Alopecia Payment Policy

Policy number M.MIS.25.160315, effective 04/12/2016

I. Policy

University Health Alliance (UHA) will cover the diagnosis and treatment of alopecia areata when such services met the medical criteria guidelines (subject to limitations and exclusions) indicated below.

II. Background

Alopecia areata is a disease characterized by hair cycle dysfunction and the presence of peribulbar and perifollicular mononuclear cell infiltrates. The diagnosis of this condition is made by observation.

UHA plans do not cover services and supplies, including hair transplants and topical medications, for the treatment of male and female pattern hair loss or baldness, regardless of the patient's condition. This exclusion includes, but is not limited to, visits for treatment of alopecia, hair transplants, topical medications and intraleisional injections. These services and procedures are not covered benefits and should not be billed to UHA.

III. Criteria/Guidelines

A. UHA will cover services related to the diagnosis of alopecia. Examples of diagnostic services that are covered include:
   1. Initial office visits for patients who seek medical advice regarding unexplained hair loss.
   2. Laboratory tests, when the physician is not able to make a conclusive diagnosis and orders laboratory tests to help determine the reason for the hair loss. The date of service for the lab testing must fall between the first and third diagnostic visits.
   3. A second and third visit, if needed, to discuss the findings of any lab work as well as the physician's diagnosis and recommendations for treatment.
   4. Visits subsequent to the diagnostic visit(s) are not a covered benefit.

B. UHA does not cover the following treatment for the diagnosis of alopecia, regardless of the condition of the patient or cause of hair loss:
   1. Finasteride (Propecia)
   2. Topical minoxidil (Rogaine).
      a. Both topical minoxidil and finasteride are hair growth stimulants that do not affect the underlying pathogenesis of this condition and are used mainly for the treatment of androgenetic alopecia (male pattern baldness). Neither has been proven effective in the treatment of alopecia areata, as they do not affect the underlying pathogenesis of this condition.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members’ individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies.
and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

IV. Administrative Guidelines

A. Prior authorization is not required.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>L63.0</td>
<td>Alopecia (capitis) totalis</td>
</tr>
<tr>
<td>L63.1</td>
<td>Alopecia universalis</td>
</tr>
<tr>
<td>L63.2</td>
<td>Ophiasis</td>
</tr>
<tr>
<td>L63.8</td>
<td>Other Alopecia areata</td>
</tr>
<tr>
<td>L63.9</td>
<td>Alopecia areata, unspecified</td>
</tr>
</tbody>
</table>

V. Policy History

Policy Number: M.MIS.25.160315
Current Effective Date: 04/12/2016
Original Document Effective Date: 04/12/2016
Previous Revision Dates: N/A
PAP Approved: 03/15/2016