POLICY TITLE: CRITERIA FOR THE COVERAGE OF ALOPECIA AREATA

POLICY STATEMENT: Medical Associates Health Plans has established specific criteria that must be met in order to provide coverage for alopecia areata. Alopecia areata is a common disorder characterized by the rapid onset of one of many defined, usually round, 1 to 4 cm areas of scalp hair loss. A common feature is the presence of “exclamation-mark” hairs that may be present at the margins of the bald patch. “Exclamation-mark” hairs are broken, short hairs that taper proximally. Some patients with alopecia areata also exhibit nail pitting. The disorder may affect any hair-bearing area, but most commonly affects the scalp, eyebrows, eyelashes, and beard hairs. Hair loss may be patchy or extensive. In extreme cases, the disease may result in total loss of scalp hair (alopecia totalis) or scalp and body hair (alopecia universalis). Children and adults may be affected; the majority of patients are under 40 years of age. The purpose of this policy is to identify the criteria to be applied consistently to all cases where coverage is being requested.

Purpose: This document applies to eligible individuals who meet the clinical criteria and who have coverage under the scope and limitations of their benefit package. Services which are medically appropriate or indicated may not be approved for coverage based on exclusions and limitations of the benefit package.

Policy: MAHP will cover the initial consultation and any necessary tests to reasonably establish a diagnosis. Coverage of treatment will depend on the established diagnosis.

I. MAHP considers the following treatments medically necessary for mild alopecia areata (less than 50% loss of scalp hair):
   a. Anthralin (Dithranol, Drithocreme);
   b. Glucocorticoid (topical, intrallesional).

II. MAHP considers the following treatments medically necessary for extensive alopecia areata (greater than 50% loss of scalp hair):
   a. Anthralin (Dithranol, Drithocreme);
   b. Glucocorticoid (oral, topical, intrallesional);
   c. Psoralen (oral or topical) photochemotherapy (PUVA).

III. MAHP considers topical immunotherapy (i.e., diphenylcyclopropenone [DPCP/DCP], squaric acid dibutyl ester [SADBE]) medically necessary for extensive alopecia areata (greater than 50% loss of scalp hair) when conventional therapies have failed.

IV. MAHP considers the following treatments experimental and investigational for alopecia areata:
   a. Finasteride (Propecia)
   b. Topical minoxidil (Rogaine).

Both topical minoxidil and finasteride are hair growth stimulants that do not affect the underlying pathogenesis of this condition and are used mainly for the treatment of
androgenetic alopecia (male pattern baldness). Neither has been proven effective in
the treatment of alopecia areata, as they do not affect the underlying pathogenesis of
this condition.

V. MAHP considers the following therapies experimental and investigational for alopecia
areata as their effectiveness has not been established by the peer-reviewed medical
literature:

a. Adalimumab
b. Alefacept
c. Azathioprine
d. Bexarotene
e. Capsaicin
f. Cyclosporine
g. Dinitrochlorobenzene (DNCB)
h. Efalizumab
i. Etanercept
j. Excimer laser
k. Extracorporeal photopheresis
l. Infliximab
m. Inosiplex
n. Intradermal botulinum toxin
o. Latanoprost
p. Methotrexate
q. Narrow-band ultraviolet B phototherapy
r. Phosphatidylcholine
s. Photodynamic therapy
t. Topical nitrogen mustard
u. Topical pimecrolimus
v. Topical tacrolimus
w. Topical triiodothyronine
x. Ustekinumab
y. Vitamin D therapy

VI. **CPT codes covered if selection criteria are met:**

a. 11900
b. 11901
c. 96912
VII. **ICD-10 codes covered if selection criteria are met:**
   
a. L63 Alopecia areata

   Also see Apollo criteria for:
   
b. Alopecia-Hair Loss
   c. Alopecia Areata