

MEDICAL POLICY



MEDICAL POLICY DETAILS	
Medical Policy Title	Alopecia (Hair Loss)
Policy Number	2.01.36
Category	Contract Clarification
Original Effective Date	02/28/02
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Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit. • If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit. • If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit. • If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY STATEMENT

- I. Alopecia areata and scarring alopecia (e.g., discoid lupus, lichen planus) are the only indications for which treatment of hair loss is considered **medically appropriate**. Coverage is contract dependent.
- II. One (1) consultation for the evaluation of alopecia, unless known to be androgenic alopecia (AGA), is considered **medically appropriate**.
- III. All services related to the treatment of AGA are considered **not medically necessary**.
- IV. Ongoing treatment of generalized hair loss (e.g., telogen effluvium), regardless of cause, is considered **not medically necessary**.
- V. Any item used to cover bald spots or thinning hair, regardless of its name (e.g., wig, cranial prosthesis), is considered **not medically necessary**.
- VI. Hair transplants are considered **not medically necessary**.

Refer to Corporate Medical Policy #7.01.11 Cosmetic and Reconstructive Procedures

POLICY GUIDELINES

- I. Coverage for the evaluation and treatment of alopecia areata and scarring alopecia is contract dependent. Please contact your Customer (Provider/Member) Service Department to determine contract coverage.
- II. Initial referrals to a consultant are approved for **one** (1) office visit to determine the underlying diagnosis. Referral updates must be for the condition of alopecia areata or scarring alopecia. Only subsequent office visits for alopecia areata or scarring alopecia will be considered eligible for coverage.

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III. The initial office visit should be billed as an evaluation and management (E&M) visit to assess the patient’s current condition and underlying cause of hair loss.

DESCRIPTION

Alopecia is the condition of partial or complete loss of hair. Except for androgenic alopecia (male or female pattern baldness), hair loss may be caused by serious illness, endocrine disorders, or dermatitis. There are two major types of alopecia: non-scarring (e.g., alopecia areata) and scarring (e.g., discoid lupus and lichen planus).

Alopecia areata is a common, highly unpredictable, autoimmune disease that causes loss of hair on the scalp in sharply defined patches, and elsewhere on the body. The factors that activate its onset and the mechanisms of its development are not fully understood. It can have recurrent episodes and may progress to total scalp hair loss or complete body hair loss. There is no cure, although hair may return by itself. There are various treatments, which are most effective in milder cases, but none is universally effective. Current treatments do not cure alopecia areata, but stimulate the follicle to produce hair again, and treatments must be continued until the disease is resolved.

Androgenetic alopecia is a common form of non-scarring hair loss whereby hair is lost in a well-defined pattern over time. Platelet rich plasma (PRP) and hyperbaric oxygen therapy (HBOT) are being investigated as adjuvant treatment options for people with androgenetic alopecia (AGA), Both technologies lack peer-reviewed literature and lack FDA clearance /authorization for use for the indication of alopecia.

Discoid lupus is a chronic skin condition characterized by inflammation and scarring-type skin lesions occurring on the face, ears, scalp, and, at times, on other body areas. The lesions can cause permanent scarring and hair loss. The cause is unknown, but it is thought to be autoimmune with the body’s immune system, incorrectly attacking normal skin. The disease usually comes and goes. It will rarely go away and not come back. Various treatments will often improve lesions and may slow disease progression.

Lichen planus is an inflammatory mucocutaneous condition that may cause a small number of skin lesions or affect a wide area of the skin and mucous membranes, including papules around a cluster of hairs. Permanently bald patches may develop. It appears in episodes lasting months to years. The cause is unknown but is thought to be a reaction to more than one provoking factor. Theories include stress, genetics, infection, and medication. There is no known cure, but treatment is often effective in relieving itching and improving the appearance of the rash until it goes away.

Telogen effluvium is a form of diffuse, nonscarring hair loss due to alteration of the growth and resting phases of the normal hair cycle. It can be caused by childbirth, severe infection, severe psychological stress, severe chronic illness, major surgery, influenza, drugs, or crash diets (inadequate protein). There is no treatment for telogen effluvium. The problem will correct itself, and all the lost hair will eventually be replaced.

In most cases, treatment of alopecia is considered cosmetic and not medically necessary. Services for androgenic hair loss and telogen effluvium are considered not medically necessary.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

CPT Codes

Code	Description
11900	Injection, intralesional, up to and including seven lesions
11901	more than seven lesions

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HCPCS Codes

Code	Description
No codes	

ICD10 Codes

Code	Description
L43.0-L43.9	Lichen planus (code range)
L63.0-L63.9	Alopecia areata (code range)
L64.0-L64.9 (NMN)	Androgenic alopecia (code range)
L65.0-L65.9 (NMN)	Other non-scarring hair loss (code range)
L66.0-L66.9 (NMN)	Cicatricial alopecia [scarring hair loss] (code range)
L93.0-L93.2	Lupus erythematosus (code range)

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*Key Article

KEY WORDS

Alopecia areata, discoid lupus, lichen planus, telogen effluvium

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based on our review, alopecia is not addressed in National or Regional Medicare coverage determinations or policies.