



**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 (Portable - Temporary)

Benefit

The use of a portable infusion pump is covered as a DME item:

- When used to administer cancer chemotherapy agents or iron chelating agents.
- When used to administer insulin (see benefits interpretation on Diabetes Self-Management)
- When used to administer heparin in members with severe thromboembolic disease.
- When used to administer hyperalimentation.
- When used to administer tocolytic agents in pre-term labor. (Note that the subcutaneous route may be an alternative for some agents.)
- When used to administer other recognized therapeutic agents.

Interpretation

A portable infusion pump is a small portable battery-driven pump which provides continuous infusion of medications. The pump is worn on a belt around the member's waist and is attached to a needle or catheter. The device is FDA approved for intravenous, intra-arterial, and subcutaneous routes of administration.

The rental or purchase of the device is covered under the Durable Medical Equipment benefit.

Paid by:	Professional Charges	IPA
	Equipment Charges (from contracted provider)	HMO
	Equipment Charges (from non-contracted provider)	IPA
	Equipment Charges (in physician office or outpatient setting)	IPA

Note: See Benefits Interpretation for Hyperalimentation, Diabetes self-management, DME

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 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: 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.”