Wigs

Applies to:

☐ BCN Advantage Individual ☒ BCN Advantage Group ☐ Both

BCN Advantage HMO℠
BCN Advantage HMO-POS℠

Blue Care Network of Michigan

Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Wigs

A wig is an artificial covering of hair for all or most of the head made of either synthetic or natural hair.

Original Medicare

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

BCN Advantage enhanced benefit

BCN Advantage is a Medicare Advantage plan that provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Care Network to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for wigs, wig stands, and wig-related adhesives is provided to members under the BCN Advantage group plans that select this benefit. The group determines the scope of the benefit, reimbursement methodology, maximum allowed amounts and the member's cost sharing.

Wigs must be prescribed by a physician and hair loss must be due to chemotherapy.

Conditions for payment

The table below specifies payment conditions for wigs, wig stands, and wig-related adhesives.

Conditions for payment	
Eligible provider	DME supplier, orthotist, prosthetist, other sources
Payable location	Home
Frequency	No restrictions
HCPCS codes	A4452, A4649, A9282
Diagnosis restrictions	Restrictions apply
Age restrictions	No restrictions

Reimbursement

To find BCN Advantage plan's maximum payment amount for wigs, wig stands and wig-related adhesives, visit our provider portal, Availity Essentials. Within Secure Provider Resources, click on BCN Fee Schedules under the *Fee Schedules* tab and follow the instructions. The provider will be paid the lesser of this allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers aren't allowed to bill the member for the difference between the allowed amount and the charge.

- **University of Michigan**
  - Covered 100% (no deductible or copay/coinsurance) with physician prescription/prior authorization.

Member cost share

- BCN Advantage providers should collect the applicable cost share from the member at the time the item or service is provided. Cost share refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate BCN Advantage cost share amounts from the member.
- Members who elect to receive a noncovered item or service are responsible for the entire charge associated with that item or service.
- Providers may not have members sign an Advance Beneficiary Notice of Noncoverage to accept financial responsibility for noncovered items or services. If there is any question about whether an item is covered, seek a coverage determination from Blue Care Network before providing the item to the member. If a provider issues a noncovered item to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost share.

To verify benefits and cost share, providers may use our provider portal or call 1-800-344-8525.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form.
2. Use the BCN Advantage 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. Use electronic billing:
   a. **Michigan Providers:** Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835Companion Documents) are available on the Blue Cross website under the reference library section at **bcbsm.com/providers/help/edi/**.
   b. **Providers outside Michigan:** Members of BCN Advantage HMO-POS plans have a point-of-service benefit offered through the nationwide network of Blue Plan Providers via the Blue Cross and Blue Shield Association. Providers outside Michigan who participate with Blue plans can provide preauthorized routine and follow-up care as necessary. Contact your local Blue plan for billing instructions.

      Coverage outside Michigan for members of BCN Advantage HMO plans is limited to medical emergencies, urgently needed services and renal dialysis unless BCN Advantage has approved the out-of-network services, which members must request in advance.

6. Send paper claims to:
   BCN Advantage Claims
   Blue Care Network
   P.O. Box 68753
   Grand Rapids, MI 49516-8753

Revision history

Effective: 01/01/2024

Reviewed: 12/03/2024

Revised: 11/10/2025

11/10/2025: Benefits listed for URMBT and State Health Plan were removed going back to 01/01/2024.