

Blue Cross Blue Shield of Michigan
Medicare Advantage Private Fee-for-Service

Wigs

January 1, 2008
Updated October 1, 2008

WIGS

Wig is an artificial covering of hair for all or most of the head, of either synthetic or natural hair.

ORIGINAL MEDICARE

Wigs of any type, wig stands and wig-related adhesives are not covered under Original Medicare for any reason or condition.

MEDICARE ADVANTAGE

Coverage for wigs, wig stand and adhesives is provided to members under select Medicare Advantage private fee-for-service plans. The scope of the benefit, reimbursement methodology, maximum allowable payment amounts and the member's cost-sharing are determined by the group.

Wigs must be prescribed by a physician and one of the following conditions is required:

- Hair loss due to chemotherapy; or
- Alopecia or disease that caused hair loss

Conditions for Payment

BCBSM Medicare Advantage private fee-for-service plans use the Centers for Medicare & Medicaid Services deemed provider¹ concept for group specific benefits. The table below specifies payment conditions for wigs, wig stand and adhesive:

Conditions for Payment	
Eligible providers	DME supplier, orthotist, prosthetist, other sources
Deemed provider	See terms and conditions on bcbsm.com/ma
Payable location	Home
Frequency	No restrictions
HCPCS codes	A4452, A4649, A9282
Diagnosis restrictions	Restrictions apply
Age restrictions	No restrictions

Reimbursement

The maximum payment amount for the wigs benefit is available in a separate document, [BCBSM Medicare Advantage - Additional Benefits Fee Schedule](#).

¹ 2008 Terms and conditions

The provider will be paid the lesser of this allowable amount or the provider's charge, minus the member's cost-share. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.

Member Cost-Sharing

- Deemed providers must agree to collect from the member only the cost-sharing amounts described in the table below. They may not otherwise charge or bill the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the noncovered service.

The cost-sharing chart below identifies members with wigs, wig stand and adhesive coverage:

Member Cost-Sharing Responsibilities			
Group Name and Number	Annual Deductible	Coinsurance	
		Professional Claim	
		Out-of-Pocket Maximum	
State of Michigan Retirees ² 81820, 81821, 81828	None	Does not apply	

Billing Instructions

1. Bill services on the CMS 1500 (8/05) claim form.
2. Use the Medicare Advantage private fee-for-service unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Send your paper claim to DMensions Benefit Management at the following address:

Medicare Advantage
 DMension Benefit Management, P.O. Box 81700
 Rochester, MI 48308-1700

² State of Michigan Retirees benefit grid