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 Plan Utilization
 Management
 Document Area All Lines of
 Business
 Applicability Denver Health
 Medical Plan
 (DHMP)
 Document Types DOP, NCQA

Hair Prosthesis - UM Clinical Coverage Guidance

PURPOSE

Provide clinical guidance for determining what medical services, procedures, devices, and drugs may be eligible for coverage and to evaluate whether a medical procedure or equipment is medically necessary. Providers are responsible for verifying eligibility and benefits before providing services to all Denver Health Medical Plan (DHMP) members

Important Information - Please Read Before Using This Departmental Operating Procedures (DOP)

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.

SCOPE

Clinical coverage guidance applies to DHMP Utilization Management (UM) Department and all lines of business. Clinical coverage guidelines are reviewed and presented to the Medical Management Committee (MMC) annually.

DEFINITIONS

None

PROCESS

CLINICAL COVERAGE GUIDELINE

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.

Coverage Criteria:

HCPCS Code and Description

A9282 Wig, any type, each

- A. Must be ordered by the treating physician.
- B. Wigs and appropriate related supplies(stand and tape) may be covered for members meeting the following criteria:
 - 1. Hair loss must be due to the effects of alopecia areata, alopecia totalis, alopecia Medicamentosa: or
 - 2. Permanent loss of scalp hair due to injury such as from burns or traumatic injury: or
 - 3. 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
 - 4. Autoimmune diseases causing permanent hair loss; or
 - 5. Congenital baldness present since birth; or
 - 6. Long term side effect of chemotherapy or radiation.

DOCUMENTATION/RECORDS

N/A

EXTERNAL REFERENCES

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

NCQA 2023 Standards & Guidelines for the Accreditation of Health Plans, UM2 Element A

DHMP/DHHA RELATED DOCUMENTS

Clinical Criteria for Utilization Management Decisions

Approval Signatures

Step Description	Approver	Date
Final Signatory	Gregory McCarthy: Executive Director MC	11/2023
NCQA	Viv Duval: Project Manager I, Administration	11/2023
Medical Director	Christine Seals: Medical Director Managed Care	11/2023
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