

Medical Coverage Policy | Wig Mandate



EFFECTIVE DATE: 01|01|2007

POLICY LAST UPDATED: 10|15|2013

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.

PRIOR AUTHORIZATION

Prior Authorization is not required.

POLICY STATEMENT

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:

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

MEDICAL CRITERIA

None

BACKGROUND

Effective January 1, 2014, 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. As groups renew in 2014, most benefit plans will need to include these EHBs (some exceptions may apply to certain large groups; consult your Subscriber Agreement or Benefit Booklet 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 with regards to removing any annual and lifetime dollar limits.

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.

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

COVERAGE

BlueCHiP for Medicare and 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

BlueCHiP for Medicare and Commercial:

A9282 Wig, any type, each

RELATED POLICIES

None

PUBLISHED

Provider Update	Dec 2013
Provider Update	Jul 2012
Provider Update	Mar 2011
Provider Update	Apr 2010
Provider Update	Dec 2009
Provider Update	Dec 2008
Policy Update	Jan 2008
Policy Update	Dec 2006
Policy Update	Oct 2005

REFERENCES

1. <http://www.ncsl.org/issues-research/health/state-ins-mandates-and-aca-essential-benefits.aspx>
2. <http://ebn.benefitnews.com/news/hhs-defines-essential-health-benefits-ppaca-2729494-1.html>

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