



**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

Prosthetic Devices

Benefit

Prosthetic devices necessary for the alleviation or correction of conditions arising out of illness or injury are covered.

Interpretation

Prosthetic devices are those items used as a replacement or substitute for a missing body part.

Benefits are available for, but not limited to the following devices and appliances:

- Artificial eyes
- Artificial limbs (including harnesses, stump socks, etc.)
- Breast prosthesis (regardless of mastectomy date).
- Mastectomy bras
- Cardiac pacemakers
- Cleft palate devices
- Colostomy and other ostomy accoutrements directly related to ostomy care
- Electronic speech aids (in post-laryngectomy situations)
- Extraocular and intraocular lenses - Extraocular lenses means contact lenses and eyeglass lenses (frames not included). These are in benefit for aphakic post-surgery members (when an intraocular lens is not implanted during surgery). These are also in benefit for members with keratoconus. Intraocular lenses are covered only when replacing the original lens in the eye. For extraocular lenses for these specific conditions – the IPA may refer to provider of their choice. The use of a contracted provider is not required.
- Maxillofacial prosthetic devices
- Penile implants and prostheses (for organic causes only)
- Prosthetic ears
- Prosthetic nose
- Shoe(s) only when either one or both shoes are an integral part of artificial limb(s)
- Space shoes (used as a substitute device when all of a substantial portion of the forefoot is absent)
- Testicular prosthesis
- Urethral sphincters
- Batteries used to operate eligible artificial devices

Functional adjustments and repair of prosthetics are covered when necessary as long as the device is medically required and meets the stated criteria of eligibility.

Replacement of prosthetic devices is covered when the replacement is necessitated by surgery (such as a pacemaker replacement), growth of the member, accidental destruction of the device, or wear.

Benefits will not be provided for dental appliances or hearing aids, or for replacement of covered cataract lenses unless a prescription change is required. Wigs (cranial prosthesis) are generally not in benefit. Refer to the note on the next page.

If the IPA uses a non-contracting provider, the member cannot be held responsible for the cost of the equipment. The HMO will reject the claim and the IPA is liable for the cost of the equipment.

Paid by	Professional Charges	IPA
	Equipment Charges (from a contracted provider)	HMO
	Equipment Charges (from a non-contracted provider)	IPA
	Inpatient and/or Outpatient Surgical Facility Charges (if applicable)	HMO

Exclusions

Note: Eyeglass lenses and contact lenses do not require use of a contracted Provider. The IPA may refer the member to a supplier of its choice.

Note: See related benefits Guidelines on Vision Screening/Routine Vision Care and Contact Lenses/Eyeglasses for additional information.

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.”