

Pre-Operative Hair Removal for Gender Affirming Care



PATIENT GUIDE for Wisconsin



Center for Patient Partnerships
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HOW TO:



Find a provider



Get insurance authorization



File for reimbursement

Electrolysis vs. Laser Hair Removal

 Electrolysis	Laser Hair Removal 
Targets individual hairs (every hair treated separately)	Targets areas of hair (several hairs treated at once)
Works on all hair and skin tones	Works best on dark hair and fair skin
May get out-of-network insurance approval as precursor to surgery	Possible in-network provider at UW Deming Way Aesthetics & Plastic Surgery Clinic

Electrolysis:

A semi-permanent hair removal method that uses a small amount of electrical current to target individual hairs. The hair follicles are damaged, preventing future growth and causing current hair to fall out.

Laser hair removal:

A semi-permanent hair removal method that uses a targeted beam of light (or laser) to target hair pigment. The light converts to heat and damages hair follicles, significantly delaying growth.

Some people choose to get one type of hair removal or a combination of both, based on clinical guidance and provider recommendations.



ESSENTIAL TERMINOLOGY

Prior authorization (PA): a request to insurance asking them to cover, or pay for, a specific medical service. For hair removal procedures, this includes stating why the service is medically necessary.

Medical necessity: the standard used by insurance companies to determine if services requested are appropriate and effective given the patients health.

Denial: an insurance company's refusal to pay for a medical service; can happen during the prior authorization process or after a service is obtained. Often, the reason for denial is due to perceived lack of medical necessity.

Appeal: the process of requesting a review and overturning of a denial.

Diagnosis code: a code from the International Classification of Disease (ICD) used to describe a patient's medical condition, disease, or symptom; tells insurance why a procedure is medically necessary.

Gender Dysphoria, ICD-10: F64.0

Procedure codes: a standard code from the Current Procedural Terminology (CPT). Used to describe the medical services, treatments, or surgeries performed to address the diagnosis. *Electrolysis, CPT: 17380; unlisted skin procedures (for laser), CPT: 17999*

PROCESS

STEP 1: Attend initial surgery consult

1. **Visit a clinician** for your surgical consult. They will inform you on the necessity of hair removal for your procedure, and the differences between electrolysis and laser.
 - a. Get a recommendation based on clinical need.
2. Decide or **confirm the site of hair removal**, based on the procedure and the conversation with your surgeon.

STEP 2: Find a qualified hair removal provider

1. **Identify** qualified **electrolysis or laser providers** in your area that you feel comfortable with.
2. Check if they are **in-network or out-of-network** with **your health insurance** plan. (Most hair removal providers are independent and out-of-network with insurance companies.)
3. **Confirm coverage eligibility** with your insurance plan. Contact your insurance company to ask:
 - a. Is electrolysis (CPT 17380) or laser (CPT 17999) covered for a diagnosis of Gender Dysphoria (F64.0)?
 - b. Is a referral or medical documentation required for coverage?
 - c. Do I need to see a specific provider?

See page 7 for questions
you can ask potential
hair removal providers!

PROCESS

STEP 3: Get prior authorization (PA)

1. **Confirm with your insurance if a PA is required.**
2. **Gather documentation:**
 - a. Letter of medical necessity from your surgeon,
 - b. Diagnosis and procedure codes (see “Essential Terminology”),
 - c. Treatment plan, including estimated number of sessions, treatment areas, and expected outcomes.
3. **Self-submit prior authorization:** Because electrolysis providers often do not accept insurance, this must be done independently. This step requires cooperation from your doctor’s office.
 - a. Find the correct form and submission method on your insurance website.
 - b. Find PA information necessary to complete the form:
 - i. The form may request an NPI (National Provider Identifier) number. Electrolysis providers do not have these, and one should not be required for submission.
4. Follow up with insurance company to **ensure the PA was received.**
 - a. Insurance companies may take 2-4 weeks to review PAs.
 - b. If PA is denied, request the denial letter in writing and prepare for an appeal.
 - c. If PA is approved, read the approval letter carefully for any limits on timeframe or amount of sessions covered before needing to file a new PA.

Confused? Need help?

CPP can assist at every step of the way!

PROCESS

STEP 4: Get hair removal procedures

1. **Schedule treatment** with provider after PA is approved:
 - Let your provider know the number of sessions covered by the PA.
 - Make sure you understand the cost of each session, as you'll be paying out of pocket before being reimbursed by insurance.
2. **Maintain records:**



Keep copies of receipts payment, authorization letters, and communication with insurance representatives.

STEP 5: Submit reimbursement

If your **provider** is **out-of-network**, you need to **submit for reimbursement yourself**.

1. **Gather necessary documentation:**
 - Claim form from your insurance provider's website,
 - Itemized bill from provider that includes the diagnosis and procedure codes.
 - Receipts/proof of payment.
2. Fill out the **member claim form:**
 - Information about the primary person listed on the insurance plan (could be a spouse or parent),
 - Include date of service, length of service, amount billed, amount paid, and diagnosis and procedure codes.
3. **Fax, email, or mail forms to insurance** provider as per their website. Claims may be approved, partially approved, or denied.
 - Once submitted, reimbursement can take anywhere from a few days to a few months, depending on the insurance provider.

If your **provider** is **in-network** or set up for billing, the provider can **file a claim to insurance themselves**.

Claims for reimbursement generally must be filed within 365 days of a procedure!

How do I know if my hair removal provider is the right fit for me?

Consider asking your provider these questions:

- Do you have experience working with transgender and gender-diverse clients? How do you create a safe space for these clients?
- What areas are you comfortable doing electrolysis/laser on?
- How long do you expect treatment to take for my specific goals or body areas?
- What kind of pain management options do you offer?
- Do you accept insurance, or can you provide documentation for reimbursement claims?
- What aftercare do you recommend?

INSURANCE NOTE:

If you are insured through Wisconsin Medicaid and do not get your insurance through a third party provider (e.g., Quartz, Dean, GHC, etc.), please reach out to CPP for more information about hair removal coverage.



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