



**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

Infusion Pumps (Implanted-Permanent)

Benefit

The implantation and the device are covered in full for perfusion therapy using FDA approved drugs for:

- Malignancies for which infusion therapy is effective
- Severe chronic intractable pain
- Chronic spastic conditions when less invasive therapies have been unsuccessful

Interpretation

An implantable pump (IP) delivers long-term continuous or intermittent drug infusion. Routes of administration include intravenous, intra-arterial, subcutaneous, intraperitoneal, intrathecal, epidural, and intraventricular.

The drug reservoir may be refilled as needed by an external needle injection through a self-sealing septum in the IP. Bacteriostatic water or physiological saline is often used to dilute therapeutic drugs. A heparinized saline solution may also be used during an interruption of drug therapy to maintain catheter patency.

Paid by	Professional Charges	IPA
	Inpatient and/or Outpatient Surgical Facility Charges	HMO
	Equipment Charges	HMO

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

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: 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.”