



**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

# Nerve Stimulators (Percutaneous, Transcutaneous, Implanted)

## Benefit

Benefits for percutaneous and implanted nerve stimulators are provided when used for chronic intractable pain. Electrical nerve stimulators are covered as Durable Medical Equipment.

## Interpretation

Benefits are available according to the following guidelines:

1. Rental of the transcutaneous stimulator permits the physician to study the effects and benefits of, and member compliance with the device. Purchase should occur only if chronic or long-term pain is present and efficacy has been proven.
2. Benefits are provided for implantation of the electrical nerve stimulator, as well as for the purchase of the device (Durable Medical Equipment).

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

## Coverage Variation

Benefit Plan DIRPI: (Equipment Rental and purchase) Excluded

**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, 2011, for the State of Illinois members only, Durable Medical Equipment (DME) will be paid at 80% and the member will pay the remaining 20%. The employer group numbers affected are: H06800, H06801, H06802, H06803, B06800, B06801, B06802 and B06803.

Note: Blue Precision HMO<sup>SM</sup> and BlueCare Direct<sup>SM</sup> 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.”