

Cranial/Scalp/Wig Prosthesis Corporate Medical Policy

File Name: Cranial/Scalp/Wig Prosthesis
File Code: 1.03.VT204
Origination: 04/12/01
Last Review: 04/2026
Next Review: 04/2027
Effective Date: 08/01/2026

Description/Summary

A wig or hairpiece (cranial/scalp prosthesis) is a prosthetic supply for hair loss and is comprised of a hairpiece of human or artificial hair worn as personal adornment or to conceal baldness.

Policy

Coding Information

Click the links below for attachments, coding tables & instructions.

[Attachment I- HCPCS coding table & instructions](#)

[Attachment II- ICD-10-CM Code Table & Instructions](#)

When a service may be considered medically necessary

The Plan considers a wig **medically necessary** when generalized hair loss is present due to one or more of the following conditions:

- Chemotherapy
- Radiation therapy
- Scalp injury
- Third degree burn
- Alopecia totalis
- Alopecia areata
- Congenital baldness present since birth

When a service is considered not medically necessary

The Plan considers a wig **not medically necessary** when the above conditions are not met and/or if balding or hair loss is due to:

- Natural aging process
- Premature balding at a young age
- Male/Female pattern baldness
- Medical conditions which are not a covered diagnosis under this medical policy

Replacement Wigs

A replacement wig will be covered as a result of normal growth or a significant change in the member's physical condition that renders the prosthesis unusable. A replacement wig will also be covered if the wig becomes unusable due to normal deterioration or natural wear and tear. Such replacement wigs will be limited to once every three years, with the three-year period beginning at the time the original wig is purchased.

Replacement of lost, stolen or destroyed Durable Medical Equipment

We will replace one lost, stolen or destroyed Durable Medical Equipment, prosthetic or orthotic per Plan Year if not covered by an alternative entity (including but not limited to homeowner's insurance and automobile insurance) if:

- the Durable Medical Equipment, prosthetic or orthotic's absence would put the member at risk of death, disability or significant negative health consequences such as a hospital admission;
- the Durable Medical Equipment is still under warranty

Note: In order to replace a stolen item we require you to submit documentation, such as a police report, with the request.

Exclusions

We do not cover the replacement of a lost, stolen or destroyed Durable Medical Equipment, prosthetic or orthotic:

- if the criteria above have not been met; **AND**
- for more than one lost, stolen or destroyed Durable Medical Equipment, prosthetic or orthotic per Plan Year.

Related Policies

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

Document Precedence

Blue Cross and Blue Shield of Vermont (Blue Cross VT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, Blue Cross VT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

Audit Information

Blue Cross VT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, Blue Cross VT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

Date	Brief Description
02/2013	Removed diagnosis codes for alopecia (unspecified/totalis). Removed diagnosis for burns; unspecified sites. Prior Approval only required if over \$500.00. Medical/Coder reviewed- RLJ. Approved by MPC 1/10/13.
02/2014	ICD-10 remediation only. RLJ.
04/2015	Removed prior approval language.
06/2015	Update DX list and clarified language when a wig is considered medically necessary.
05/2016	ICD-9 codes removed. Removed ICD-10 diagnoses that did not meet medical necessity criteria for a wig.
10/2016	ICD-10 Codes updated, removed “severe burns” and replaced with third degree burn and removed “traumatic injury.” It is covered under scalp injury.
11/2017	Minor rewording and clarifications policy statements remain unchanged. Added DME language for lost or stolen items.
01/2019	Policy reviewed no changes to policy statement
01/2020	Policy reviewed, no changes to policy statement
10/2020	Policy Reviewed. Change to allow coverage for when generalized hair loss is present due to chemotherapy for any indication, not just due to treatment of cancer. Clarification around replacement wig wording. Addition to allow replacement of unusable wig due to normal deterioration or natural wear and tear.
10/2021	Policy reviewed. No changes to policy statement.
08/2022	Policy reviewed. No changes to policy statement.
04/2023	Policy reviewed. Minor grammatical changes. No changes to policy statement. Updated Related Policy Section.
04/2024	Policy reviewed. Minor formatting changes. No changes to policy statement.
04/2025	Policy reviewed. No change to policy statement.
04/2026	Policy reviewed. No change to policy statement.

Eligible Providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by Blue Cross VT Medical Directors

Tom Weigel, MD, MBA
 Vice President & Chief Medical Officer

Attachment I
HCPCS Coding Table & Instructions

Code Type	Number	Brief Description	Policy Instructions
The following HCPCS is appropriate for Cranial Wig Prosthesis			
HCPCS	A9282	Wig, Any Type, Each	
Type of Service		Durable medical equipment	

Attachment II
ICD-10-CM Code Table & Instructions

Code	Number	Description
Only the following diagnoses are considered medically necessary when criteria outlined in this policy is met.		
ICD-10-CM	L63.0	Alopecia (capitis) totalis
ICD-10-CM	L63.1	Alopecia universalis
ICD-10-CM	L63.2	Ophiasis
ICD-10-CM	L63.8	Other alopecia areata
ICD-10-CM	L63.9	Alopecia areata, unspecified
ICD-10-CM	L64.0	Drug-induced androgenic alopecia
ICD-10-CM	L64.8	Other androgenic alopecia
ICD-10-CM	L65.1	Anagen effluvium
ICD-10-CM	L65.2	Alopecia mucinosa
ICD-10-CM	L65.8	Other specified nonscarring hair loss
ICD-10-CM	L66.0	Pseudopelade

Code	Number	Description
Only the following diagnoses are considered medically necessary when criteria outlined in this policy is met.		
ICD-10-CM	L66.2	Folliculitis decalvans
ICD-10-CM	L66.8	Other cicatricial alopecia
ICD-10-CM	L66.9	Cicatricial alopecia, unspecified
ICD-10-CM	Q84.0	Congenital alopecia
ICD-10-CM	Q84.1	Congenital morphological disturbances of hair, not elsewhere classified
ICD-10-CM	Q84.2	Other congenital malformations of hair
ICD-10-CM	S01.00xA	Unspecified open wound of scalp, initial encounter
ICD-10-CM	S01.00xD	Unspecified open wound of scalp, subsequent encounter
ICD-10-CM	S01.00xS	Unspecified open wound of scalp, sequela
ICD-10-CM	S01.01xA	Laceration without foreign body of scalp, initial encounter
ICD-10-CM	S01.02xA	Laceration with foreign body of scalp, initial encounter
ICD-10-CM	S01.02xD	Laceration with foreign body of scalp, subsequent encounter
ICD-10-CM	S01.02xS	Laceration with foreign body of scalp, sequela
ICD-10-CM	S01.03xA	Puncture wound without foreign body of scalp, initial encounter
ICD-10-CM	S01.04xA	Puncture wound with foreign body of scalp, initial encounter
ICD-10-CM	S01.05xA	Open bite of scalp, initial encounter
ICD-10-CM	S07.0xxA	Crushing injury of face, initial encounter
ICD-10-CM	S07.0xxD	Crushing injury of face, subsequent encounter
ICD-10-CM	S07.0xxS	Crushing injury of face, sequela

Code	Number	Description
Only the following diagnoses are considered medically necessary when criteria outlined in this policy is met.		
ICD-10-CM	S07.1xxA	Crushing injury of skull, initial encounter
ICD-10-CM	S07.1xxD	Crushing injury of skull, subsequent encounter
ICD-10-CM	S07.1xxS	Crushing injury of skull, sequela
ICD-10-CM	S07.8xxA	Crushing injury of other parts of head, initial encounter
ICD-10-CM	S07.8xxD	Crushing injury of other parts of head, subsequent encounter
ICD-10-CM	S07.8xxS	Crushing injury of other parts of head, sequela
ICD-10-CM	S07.9xxA	Crushing injury of head, part unspecified, initial encounter
ICD-10-CM	S07.9xxD	Crushing injury of head, part unspecified, subsequent encounter
ICD-10-CM	S07.9xxS	Crushing injury of head, part unspecified, sequela
ICD-10-CM	S08.0xxA	Avulsion of scalp, initial encounter
ICD-10-CM	T20.35xA	Burn of third degree of scalp [any part], initial encounter
ICD-10-CM	T20.35xD	Burn of third degree of scalp [any part], subsequent encounter
ICD-10-CM	T20.35xS	Burn of third degree of scalp [any part], sequela
ICD-10-CM	T20.75xA	Corrosion of third degree of scalp [any part], initial encounter
ICD-10-CM	T20.75xD	Corrosion of third degree of scalp [any part], subsequent encounter
ICD-10-CM	T20.75xS	Corrosion of third degree of scalp [any part], sequela
ICD-10-CM	Z51.0	Encounter for antineoplastic radiation therapy

Code	Number	Description
Only the following diagnoses are considered medically necessary when criteria outlined in this policy is met.		
ICD-10-CM	Z51.11	Encounter for antineoplastic chemotherapy
ICD-10-CM	Z92.21	Personal history of antineoplastic chemotherapy