

MEDICAL POLICY



MEDICAL POLICY DETAILS	
Medical Policy Title	ALOPECIA (HAIR LOSS)
Policy Number	2.01.36
Category	Contract Clarification
Effective Date	02/28/02
Revised Date	03/27/03, 02/26/04, 04/28/05, 02/23/06, 02/22/07, 12/13/07, 10/23/08
Archived Date	12/11/08
Edited Date	10/28/09, 12/09/10, 12/08/11, 12/06/12, 12/12/13, 12/11/14, 12/10/15, 12/8/16, 12/14/17, 12/13/18
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 product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare 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.

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 consultation for the evaluation of alopecia, unless known to be androgenic alopecia, is considered **medically appropriate**.
- III. All services related to the diagnosis and/or treatment of *androgenic alopecia* 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 #2.01.19 regarding Microscopic Examination of the Hair.

Refer to Excellus Medical Policy #7.01.11 regarding 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 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**.
- III. The initial office visit should be billed as an evaluation and management (E&M) visit in order 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).

Medical Policy: ALOPECIA (HAIR LOSS)

Policy Number: 2.01.36

Page: 2 of 3

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 are universally effective. Current treatments do not cure alopecia areata but stimulate the follicle to produce hair again, and treatments need to be continued until the disease is resolved.

Discoid lupus is a chronic skin condition characterized by inflammation and scarring type skin lesions which occur 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 down 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 an abnormal loss of hair 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 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.*

CPT Codes

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

Copyright © 2019 American Medical Association, Chicago, IL

HCPCS Codes

Code	Description
No codes	

ICD10 Codes

Code	Description
L43.0-L43.9	Lichen planus
L63.0-L63.9	Alopecia areata
L64.0-L64.9 (NMN)	Androgenic alopecia
L65.0-L65.9 (NMN)	Non-scarring hair loss
L66.0-L66.9 (NMN)	Scarring hair loss
L93.0-L93.2	Lupus erythematosus

Proprietary Information of Excellus Health Plan, Inc.

Medical Policy: ALOPECIA (HAIR LOSS)

Policy Number: 2.01.36

Page: 3 of 3

REFERENCES

BlueCross BlueShield Association. Reconstructive/cosmetic services – archived. Medical Policy Reference Manual #10.01.09. 2011 Dec 8.

Dainichi T, et al. Alopecia areata: What's new in epidemiology, pathogenesis, diagnosis, and therapeutic options? *J Dermatol Sci*. 2017 Apr;86(1):3-12. doi: 10.1016/j.jdermsci.2016.10.004. Epub 2016 Oct 11.

Delamere FM, et al. Interventions for alopecia areata. *Cochrane Database of Systematic Reviews* 2008, Issue 2. Art. No.: CD004413 [http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD004413/frame.html] accessed 11/7/17.

Hordinsky M, et al. Alopecia areata: an evidence-based treatment update. *Am J Clin Dermatol*. 2014 Jul;15(3):231-46. doi: 10.1007/s40257-014-0086-4.

van Zuuren EJ, et al. Interventions for female pattern hair loss. *Cochrane Database Syst Rev* 2016 May 26;(5):CD007628.

*Key Article

KEY WORDS

Alopecia areata, discoid lupus, lichen planus, telogen effluvium

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based upon review, there is no National or Local Medicare coverage determination or policy specifically addressing alopecia