



**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

# Oxygen

## Benefit

Oxygen and oxygen supplies are covered in full when the member has a medical condition for which an IPA physician recommends and orders oxygen.

## Interpretation

Oxygen and oxygen supplies furnished to a member in the home setting are covered as Durable Medical Equipment.

Covered oxygen and supplies include:

- Portable oxygen and systems
- Mask or nasal cannula
- Nebulizer (ultrasonic)
- Oxygen gauge
- Oxygen humidifier
- Oxygen tent
- Oxygen tubing
- Oxygen tanks
- Oxygen stands

Benefits are **not** available for:

- Topical oxygen therapy to treat decubitus ulcers
- Installation of respiratory support systems
- Back-up respirators or ventilators

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| <b>Paid by</b> | <b>HMO</b> |
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## Coverage Variation

Benefit Plan DIRPI: Equipment Excluded

Note: See related benefit Guidelines on Durable Medical Equipment

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.”