

Wigs Applies to:



**Blue Cross
Blue Shield**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Medicare Plus Blue PPOSM Medicare Plus Blue Group PPOSM Both

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 or wig-related adhesives aren't covered under Original Medicare for any reason or condition.

Medicare Plus BlueSM Group PPO enhanced benefit

Medicare Plus Blue is a Medicare Advantage plan, which 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 Cross 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 select Medicare Plus Blue Group PPO plans. This enhanced benefit applies to groups that select this benefit. The scope of the benefit, reimbursement methodology, maximum allowed amounts and the member's cost sharing are determined by the group.

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

Blue Cross Blue Shield of Michigan

bcbsm.com/provider/ma

Reimbursement

Medicare Plus Blue Group PPO plan's maximum allowed payment amount for wigs, wig stands and adhesives is available on our provider website, bcbsm.com/providers/help/faqs/medicare-advantage/provider-toolkit/enhanced-benefits.html in the MA enhanced benefits fee schedule. The provider will be paid the lesser of this amount or the providers charge, minus the member's cost share. This represents payment in full and providers aren't allowed to balance bill the member for the difference between the allowed amount and the charge.

Member cost sharing

- Medicare Plus Blue providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate Medicare Plus cost sharing amount from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with that service.
- Providers may not have members sign an ABN to accept financial responsibility for noncovered items or services. If there is any question about whether an item or service is covered, seek a coverage determination from Blue Cross before providing the item or service to the member. If a provider provides a noncovered item/service 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 utilize web-DENIS or call 1-866-309-1719.

Billing instructions for providers

1. Bill services on either the CMS 1500 (02-12), UB-04 or 837 equivalent claim form.
2. Use the Medicare Advantage PPO 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 837/835 Companion Documents) are available on the Blue Cross website under the reference library section at: <http://www.bcbsm.com/providers/help/faqs/electronic-connectivity-edi.html>.
 - b. Providers outside of Michigan should contact their local Blue Cross plan.
6. Send your electronic and/or paper claims to your local Blue Cross plan.
7. Send paper claims to the following address:
Medicare Plus Blue
Blue Cross Blue Shield of Michigan
P.O. Box 32593
Detroit, MI 48232-0593

Revision history

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06/27/2016: Updated formatting, removed alopecia, updated billing instructions for providers, updated hyperlinks, added revision history section.