



**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

Respiratory Therapy (Inhalation Therapy)

Benefit

Respiratory therapy is a covered benefit.

Interpretation

This process consists of treatment of a disease, injury or condition by means of respiratory therapy by or under the supervision of a qualified Respiratory Therapist. It can be provided on an inpatient or outpatient basis.

Respiratory therapy provided by the member or the member's family in the member's home or place of work is excluded.

Some equipment and supplies are covered see Benefit Guideline for Durable Medical Equipment.

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

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.”