

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	Treatment of Hirsutism/Hypertrichosis (Hair Removal)
Policy Number	2.01.38
Category	Contract Clarification
Original Effective Date	03/28/02
Committee Approval 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"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit. • If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit. • If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) 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. • If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY STATEMENT

Based upon our criteria and assessment of the peer-reviewed literature, treatment of hirsutism or hypertrichosis is considered **not medically necessary**, even if the excessive hair growth is caused by a medical condition.

Refer to Corporate Medical Policy #7.01.11 Cosmetic and Reconstructive Procedures

Refer to Corporate Medical Policy #11.01.15 Medically Necessary Services

POLICY GUIDELINE

One (1) office visit for examination by an endocrinologist, to determine whether an underlying medical disorder(s) exists, will be covered in accordance with the provisions of the member's subscriber contract.

DESCRIPTION

Hirsutism, or hirsute, 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).

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In order to treat hirsutism, determination of any underlying medical condition should be made. Self-treatment options include shaving, cutting, tweezing, waxing, bleaching, and the 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 individuals diagnosed with a later stage cancer of some form. It is not known why a cancer 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.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

CPT Codes

Code	Description
17380 (NMN)	Electrolysis epilation, each 30 minutes (for requests related to gender affirmation, refer to CMP# 7.01.84 or 7.01.105)

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HCPCS Codes

Code	Description
No code(s)	

ICD10 Codes

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

REFERENCES

*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.

Mahajan VK, et al. Clinico-investigative attributes of 122 patients with hirsutism: A 5-year retrospective study from India. Int J Womens Dermatol 2020 Dec 5;7(3):237-242.

Matheson E, et al., Hirsutism in Women. American Family Physician 2019 Aug 1:100(3):168-175.

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

Spritzer PM, et al. Hirsutism, Normal Androgens and Diagnosis of PCOS. Diagnostics 2022;12:1922.

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KEY WORDS

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

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based on our review, hirsutism and hypertrichosis are not addressed in National or Regional Medicare coverage determinations or policies.