



# MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	TREATMENT OF HIRSUTISM/HYPERTRICHOSIS (HAIR REMOVAL)
Policy Number	2.01.38
Category	Cosmetic
Effective Date	03/28/02
Revised Date	05/22/03, 06/24/04, 06/23/05, 04/27/06, 02/22/07, 12/13/07, 10/23/08
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Product Disclaimer	<ul style="list-style-type: none"> <li>• If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</li> <li>• If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</li> <li>• If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</li> </ul>

## POLICY STATEMENT

All services related to the diagnosis and/or treatment of hirsutism or hypertrichosis are considered **not medically necessary**, even if the excessive hair growth is caused by a medical disorder.

## POLICY GUIDELINES

One office visit for examination by an endocrinologist to determine if an underlying medical disorder(s) exists will be allowed in accordance with the member's subscriber contract. Additional visits for the treatment of hirsutism or hypertrichosis are considered **not medically necessary**.

*Refer to Corporate Medical Policy #2.01.19 regarding Microscopic Examination of the Hair.*

*Refer to Excellus Medical Policy #7.01.11 regarding Cosmetic and Reconstructive Procedures.*

## DESCRIPTION

*Hirsutism*, or hirsutes, is the term used for increased hair growth in women. It refers to a male pattern of hair (e.g., in the moustache and beard areas) or hair that occurs more thickly than usual on the limbs. There may be hairs on the chest or an extension of pubic hair on to the abdomen and thighs. What is considered normal for a woman, and what is considered hirsute, depends on cultural factors and race. Common causes of hirsutism include increased production of androgens, genetics, and endocrine abnormalities (e.g., polycystic ovarian syndrome, Cushing's syndrome, congenital adrenal hyperplasia, precocious puberty).

In order to treat hirsutism, determination of any underlying medical condition should be made. Self-treatment options include shaving, cutting, tweezing, waxing, bleaching and use of abrasives or chemical depilatories. Professional treatment options may include electrolysis, laser ablation, photoablation, and topical or oral medications.

Hirsutism is distinguished from hypertrichosis in that *hypertrichosis* is excessive hair growth over and above the normal for the age, sex and race of an individual. It can develop all over the body or can be isolated to small patches.

Hypertrichosis may be congenital or acquired. The cause of hypertrichosis is unknown. *Congenital* hypertrichosis is believed to be a genetic disorder that is inherited or occurs as a result of spontaneous mutation. *Acquired* hypertrichosis sometimes occurs in people who at a later stage are diagnosed with a cancer of some form. It is not known why a cancer

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causes this excessive hair growth. Other possible causes are metabolic disorders, drugs or chemicals, or anorexia nervosa.

Treatment options for hypertrichosis include repeated shaving, chemical epilation, electrolysis and thermolysis, waxing, and laser hair removal.

**CODES**

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*

**CPT Codes**

<b>Code</b>	<b>Description</b>
17380 (NMN)	Electrolysis epilation, each 30 minutes

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**HCPCS Codes**

<b>Code</b>	<b>Description</b>
No code(s)	

**ICD10 Codes**

<b>Code</b>	<b>Description</b>
L68.0-L68.9	Hypertrichosis (code range)
Q84.0-Q84.2	Congenital malformations of hair (code range)

**REFERENCES**

BlueCross BlueShield Association. Reconstructive/cosmetic services - archived. Medical Policy Reference Manual #10.01.09. 2011 Dec 8. Dawber RP. Hirsuties. J Gend Specif Med 2002 Sep-Oct;5(5):34-42.

Liu K, et al. No. 350-Hirsutism: Evaluation and Treatment. J Obstet Gynaecol Can. 2017 Nov;39(11):1054-1068. doi: 10.1016/j.jogc.2017.05.022.

Rosenfeld RL. Hirsutism. NEJM 2005 Dec 15;353(24):2578-88.

\*Key Article

**KEY WORDS**

Acquired hypertrichosis, Congenital hypertrichosis, Epilation, Hair removal, Hirsutism

**CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

Based upon our review, hirsutism and hypertrichosis are not addressed in National or Local CMS coverage determinations or policies.