



**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

Wheelchairs

Benefit

Wheelchairs are covered as Durable Medical Equipment (DME).

Interpretation

A wheelchair is in benefit when an IPA physician prescribes one for medically necessary reasons.

Basic wheelchairs are provided. Special features will be covered only when medically necessary and so specified in the physician's prescription. Convenience items or features will not be covered.

A power-operated wheelchair is covered if the member qualifies for a wheelchair, is unable to operate manual chair, but is able to operate an electric wheelchair.

Repair and/or replacement of wheelchairs due to normal usage is a covered benefit. Repair and/or replacement necessitated by abuse or neglect on the part of the member is not covered.

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| Paid by | HMO |
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Coverage Variation

Benefit Plan DIRPI: Equipment Excluded

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 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.”