

Medical Coverage Policy



Wig Mandate

Device/Equipment Drug Medical Surgery Test Other

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| Effective Date: | 1/1/2007 | Policy Last Updated: | 5/15/2012 |
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

A wig or toupee is an artificial covering made of human or synthetic hair worn on the head to conceal baldness.

This is an administrative policy to document the following Rhode Island General Laws (RIGL) pertaining to "scalp hair prosthesis":

I. RIGL 27-20-54 (effective 1/1/2007).

(a) Every individual or group hospital or medical expense insurance policy or individual or group hospital or medical services plan contract delivered, issued for delivery, or renewed in this state on or after January 1, 2007, which provides coverage for any other prosthesis shall provide coverage for expenses for scalp hair prosthesis worn for hair loss suffered as a result of the treatment of any form of cancer or leukemia; provided, however, that such coverage shall be subject to the same limitations and guidelines as other prosthesis, and that coverage shall not exceed an amount of three hundred fifty dollars (\$350) per covered member per year, exclusive of any deductible.

(b) This section shall not apply to insurance coverage providing benefits for: (1) hospital confinement indemnity; (2) disability income; (3) accident only; (4) long-term care; (5) Medicare supplement; (6) limited benefit health; (7) specified disease indemnity; (8) sickness or bodily injury or death by accident or both; and (9) other limited benefit policies.

Medical Criteria:

Not applicable.

Policy:

For commercial lines of business, wigs or toupees are covered only for members who have hair loss related to the treatment of cancer or leukemia.

Coverage:**BlueCHiP for Medicare:**

Although Rhode Island General Laws do not apply to the BlueCHiP for Medicare, wigs are covered for members who have hair loss related to cancer treatment.

Commercial:

Benefits may vary between groups/contracts. Please refer to the appropriate member booklet/subscriber agreement/contract for applicable durable medical equipment/prosthesis benefits/coverage.

Self-funded groups may or may not choose to follow state mandate(s). Due to the language in the state mandate, and for the purposes of this policy only, wigs are referred to as durable medical equipment/prosthesis.

Coding:

A9282 Wig, any type, each

Related topics:

Not applicable

Published:

Policy Update, Oct 2005

Policy Update, Dec 2006

Policy Update, Jan 2008

Provider Update, Dec 2008

Provider Update, Dec 2009

Provider Update, Apr 2010

Provider Update, Mar 2011

Provider Update Jul 2012

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.