



Guidelines for Medical Necessity Determination for Hair Removal

This edition of the Guidelines for Medical Necessity Determination (Guidelines) identifies the clinical information that MassHealth needs to determine medical necessity for non-presurgical hair removal, referred to here as “hair removal,” for treatment of gender dysphoria. The agency evaluates the medical necessity of hair removal as a treatment for other diagnoses on a case-by-case basis. These Guidelines are based on generally accepted standards of practice, review of the medical literature, and federal and state policies and laws applicable to Medicaid programs.

Providers should consult MassHealth regulations at [130 CMR 405.000: Community Health Center Services](#), [130 CMR 410.000: Outpatient Hospital Services](#), [130 CMR 433.000: Physician Services](#), [130 CMR 450.000: Administrative and Billing Regulations, Subchapter 6](#) of the Acute Outpatient Hospital Manual, [Subchapter 6](#) of the Community Health Center Manual, and [Subchapter 6](#) of the Physician Manual for information about coverage, limitations, service conditions, and other PA requirements.

Providers serving members enrolled in a MassHealth-contracted accountable care partnership plan (ACPP), managed care organization (MCO), One Care organization, Senior Care Options (SCO), or a Program of All-inclusive Care for the Elderly (PACE) should refer to the ACPP’s, MCO’s, One Care Organization’s, SCO’s, or PACE’s medical policies for covered services.

MassHealth requires PA for hair removal. MassHealth reviews requests for PA based on medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

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SECTION I. GENERAL INFORMATION

Hair removal may have medical indications in specific circumstances, including the treatment of gender dysphoria. Hair removal may be part of a multidisciplinary treatment plan involving medical, surgical, and behavioral health interventions available for the treatment of gender dysphoria. Gender dysphoria refers to clinically significant distress experienced due to discordance between gender identity and assigned gender. Gender dysphoria often intensifies around puberty, when there is a surge in biological sex hormones. Gender dysphoria has replaced “gender-identity disorder” in Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Gender dysphoria may manifest in a variety of ways, including desires to be treated consistently with one’s gender identity—not assigned gender—and to have sex characteristics aligned with one’s gender identity.

Hair removal may be part of therapeutic treatment for gender dysphoria, to better align physical characteristics with gender identity. The evaluation of medical necessity will be individualized to each person and consider this principle and the totality of the person’s gendered appearance.

MassHealth considers approval for coverage of hair removal on an individual, case-by-case basis, in accordance with [130 CMR 433.000: Physician Services](#) and [130 CMR 450.204: Medical Necessity](#).

There are two forms of hair removal covered under this MNG.

1. **Laser hair removal** uses light to target the individual hairs in the space of skin covered by a quarter. Manipulating the laser's wavelength, energy, and pulse duration allows the operator to target the laser to the melanin (pigment) in the hair follicles, leaving the rest of the skin unaffected. Risks include depigmentation, burns, scarring, and infection. These risks are largely managed with good technique combined with careful device selection. Risk of depigmentation, in particular, is highest in darker-skinned patients (Prohaska 2020).
2. **Electrolysis** is the only recognized form of permanent hair removal. It is performed with a needle epilator (not electronic tweezers). Medical electrolysis devices destroy hair growth with a shortwave radio frequency after a thin probe is placed in the hair follicle. This damages hair follicles to prevent growth and causes existing hair strands to fall out. Side effects and complications are minimal and temporary, such as a reddening of the skin. (Marks 2019).

Gender affirming surgeries, including facial feminization or masculinizing surgeries, may also be covered as part of gender dysphoria treatment. For further details, refer to the *Guidelines for Medical Necessity Determination for Gender Affirming Surgery*.

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SECTION II. CLINICAL GUIDELINES

A. CLINICAL COVERAGE

MassHealth bases its determination of medical necessity for hair removal on clinical data including, but not limited to, indicators that would affect the relative risks and benefits of the procedure.

HAIR REMOVAL AS TREATMENT FOR GENDER DYSPHORIA

Hair removal of the face and neck as part of treatment for gender dysphoria may be considered medically necessary when all of the following criteria listed in subsections II.A.1.a. through e. are met and documented.

- a) The member has been assessed by a licensed qualified behavioral health professional¹, resulting in a diagnosis of gender dysphoria meeting DSM-5 criteria. This diagnosis must have been present for at least 6 months. Detailed information on the requirement for these assessments can be found below in Section III.1.
- b) A licensed qualified health professional recommends hair removal for the member. Detailed information on the requirement for these assessments can be found below in Section III.1.
- c) A letter from the clinician performing the hair removal which includes attestation of the medical necessity of hair removal and a summary of the member's care as it relates to gender dysphoria treatment. Detailed information on the requirement for these assessments can be found below in Section III.3.

¹ Providers must either be licensed by the relevant licensing board to practice in the Commonwealth of Massachusetts or practicing under the supervision of such an independently licensed behavioral health professional.

- d) The hair removal must be restricted to the neck and face.
- e) The member is 18 years of age or older.
- f) Co-occurring medical or behavioral health disorders are appropriately managed and reasonably controlled.
- g) The member has had 12 continuous months of clinician-supervised hormone therapy appropriate to the member's gender goals unless hormone therapy is medically contraindicated.

HAIR REMOVAL AS TREATMENT FOR ADDITIONAL DIAGNOSES

Hair removal as a treatment for any other diagnoses may be considered on a case-by-case basis based on documented medical necessity.

B. NONCOVERAGE

MassHealth does not consider hair removal to be medically necessary under certain circumstances. Examples of such circumstances include but are not limited to hair removal for cosmetic purposes.

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SECTION 3. SUBMITTING CLINICAL DOCUMENTATION

Requests for PA for hair removal must be submitted by the clinician performing the procedure and accompanied by clinical documentation that supports the medical necessity for the procedure outlined under Section II.A. Documentation of medical necessity must include all the following.

1. A copy of the assessment performed by the qualified licensed health professional, including date of onset and history resulting in the relevant diagnosis and referral(s) for the specific procedures, as outlined in clinical guidelines.
 - a. For hair removal as treatment for gender dysphoria, a referral from one qualified behavioral health professional² is required. The referral must be provided in the form of a letter and include description of the clinical rationale for the requested procedure.
2. Documentation that any coexisting medical or behavioral health diagnoses are being appropriately managed and are reasonably controlled.
3. A letter from the clinician performing the hair removal must attest to the following:
 - a. The member meets the clinical criteria for coverage described in Section II.A. of these Guidelines; and
 - b. The clinician has collaborated with any other health care professionals involved in the member's care, including, but not limited to, the member's primary care clinician and behavioral health provider; and
 - c. The clinician has discussed risks and complications of the proposed procedure, including the clinician's own complication rates, and has obtained informed consent from the member.

² See footnote 1 on page 2.

4. As noted above, all clinical information must be submitted by the clinician performing the hair removal. Providers are strongly encouraged to submit requests electronically. Providers must submit the request for PA and all supporting documentation using the Provider Online Service Center (POSC), or by completing a MassHealth Prior Authorization Request form (using the PA-1 paper form found at www.mass.gov/masshealth) and attaching all supporting documentation. The PA-1 form and documentation should be mailed to the address on the back of the form. Questions about POSC access should be directed to the MassHealth Customer Service Center at (800) 841-2900.

Select References

1. World Professional Association for Transgender Health. *WPATH Standard of Care, Version 7*. 2012. Available from: https://www.wpath.org/media/cms/Documents/SOC%20v7/Standards%20of%20Care_V7%20Full%20Book_English.pdf. Accessed 8/11/2020.
2. World Professional Association for Transgender Health. *WPATH Recommended Benefits Policy Document: Created in Partnership with Starbucks*. 2018. Available from: https://www.wpath.org/media/cms/Documents/Public%20Policies/2018/6_June/Transgender%20Medical%20Benefits.pdf. Accessed 8/11/2020.
3. Grant JM, Mottet LA, Tanis J, Herman JL, Harrison J, Keisling M. *National Transgender Discrimination Survey Report on health and health care: National Center for Transgender Equality, 2010*;
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5. Pelozo K, Kahn B, Stoff BK, Yeung H. *Insurance Coverage for Hair Removal Procedures in the Treatment of Gender Dysphoria*. *Dermatol Surg*. 2019
6. Prohaska J, Badri T. Laser Complications. StatPearls (Internet) Treasure Island (FL): StatPearls Publishing; 2020 Jan, 2020 Feb 4.
7. Bradford NJ, Rider GN, Spencer KG. *Hair removal and psychological well-being in transfeminine adults: associations with gender dysphoria and gender euphoria*. *J Dermatolog Treat*. 2019;;1-8.
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9. Raulin C, Greve B. *Temporary hair loss using the long-pulsed alexandrite laser at 20 milliseconds*. *Eur J Dermatol*. 2000;10(2):103-6.
10. "Removing Hair Safely," FDA 2010. <https://www.fda.gov/consumers/consumer-updates/removing-hair-safely>. Accessed 8/11/2020.

These Guidelines are based on review of the medical literature and current practice in electrolysis and laser hair removal. MassHealth reserves the right to review and update the contents of these Guidelines and cited references as new clinical evidence and medical technology emerge.

This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment, products, or services. Some language used in this communication may be unfamiliar to other readers; in this case, those readers should contact their health care provider for guidance or explanation.

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Approved by: _____



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