Payment Policy | Wig Mandate

EFFECTIVE DATE: 01|01|2007
POLICY LAST REVIEWED: 09|25|2025

OVERVIEW

A wig or toupee is an artificial covering made of human or synthetic hair worn on the head to conceal baldness. This policy documents coverage for wigs (scalp hair prosthesis) worn for hair loss suffered as a result of the treatment of any form of cancer or leukemia in accordance with federal and state mandates (see text below).

This policy is applicable to Commercial products as State Mandates do not apply to Medicare Advantage Plans.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Commercial Products

Wigs or toupees are covered at $350 per occurrence for members who have hair loss related to the treatment of cancer or leukemia.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet or Subscriber Agreement for applicable durable medical equipment/prosthesis 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.

BACKGROUND

Qualified Health Plans (QHPs) are required to cover Essential Health Benefits (EHBs), as defined in Section 1302(b) of the Patient Protection and Affordable Care Act.

Most benefit plans will need to include these EHBs (some exceptions may apply to certain large groups; consult your Subscriber Agreement for details).

Wigs (scalp hair prosthesis) worn for hair loss suffered as a result of the treatment of any form of cancer or leukemia, are included in the Rhode Island Benchmark Plan that defines the EHBs for RI QHPs. Federal mandates regarding EHBs supersede RI state mandates in regard to removing any annual and lifetime dollar limits.

According to Rhode Island General Law (RIGL) Section 27-20-54 for Mandatory coverage of scalp hair prosthesis:

(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.

Please note: It is typically not necessary to replace a wig more than once a year.

CODING

Commercial Products

The following HCPCS code is covered for members with a diagnosis of cancer:

A9282 Wig, any type, each

RELATED POLICIES:

Not applicable

PUBLISHED

Provider Update, September 2023
Provider Update, Dec 2021
Provider Update, May 2020
Provider Update, May 2019
Provider Update, April 2018
Provider Update, May 2017

REFERENCES

1. NCSL National Conference of State Legislatures STATE HEALTH INSURANCE MANDATES AND THE ACA ESSENTIAL BENEFITS PROVISIONS: http://www.ncsl.org/issues-research/health/state-ins-mandates-and-aca-essential-benefits.aspx
2. Rhode Island General Law (RIGL) § 27-20-54 Mandatory coverage for scalp hair prosthesis: http://webserver.rilin.state.ri.us/Statutes/title27/27-20/27-20-54.HTM

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

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