

## Hair Loss Insurance Coverage

Many insurance plans have changed their policies and are no longer covering the evaluation of hair loss, otherwise medically termed Alopecia. This may include the office visit and subsequent testing. This means that you may be responsible to pay for your office visit. As health care providers we believe that hair loss evaluation should be covered, however, we do not determine insurance coverage of specific conditions, and this is strictly an insurance-based decision. Our role is to simply notify and protect our patients of these potential outcomes and costs. Contacting your insurance company may help determine if hair loss is a covered benefit. All patients seen for hair loss need to sign a consent because most insurance companies do not cover all costs and the patient is responsible for any balance.

The diagnosis codes listed below may be used by your health care provider for determination of your hair loss:

**L64.8 other androgenic alopecia**

**L65.0 telogen effluvium**

**L63.8 other alopecia areata**

**L66.8 other cicatricial alopecia**

**L65.8 other specified nonscarring hair loss**

**L66.1 lichen planopilaris**

**L66.2 folliculitis decalvans**

**L73.8 other follicular disorders**

Lab work to be done prior to appointment with PCP (Family Doctor):

**CBC with auto diff, CMP, ferritin, TSH, T3 & T4, Vitamin D**

The list above consists of the most used codes for hair loss although, there may be others. Lack of coverage should not discourage you from seeking evaluation since hair loss can be a sign of a more serious underlying health condition.