

Medical Policy



Hair Prosthesis (Wig/Hair Piece)

Description

A hair prosthesis (wig) is a hair system designed for those suffering from hair loss due to medical conditions. A prosthesis 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 Medicare Members

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

For Non-Medicare Members

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

Policy Guidelines

Coverage Criteria:

1. Must be ordered by the treating practitioner.
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 chemotherapy or radiation treatment; or
 - b. Treatment for any form of cancer or leukemia; or
 - c. Alopecia areata, alopecia totalis, alopecia medicamentosa; or
 - d. Permanent loss of scalp hair due to injury such as from burns or traumatic injury; or
 - e. 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
 - f. Congenital baldness; or
 - g. Autoimmune diseases causing permanent hair loss.

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HCPCS Level II Codes and Description

A9282 Wig, any type, each

Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating practitioner in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

Cross Reference to Related Policies and Procedures

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1. Vandegrift, K V.: The development of an oncology alopecia wig program. J Intraven Nurs Mar-Apr;17(2):78-82, 1994
2. Individual Health Plan coverage guidelines. November 9, 2021
3. UHC, Commercial policy 296.3.
<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/oxford/wigs-ohp.pdf>
 Accessed and reviewed 11/9/23.
4. BCBSRI,
<https://www.bcsri.com/providers/sites/providers/files/policies/2018/12/2018%20Wig%20Mandate.pdf>
 Accessed 11-15-22.

Change/Authorization History

Revision Number	Date	Description of Change	Prepared/Reviewed by	Approved by	Review Date:	Effective Date:
A	Nov.2006	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a	
01		Annual Review	Susan Glomb	Ken Fasse	Dec.2008	
02	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec.2009	
03	12-01-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
05	12-13-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Dec. 2011	
06	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
07	08-15-12	Changed to reflect treating physician to	Susan Glomb	Dr. B. Almasri	August 2012	

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		order vs. attending oncologist. Added autoimmune, congenital baldness to covered diagnoses.				
08	11-29-12	Annual review. No changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012	
09	12-18-13	Annual Review No changes.	Susan Glomb	Dr. B. Almasri		
10	11-24-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
11	11-16-15	Annual Review. Added information regarding Medicare vs. Non-Medicare members.	Lisa Wojno	Dr. B. Almasri	November 2015	
12	11-17-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016	
13	11-14-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2017	
14	11-14-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018	
15	11-11-19	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2019	11-2019
16	11-11-20	Annual review. Replaced “treating physician” with “treating practitioner”.	Carol Dimech	Dr. C. Lerchin	November 11, 2020	November 11, 2020
17	11-24-21	Annual Review. Added NCD, LCD verbiage to “Important Note”.	Carol Dimech/Susan Glomb	Dr. C. Lerchin	November 24, 2021	November 24, 2021
18	11-15-22	Annual review. Added reference.	Carol Dimech	Dr. C. Lerchin	11-15-22	11-15-22
19	11-9-23	Annual review. Added UHC reference.	Carol Dimech	Dr. C. Lerchin	11-9-23	11-9-23