

Hair removal procedures and treatment of other skin conditions (Hirsutism, Pilonidal Sinus Disease, Folliculitis treatment) (excluding gender affirming care)

Date of Origin: 1/1/2024

Last Review Date: 4/22/2026

Effective Date: 5/1/2026

Dates Reviewed: 4/2024, 4/2025, 4/2026

Developed By: Medical Necessity Criteria Committee

I. Description

Hirsutism refers to the growth of coarse, dark hair in areas where females typically grow fine hair or no hair at all: above the lip and on the chin, chest, abdomen, and back. This excess hair growth is caused by an increased level of male hormones (androgens). Although all females produce androgens from the ovaries and the adrenal glands, increased levels of androgens can lead to acne and hirsutism.

Androgens are secreted by the ovaries and adrenal glands into the circulation. Hair follicles respond to androgens by growing thick hair and producing sebum. Once activated, hair follicles can also convert circulating weak androgens into stronger androgens. Several different conditions can lead to hirsutism. The two most common causes of hirsutism are polycystic ovary syndrome (PCOS) and idiopathic hirsutism. Both are diagnosed by physical examination, medical and family history, and sometimes blood tests.

The primary indication of hair removal is aesthetic removal of unwanted hair in females with hirsutism and hypertrichosis. The efficacy of different laser systems to reduce hair growth, with reduction in the number of hair counts as the endpoint, has been reported by various long-term studies. Improvement in efficacy with repetitive treatments has also been reported. Hirsutism is usually first noted in the late teenage years and tends to gradually get more severe as the woman gets older.

Hirsutism can involve a single site or multiple sites.

- Facial hair: moustache, beard, eyebrows
- Abdomen: the diamond shape of pubic hair extending to the umbilicus
- Chest: around nipples or more extensive growth
- Upper back
- Inner thighs

The severity of hirsutism is assessed using the Ferriman-Gallwey visual scale or a modified version, which assesses 9 areas of the body. The score varies from 0 (no hair) to 4 (extensive hair growth) in each area.

- Total score < 8: normal hair growth
- Total score 8–14: mild hirsute
- Total score ≥ 15: moderate to severe hirsute

Pilonidal disease is a common condition, ranging from the routine cyst with abscess to extensive chronic infection and sinus formation. Pilonidal disease or sinus arises in the hair follicles in the gluteal or natal cleft. The management of chronic pilonidal disease requires eradication of the sinus tract, complete healing of the overlying skin and prevention of recurrence. The disease is now believed to be multifactorial, and related to the depth of the natal cleft, degree of hirsutism, hygiene of the affected area, family history, and obesity. Both sedentary and athletic lifestyles have been associated with pilonidal disease. Excessive hair growth in the natal cleft is thought to be a key factor in initiating these abscesses and their recurrence. Hairs are often found trapped in the base of pilonidal wounds. Recurrence is common and many cases are difficult to heal.

II. Criteria: CWQI HCS-0309

- A. Moda Health considers hair removal for the treatment of hirsutism medically necessary when **ALL** the following requirements are met:
- a. Any women with patient-important hirsutism (*defined in the Endocrine Society Guidelines as “unwanted sexual hair growth of any degree that causes sufficient distress for females to seek additional treatment”*)
 - b. Presentation of Ferriman-Gallwey hirsutism score of 8 or greater
 - c. There is documented unsuccessful cosmetic management (Daily shaving, waxing, bleaching) reported over a period of at least one year
 - d. Photographic evidence is supplied
 - e. Choice of hair removal modality should be based on hair color and treatment efficacy; laser or photoepilation may be used for darker terminal hair, while electrolysis is effective for all hair colors, including light or non-pigmented hair
 - f. And **ONE** of the following;
 - i. The patient has either one of the following diagnosis;
 1. An underlying congenital abnormality leading to abnormally placed hair (NCCAH Non-classical congenital adrenal hyperplasia); **or**
 2. An endocrine condition leading to abnormally placed hair; **or**
 - ii. Patient has been diagnosed with polycystic ovary syndrome (PCOS); **or**
 - iii. Patient presents with a diagnosis of Idiopathic hyperandrogenism ; **or**
 - iv. Patient presents with a diagnosis of Idiopathic hirsutism (hirsutism without hyperandrogenemia or other signs or symptoms indicative of a hyperandrogenic endocrine disorder).
 - g. Only **ONE** course of treatment is covered that includes treatment every 4 weeks for six treatments.

NOTES: The Ferriman-Gallwey score for hirsutism.

- i. A score of 1 to 4 is given for nine areas of the body.
- ii. A total score less than 8 is considered normal; a score of 8 to 15 indicates mild hirsutism; and
- iii. A score greater than 15 indicates moderate to severe hirsutism.
- iv. A score of 0 indicates absence of terminal hair.

B. Hair removal, including electrolysis and laser, may be considered medically necessary for the treatment of **pilonidal sinus disease** or recurrent pilonidal cysts that have been treated with a procedure performed to debride an accumulation of fluid or pus causing the formation of a cyst or abscess. The treatment procedures include excision, incision and drainage, and phenol application.

- C. **Treatment of folliculitis with laser hair removal** when **ALL** of the following requirements are met:
- a. Patient has a diagnosis of folliculitis and **one** of the following:
 - i. The folliculitis has spread, **or**
 - ii. The folliculitis keeps coming back, **or**
 - iii. The affected area becomes red, swollen, warm, or more painful
 - b. Patient has had an inadequate response to or intolerance of **ALL** of the following:
 - i. Medicated shampoo (only applicable for folliculitis of the scalp or beard)
 - ii. Topical antibiotic or antifungal (depending on the etiology of the folliculitis)
 - iii. Oral antibiotic or antifungal (depending on the etiology of folliculitis)

III. Information Submitted with the Prior Authorization Request:

- i. Documentation with diagnosis history, unsuccessful cosmetic management and other relevant clinical information
- ii. Photographic evidence

IV. CPT or HCPC codes covered:

Codes	Description
17380	Electrolysis hair removal
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), OF BENIGN LESIONS OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; UP TO 14 LESIONS
17111	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), OF BENIGN LESIONS OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; 15 OR MORE LESIONS

V. CPT or HCPC codes NOT covered:

Codes	Description

V. Annual Review History

Review Date	Revisions	Effective Date
4/24/2024	New criteria	7/1/2024
	Treatment of folliculitis requirements added to the policy	
4/23/2025	Annual Review: added references. Title update to include the hair removal procedures within the policy. Added clarity the policy excludes gender affirming care.	5/1/2025
4/22/2026	Annual Review: updated language - Choice of hair removal modality should be based on hair color and treatment efficacy; laser or photoepilation may be used for darker terminal hair, while electrolysis is effective for all hair colors, including light or non-pigmented hair Added definition for idiopathic hirsutism - hirsutism without hyperandrogenemia or other signs or symptoms indicative of a hyperandrogenic endocrine disorder.	5/1/2026

VI. References

1. Unconventional Uses of laser hair Removal: A review (2019)-Saima Aleem and Imran Majid
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6484575/>
2. Hirsutism. Retrieved from
<https://dermnetnz.org/topics/hirsutism>
3. Management of hirsutism (2013). N.K. Agrawal. Retrieved from
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3830374/>
4. Martin et al 2018: Evaluation and Treatment of Hirsutism in Premenopausal Women: An Endocrine Society* Clinical Practice Guideline. Retrieved from
<https://academic.oup.com/jcem/article/103/4/1233/4924418#115145792>
5. Goodman et al, 2015; American Association of Clinical Endocrinologists, American College of Endocrinology, and Androgen Excess and PCOS Society Disease State Clinical Review: Guide to the Best Practices in the Evaluation and Treatment of Polycystic Ovary Syndrome - Part 1. Retrieved from [https://www.endocrinepractice.org/article/S1530-891X\(20\)35322-2/fulltext](https://www.endocrinepractice.org/article/S1530-891X(20)35322-2/fulltext)
6. Christ JP and Cedars MI 2023; National Library of Medicine; Current Guidelines for Diagnosing PCOS. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10047373/>
7. Hafsi W and Kaur J 2023; Hirsutism. Retrieved from
<https://www.ncbi.nlm.nih.gov/books/NBK470417/>
8. Hunter MH, Carek PJ 2019; Hirsutism in Women

9. Harrison S, Somani N, Bergfeld W (2010); Update on the management of hirsutism. Cleveland Journal of Medicine 2010. Retrieved from <https://www.ccjm.org/content/ccjom/77/6/388.full.pdf>
10. Endocrine evaluation of hirsutism 2017. Mihailidis et al 2017. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5419053/>
11. Epidemiology, diagnosis, and management of hirsutism: a consensus statement by the Androgen Excess and Polycystic Ovary Syndrome Society. Escobar-Morreale et al 2011. Retrieved from <https://academic.oup.com/humupd/article/18/2/146/618266#10346537>
12. Grading of hirsutism: A practical approach to the modified Ferriman-Gallwey scoring system. Kahraman FC and Erdogan SS.2022. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9454347/>
13. Hirsutism, Normal Androgens and Diagnosis of PCOS Spritzer PM, Marchesan, LB Santos BR&Figuera TM, 2022. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9406611/>
14. HIRSUTISM: EVALUATION AND TREATMENT; Sachdeva Silonie (2010). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2856356/>
15. Wagih Mommtaz Ghnnam and Dhafer Mohammed Hafez (2011). Laser hair removal as adjunct to surgery for pilonidal sinus: Our initial experience. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3263130/>
16. Casey et al 2020: RECONSTRUCTIVE: REVIEW ARTICLE; Practical Management of Pilonidal Disease. https://journals.lww.com/prsgo/fulltext/2020/12000/practical_management_of_pilonidal_disease.46.aspx
17. Bhat YJ et al (2020). Laser Treatment in Hirsutism: An update. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7190465/>
18. Removal of abnormally placed hair and hirsutism. Hertfordshire and West Essex ICB Prescribing, Policies and Pathways. Retrieved from <https://www.hwedclinicalguidance.nhs.uk/clinical-policies/removal-of-abnormally-placed-hair-and-hirsutism/>
19. Pilonidal disease Management: Guidelines from the ASCRS. American Family Physician. Retrieved from <https://www.aafp.org/pubs/afp/issues/2019/1101/p582.html>
20. Johnson EK, Vogel JD, Cowan ML, Feingold DL, Steele SR. The American Society of Colon and Rectal Surgeons' clinical practice guidelines for the management of pilonidal disease. Diseases of the Colon & Rectum. 2019 Feb 1;62(2):146-57.
21. Hirsutism in Women AFP <https://www.aafp.org/pubs/afp/issues/2019/0801/p168.html#:~:text=The%20Ferriman%2DGallwey%20score%20for,indicates%20absence%20of%20terminal%20hair.>
22. Grading of hirsutism based on the Ferriman-Gallwey scoring system in Kosovar women. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6320479/#:~:text=The%20Ferriman%2DGallwey%20score%20is,was%20considered%20diagnostic%20of%20hirsutism.>
23. Elliot J Guideline No. 444: Hirsutism: Evaluation and Treatment. Journal of obstetrics and Gynecology JOGCh[https://www.jogc.com/article/S1701-2163\(23\)00635-7/abstract](https://www.jogc.com/article/S1701-2163(23)00635-7/abstract)
24. Martin K et al 2018. Evaluation and Treatment of Hirsutism in Premenopausal Women: An Endocrine Society*Clinical Practice Guideline. Retrieved from <https://www.saedyn.es/wp-content/uploads/2024/02/Evaluation-and-Treatment-of-Hirsutism-in-Premenopausal-Women.-An-Endocrine-Society-Clinical-Practice-Guideline.pdf>

Appendix 1 – Applicable Diagnosis Codes:

Codes	Description
L68.0	Hirsutism

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):

NCD/LCD Document (s):

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC