



IEHP UM Subcommittee Approved Authorization Guideline			
<b>Guideline</b>	Hair Removal	<b>Guideline #</b>	UM_OTH 17
		<b>Original Effective Date</b>	3/28/2019
<b>Section</b>	Other	<b>Revision Date</b>	

**COVERAGE POLICY**

- I. IEHP considers hair removal medically necessary for the following:
  - A. As part of gender-affirming treatments and procedures
  - B. Hirsutism associated with endocrinopathies, neoplasm and/or medication. Treatment of hirsutism is subject to Medical Director review.

**II. Hair Removal**

- A. Hair Reduction **Consultation**:
  - 1. Hair removal consultation is covered for the following body areas:
    - a. Genital area when authorization is in place for gender affirming surgery
      - i. For genital area hair removal, requests require all of the following:
        - A. Authorization for genital area gender affirming surgery has been obtained
        - B. Surgeon indicates Member is an appropriate surgical candidate and that hair removal is a requirement in preparation of the surgery;
      - b. Face and neck, back, chest, and abdomen requests require all of the following:
        - i. Member has diagnosis of persistent gender dysphoria or there is significant disruption of professional and/or social life because of hirsutism.
        - ii. A PCP/Dermatologist must perform an evaluation of the Member for psychological distress related to the presence of unwanted hair and justification of medical necessity of services must be clearly documented.
      - c. Hair removal for extremities and buttocks are not covered benefits.
- B. Hair Reduction **Procedure** authorization requests require that consultation authorization requirements have been completed and one of the following:
  - 1. Laser Hair Removal Requests
    - a. Procedures are to be provided by physician, PA, NP, or RN (RN requires physician supervision);
    - b. Informed consent obtained;
    - c. Documentation justifying laser hair removal services for specific body areas;
    - d. Laser hair removal is to use CPT procedure code 17999 indicating daily treatment per particular body area (face/neck or back or chest or abdomen or genitalia (each representing 1 body area));
  - 2. Electrolysis Hair Removal Requests
    - a. Documentation with procedure request to include consultation provided by physician, PA, NP, or RN (RN requires physician supervision);

- b. Documentation to include justification of why a trial of laser hair removal should not precede electrolysis;
  - c. Electrolysis will be provided by licensed electrologist;
  - d. Electrolysis hair removal is to use CPT procedure code 17380 indicating 30 minutes of treatment, all inclusive, regardless of body area being treated;
3. Please refer to Hair Removal Worksheet (Appendix A) for an example of procedure documentation.

## **COVERAGE LIMITATIONS AND EXCLUSIONS**

- I. IEHP quantity limits for laser hair removal include:
- A. Maximum 1 (one) CPT 17999 units per day per body area; 6 (six) units CPT 17999 in 6-month period per body area;
  - B. Frequency of treatment visits is to be no more frequent than every 4 weeks;
  - C. Every 6 months a follow up with PCP or dermatologist is required.
  - D. An updated treatment plan should be submitted indicating medical necessity for continued hair removal services with documentation that includes all of the following:
    - 1. Body areas that require further treatment
    - 2. Authorization request for follow up visit with hair removal provider
    - 3. Frequency limits for subsequent treatment after first 6 (six) months are to not exceed 6 (six) units CPT 17999 in 6-month period per body area.
    - 4. PCP or Dermatologist re-evaluation is to occur every 6 months to justify continued hair removal service. An evaluation of the Member for psychological distress related to the presence of unwanted hair and justification of medical necessity of services must be clearly documented.
- II. IEHP quantity limits for electrolysis include:
- A. Requests are to have a maximum 4 (four) CPT 17380 units per day; 96 (ninety-six) CPT 17380 units in 6 (six) months;
  - B. Every 6 months a follow up with PCP or dermatologist is required.
  - C. An updated treatment plan should be submitted for continued hair removal services with documentation that includes all of the following:
    - 1. Body areas that require further treatment
    - 2. Authorization request for follow up visit with hair removal provider
    - 3. Frequency limits for subsequent requests are to not exceed 96 (ninety-six) CPT 17380 units/6-month period;
    - 4. PCP or Dermatologist re-evaluation is to occur every 6 months to justify continued hair removal services. An evaluation of the Member for psychological distress related to the presence of unwanted hair and justification of medical necessity of services must be clearly documented.
- III. Documentation to include justification of why a trial of laser hair removal should not precede electrolysis.

## **ADDITIONAL INFORMATION**

Hirsutism affects 5-10% of women of reproductive age. The most common cause of hirsutism in polycystic ovary syndrome (PCOS). It may be the initial and possibly only sign of an underlying androgen disorder. Regardless of the etiology, hirsutism is often associated with significant emotional distress. The major objective in the management of hirsutism are rule out a serious

underlying medical condition and to devise a plan of treatment.

## **CLINICAL/REGULATORY RESOURCE**

### **Medi-Cal (2017):**

Treatment for gender dysphoria is a covered Medi-Cal benefit when medically necessary.

### **Department of Health Care Services, All Plan Letter 16-013 (2016):**

The purpose of this All Plan Letter (APL) is to remind Medi-Cal managed care health plans (MCPs) that they must provide covered services to all Medi-Cal beneficiaries, including transgender beneficiaries.

### **Apollo (2018):**

Either surgical or hormonal reassignment therapy must meet the Harry Benjamin International Gender Dysphoria Association criteria for gender reassignment.

### **World Professional Association for Transgender Health Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7 - WPATH (2012):**

The World Professional Association for Transgender Health (WPATH) is an international, multidisciplinary, professional association whose mission is to promote evidence-based care, education, research, advocacy, public policy, and respect in transsexual and transgender health.

## **DEFINITION OF TERMS**

**Gender dysphoria:** Discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth.

**Hirsutism:** Excess terminal hair growth (dark coarse hairs) in androgen-dependent areas (upper lip, chin, mid-sternum, upper abdomen, back and buttocks) in which women typically have little or no hair.

## **REFERENCES**

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#### **DISCLAIMER**

IEHP Clinical Authorization Guidelines (CAG) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Clinical Authorization Guidelines (CAG) express IEHP's determination of whether certain services or supplies are medically necessary, experimental and investigational, or cosmetic. IEHP has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). IEHP makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in the Clinical Authorization Guidelines (CAG). IEHP expressly and solely reserves the right to revise the Clinical Authorization Guidelines (CAG), as clinical information changes.

# Hair Removal Worksheet

## Appendix A

### 1. Type of Excess Hair

- a. Hirsutism (see section 2)
- b. Lanugo hair: soft, vellus, androgen-independent unpigmented hair that covers the entire body of a newborn. It may also be seen in women with anorexia nervosa
- c. Hypertrichosis: excessive growth of androgen-independent hair that is vellus, prominent in nonsexual areas and most commonly familial, caused by systemic disorders such as hypothyroidism, anorexia nervosa, malnutrition, porphyria or dermatomyositis, or oral medications such as phenytoin, penicillamine, diazoxide, minoxidil, or cyclosporine.

### 2. Quantification of Hair Growth: Ferriman-Gallwey Score- Attachment 1

- a. Refer to the scoring chart. Each of nine androgen-sensitive body areas is assigned a score from 0 (no hair) to 4 (frankly masculine). These scores are summed to provide a hirsutism score. Expression of generalized hirsutism varies with racial ethnic groups:
  - i. Black or white women: >8 is considered abnormal. 8-15= mild hirsutism, 16-25 moderate, >25 severe
  - ii. Mediterranean, Hispanic, Middle Eastern women:  $\geq$  9-10 is considered abnormal
  - iii. Asian women:  $\geq$  2 is abnormal
- b. Scores may not be an accurate reflection of the severity of distribution of hair growth because women may be using shaving, plucking, waxing or chemical depilatories, especially on the face.

### 3. Quantification of Skin Pigmentation (Fitzpatrick skin type) - Attachment 2

### 4. Patient History

- a. History of hypertrophic scarring or keloid formation \_\_\_\_yes \_\_\_\_no
- b. Medications prescribed:  
\_\_\_\_Accutane (current use) \_\_\_\_Accutane (used > 6 months ago)  
\_\_\_\_Phenytoin \_\_\_\_Penicillamine \_\_\_\_Diazoxide \_\_\_\_Minoxidil \_\_\_\_Cyclosporine
- c. History of chronic or current herpes infection (consider prophylactic antiviral medication)

### 5. Treatment

- a. Estimated number of visits: \_\_\_\_\_
- b. Frequency of visits: \_\_\_\_\_
- c. Test Spot

- i. Area tested: \_\_\_\_\_
- ii. Fluence levels delivered (J/cm<sup>2</sup>) \_\_\_\_\_
- iii. Pulse durations used: \_\_\_\_\_
- iv. Results:

\_\_\_\_ Pain \_\_\_\_ Perifollicular edema \_\_\_\_ Erythema \_\_\_\_ Other (specify) \_\_\_\_\_

**6. Informed Consent, Including Discussion of:**

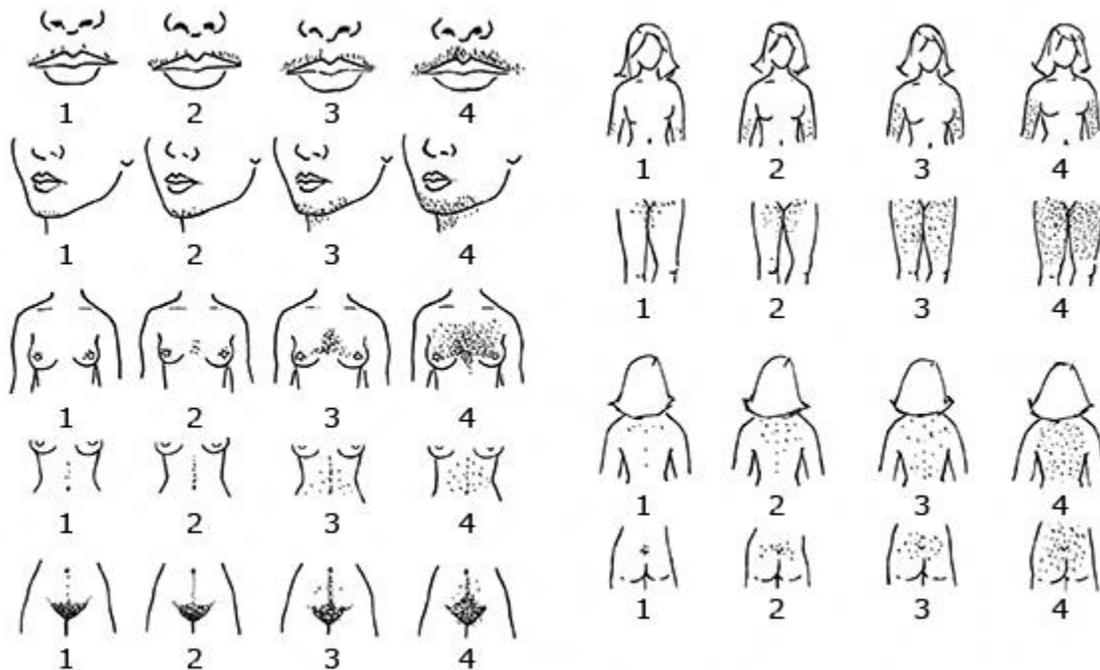
- a. Possible laser-induced side effects caused by thermal epidermal damage: crusting, scabbing, blistering, pigmentary alterations, scarring. Also folliculitis-type reaction or herpes reactivation
- b. Pain

**7. Signed Informed Consent in Chart and Copy to Patient**

**8. Patient Post-Treatment Instructions**

- a. What to expect in the next 24-48 hours
- b. When to call the Laser Treatment Center
- c. When to go to Urgent Care or the Emergency Room

**9. Next Appointment Date**

**Grading of severity of hirsutism in women**

Ferriman-Gallwey hirsutism scoring system. Each of the nine body areas that is most sensitive to androgen is assigned a score from 0 (no hair) to 4 (frankly virile), and these are summed to provide a hormonal hirsutism score. "Focal" hirsutism (score 1 to 7) is a common normal variant, whereas generalized hirsutism (score of 8 or more) is abnormal in the general United States population. The normal score is lower in Asian populations and higher in Mediterranean populations.

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## Fitzpatrick Skin Typing Worksheet

### Attachment 2

<b>Name:</b> _____		<b>Date:</b> _____				
<b>Score</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
	<b>What is the natural color of your eyes?</b>	<b>Light Blue, Gray or Green</b>	<b>Blue, Gray, or Green</b>	<b>Blue</b>	<b>Dark Brown</b>	<b>Brownish Black</b>
	<b>What is your natural hair color? (Prior to gray or white)</b>	<b>Sandy Red</b>	<b>Blond</b>	<b>Chestnut, Dark Blond</b>	<b>Dark Brown</b>	<b>Black</b>
	<b>What is the color of your unexposed skin? (stomach, thighs)</b>	<b>Reddish</b>	<b>Very Pale</b>	<b>Pale with Beige Tint</b>	<b>Light Brown, Olive</b>	<b>Dark Brown</b>
	<b>Do you have freckles on sun exposed areas? (lower arms, face)</b>	<b>Many</b>	<b>Several</b>	<b>Few</b>	<b>Incidental</b>	<b>None</b>
	<b>What happens when you stay in the sun too long?</b>	<b>Painful Redness, Blistering, Peeling</b>	<b>Blistering Followed by peeling</b>	<b>Burns sometimes followed by some Peeling</b>	<b>Rare Burns</b>	<b>Never Burns</b>
	<b>How easily do you turn brown or tan?</b>	<b>Hardly or Not at all</b>	<b>Light color Tan</b>	<b>Reasonable/moderate Tan</b>	<b>Tan Very Easily</b>	<b>Turn Dark Brown</b>
	<b>Do you turn brown or tan easily several hours after sun exposure?</b>	<b>Never</b>	<b>Seldom</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
	<b>How does your face react to the sun?</b>	<b>Very Sensitive</b>	<b>Sensitive</b>	<b>Normal</b>	<b>Very Resistant</b>	<b>Never had a Problem</b>
	<b>When did you last expose your skin to the sun? (tanning bed, use of self-tanning creams, or sun-bathing)</b>	<b>More than 3 Months ago</b>	<b>2-3 Months ago</b>	<b>1-2 Months ago</b>	<b>Less Than 1 Month ago</b>	<b>Less than 2 Weeks ago</b>
	<b>Do you intentionally expose the area to be treated to the sun?(tanning bed, use of self-tanning creams, or sun-bathing)</b>	<b>Never</b>	<b>Hardly Ever</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>

**Total Score:** \_\_\_\_\_

**Fitzpatrick Skin Type:** \_\_\_\_\_

<b>Score</b> <b>0-7</b> <b>8-16</b> <b>17-25</b> <b>26-30</b> <b>Over 30</b>	Fitzpatrick Skin Type: I (Always burns, Extremely pale and Never tans, Red or blonde hair, light colored eyes) II (Pale but somewhat tans and burns fairly easily) III (Sometimes burns, mostly tans, has more of an "Light Olive" complexion) IV (Rarely burns, almost always tans, has "dark olive" complexion) V (Moderately pigmented (Indian, Hispanic, etc.) VI (African American)
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