

Guideline Number: CCDG.002.01
Effective Date: January 8, 2021

Medial Policy
Clinical Coverage Determination Guidelines

Hair Prosthesis

Description

A hair prosthesis (wig) is a hair system designed for those suffering from hair loss due to medical conditions. A prostheses contains a combination of fabrics and compounds that are used to re-create natural hair growth patterns and the look of the scalp. All materials in the prosthesis are treated to resist dirt, oils and body acids while providing maximum comfort.

Policy

For Non-Medicare Members

A hair prosthesis (wig or hair piece) is considered reasonable and necessary for a hair loss due to a medical condition or the treatment of a medical condition.

For Medicare Members

A hair prosthesis (wig or hair piece) is not covered under Medicare guidelines.

Policy Guidelines

Coverage Criteria:

1. Must be ordered by the treating physician.
2. Wigs and appropriate related supplies(Stand and tape) may be covered for Members meeting the following criteria:
 - a. Hair loss must be due to the effects of Alopecia areata, alopecia totalis, alopecia Medicamentosa: or
 - b. Permanent loss of scalp hair due to injury such as from burns or traumatic injury: or
 - c. Permanent loss of scalp hair due to an underlying skin condition resulting from infection or inflammation of the hair follicles that is characterized by extensive follicular destruction and is unresponsive to treatment; or

- d. Autoimmune diseases causing permanent hair loss; or
- e. Congenital baldness present since birth; or
- f. Long term side effect of chemotherapy or radiation treatment

HCPCS Codes and Descriptions**A9282 Wig, any type, each****Important Note**

The following coverage policy applies to health benefit plans administered by DHMP and may not be covered by all DHMP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a Member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

- The terms of the applicable benefit document in effect on the date of service.
- Any applicable laws and regulations.
- Any relevant collateral source materials including coverage policies.
- The specific facts of the particular situation.

Contact DHMP Customer Service to discuss plan benefits more specifically.

References

1. Vandegrift, K.V.: The development of an oncology alopecia wig program. J Intraven Nurs Mar-April;17(2):78-82, 1994