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# Alopecia Treatment

## Adjudication Guideline

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### Abstract

#### For Members

Alopecia describes loss of hair from areas where hair normally grows. It comes in a variety of patterns with a variety of causes. The most common form is male pattern baldness, or androgenetic alopecia.

Treatment depends on the type of alopecia; for people with Alopecia Areata, medications may help reduce hair loss. Some men with male pattern hair loss may consider surgery, such as hair transplants, scalp reduction, and strip or flap grafts.

#### For Medical Professionals

Treatment of androgenic alopecia is not covered for any health insurance plan administered by Daman as it is considered cosmetic.

However, treatment and work up for Alopecia (Syphilitic alopecia/Alopecia totalis/Alopecia Universalis/ Alopecia Ophiasis /Alopecia Areata) is covered for those plans with the specific benefits, if the treatment is targeted towards treating the underlying cause; subject to policy terms and conditions.

**Approved by:**  
Daman

**Responsible:**  
Medical Standards & Research

**Related Adjudication Guidelines:**  
NA

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## I. Scope

This Adjudication rule highlights Daman's Coverage policy of the treatment of all types of Alopecia for all Plans administered by Daman.

### A. Medical indication:

Alopecia may be divided into scarring (destruction of hair follicle) and non-scarring (preservation of hair follicle).

- i. Scarring Alopecia:
  - a. Trauma, burns.
  - b. Radiotherapy.
  - c. Lichen Planus.
  - d. Discoid Lupus.
  - e. Tinea capitis (scarring may develop in untreated tinea capitis if a keroin develops).
- ii. Non-Scarring Alopecia:
  - a. Male-Pattern baldness.
  - b. Drugs: cytotoxic drugs, Carbimazole, Colchicine, Heparin (anti-Coagulant), Oral Contraceptive Pills.
  - c. Nutritional: Iron and Zinc deficiency.
  - d. Autoimmune: alopecia areata.
  - e. Telogen effluvium (hair loss following stressful period e.g. Surgery).
  - f. Trichotillomania.
- iii. Alopecia Areata:
  - a. Alopecia Areata is a presumed autoimmune condition causing localised, well demarcated patches of hair loss.
  - b. At the edge of the hair loss, there may be small, broken "exclamation mark" hairs.
  - c. Hair will regrow in 50% of patients by 1 year, and in 80-90% eventually.
  - d. Watchful waiting for spontaneous remission and careful explanation is therefore sufficient in many patients.
  - e. Other Treat options include:
    - Topical or Intralesional Corticosteroids (triamcinolone).
    - Topical Minoxidil.
    - Phototherapy.
    - Dithranol.
    - Contact immunotherapy.
    - Wigs.

## II. Adjudication Policy

### A. Eligibility / Coverage Criteria

Treatment and work up for Alopecia (Syphilitic alopecia/Alopecia totalis/Alopecia Universalis/ Alopecia Ophiasis /Alopecia Areata) is covered for those plans with the specific benefits, if the treatment is targeted towards treating the underlying cause; subject to policy terms and conditions.

### B. Requirements for Coverage

ICD and CPT codes must be codes to the highest level of specificity

### C. Non-Coverage

"Any Health services and associated Expenses for Alopecia baldness, hair falling, dandruff, Wigs OR toupees".

### D. Payment and Coding Rules

Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

### III. Denial codes

Code description
Diagnosis are not covered
Services is not covered
Services is not clinically indicated based on good clinical practice

### IV. Appendices

#### A. References

- <https://onlinelibrary.wiley.com/doi/full/10.1111/jdv.14624>
- [https://www.bad.org.uk/librarymedia%5Cdocuments%5CAlopecia\\_areata\\_guidelines\\_2012.pdf](https://www.bad.org.uk/librarymedia%5Cdocuments%5CAlopecia_areata_guidelines_2012.pdf)
- [https://www.gfmer.ch/Guidelines/Hirsutism\\_adrenal\\_gland\\_diseases/Alopecia.htm](https://www.gfmer.ch/Guidelines/Hirsutism_adrenal_gland_diseases/Alopecia.htm)
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- <https://www.fda.gov/downloads/ForIndustry/UserFees/PrescriptionDrugUserFee/UCM602955.pdf>

#### B. Revision History

Date	Change(s)
01/06/2012	V1.0 - Release of first version
01-07-2013	V2.0 - New Template
05-07-2014	V3.0 - Disclaimer update as per system requirements - Restored original effective date
12-07-2018	V4.0 - Content update