Subject: Alopecia Areata

Effective Date: March 25, 2008

Department(s): Utilization Management

Policy: Treatments for alopecia areata (ICD-9 704.01; ICD-10 L63.0-L63.9) enumerated in this policy are reimbursable under Plans administered by QualCare, Inc.

Objective: To ensure proper and consistent reimbursement and to define criteria for the treatment of a specific cause of hair loss

Procedure: A. The initial visit for diagnosis and treatment of alopecia areata and all subsequent visits at which it is treated are reimbursable, regardless of other dermatologic conditions for which the member is seen during those visits.

B. The following treatments for alopecia areata are reimbursable:

1. Topical steroids
2. Intralesional steroid injections (CPT 11900 and 11901)
3. Topical anthralin (e.g., Drithocreme, Micanol®)
4. Psoralen photochemotherapy (PUVA) (CPT 96912)
C. When the treatments listed in B above have failed for alopecia areata that involves loss of more than 50% of scalp hair, topical immunotherapy is reimbursable.

D. When a treatment with a covered CPT code such as intralesional steroid injection is given during an evaluation and management (E & M) visit, the intralesional injection shall be reimbursed in addition to the E & M visit, using Modifier -25.

E. Treatments intended to stimulate hair growth without addressing the underlying immunological condition are NOT reimbursable as they are considered cosmetic, and include but are not limited to:

   1. Topical minoxidil (e.g., Rogaine®)
   2. Finasteride (Propecia®)

F. The following treatments are not reimbursable as they are considered investigational due to limited published peer-reviewed literature regarding safety and efficacy: excimer laser, topical bexarotene, topical capsaicin, platelet rich plasma, intradermal injection of autologous bone marrow stem cells or follicular stem cells, fractional photothermolysis, botulinum toxin, topical pimecrolimus, topical cyclosporine, topical tacrolimus, photodynamic therapy, and biologic agents including tumor necrosis factor alpha inhibitors and interleukin-2.

G. Treatment of other causes of hair loss (ICD-9 704.00, 704.02, 704.09; ICD-10 L64.0, L64.8, L64.9, L65.0-L65.9, L66.0-L66.9) are NOT reimbursable.
References


Drafted By/Date: BFisher, MD 03/02/08
Approved By/Date: QM Committee 03/25/08
Revised By/Date: BFisher, MD 05/22/10
Approved By/Date: QM Committee 06/08/10
Reviewed without Revision By/Date: MMcNeil, MD 04/17/12
Approved By/Date: QM Committee 05/08/12
Revised By/Date: MMcNeil, MD 05/02/14
Approved By/Date: QM Committee 5/13/14
Revised By/Date: M. McNeil, MD 09/29/16
Approved By/Date: QM Committee 10/25/16

*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.