume ventilator, stationary or portable, w/backup rate feature, used w/invasive interface
E0457	Chest shell (cuirass)
E0460	Negative pressure ventilator; portable or stationary
E0608	Apnea monitor
E1353	Oxygen Equipment, regulator
E1377	Oxygen concentrator, high humidity system equivalent to 244 cu. ft.
E1378	Oxygen concentrator, high humidity system equivalent to 488 cu. ft.
E1379	Oxygen concentrator, high humidity system equivalent to 732 cu. ft.
E1380	Oxygen concentrator, high humidity system equivalent to 976 cu. ft.
E1381	Oxygen concentrator, high humidity system equivalent to 1220 cu. ft.
E1382	Oxygen concentrator, high humidity system equivalent to 1464 cu. ft.
E1383	Oxygen concentrator, high humidity system equivalent to 1708 cu. ft.
E1384	Oxygen concentrator, high humidity system equivalent to 1952 cu. ft.
E1385	Oxygen concentrator, high humidity system equivalent to over 1952 cu. ft.
E1390	Oxygen Concentrator, Capable Of Delivering 85 Percent Or Greater Oxygen
K0533	Respiratory Assist Device, Bi-Level Pressure Capability, With Backup Rate
K0534	Respiratory Assist Device, Bi-Level Pressure Capacity, With Back Up Rate