



**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

Ultraviolet Light Treatment for Psoriasis

Benefit

The diagnosis and treatment of psoriasis is covered.

Interpretation

Psoriasis with or without polyarthritis is a chronic genetically determined skin condition without specific etiology.

Ultraviolet light, either alone or as adjunctive treatment with medication, may be appropriate for psoriasis treatment. Oral psoralens combined with ultraviolet A light is called "PUVA" therapy. If the physician recommends home ultraviolet light treatment, the member may rent or purchase medical UV equipment under the Durable Medical Equipment benefit. Sunlamps or "treatments" obtained at commercial tanning spas do not qualify for coverage.

Paid by	Professional Charges	IPA
	Equipment Charges (from contracted provider)	HMO
	Equipment Charges (from non-contracted provider)	IPA

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."