



Status

Active

## Medical and Behavioral Health Policy

Section: Laboratory

Policy Number: VI-06

Effective Date: 03/26/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

## HAIR ANALYSIS

**Description:** Hair analysis may involve structural or chemical evaluation of human hair. Disturbances in the morphology of hair and in the normal pattern of the hair cycle may be evaluated through a microscopic examination of hair, also referred to as a trichogram. Alopecia is the most common clinical indication for this test; hairs are plucked and examined under the microscope to determine the number of hairs that are actively growing versus the number that are in the resting phase. In addition, microscopic examination of clipped hair can reveal structural abnormalities of the hair bulb or shaft.

Trace elements can also be detected and measured in human hair. It has been proposed that this type of chemical hair analysis may aid in the diagnosis of a variety of conditions.

**Policy:** Microscopic evaluation of the hair may be considered **MEDICALLY NECESSARY** as part of the work-up of patients with hair loss or abnormal-appearing or abnormally growing hair.

Evaluation of trace elements in the hair (chemical analysis) is considered **INVESTIGATIVE** due to a lack of evidence supporting the clinical significance of this evaluation.

**Coverage:** Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its

medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

**Coding:**

*The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

**CPT:**

96902 Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality

**HCPCS:**

P2031 Hair analysis (excluding arsenic)

**Policy  
History:**

**Developed January 31, 1986**

**Most recent history:**

Reviewed March 9, 2011

Reviewed March 14, 2012

Reviewed March 13, 2013

Reviewed March 12, 2014

**Cross  
Reference:**

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