



KAISER PERMANENTE<sup>®</sup>

Mid-Atlantic States

**Laser treatment/ Electrolysis for  
Hair Removal or Hair Reduction  
Medical Coverage Policy**

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**UTILIZATION \* ALERT\***

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage **MUST** be verified in the member's EOC or benefit document.
- For Medicare members, please refer to CMS guidelines through Medicare Coverage Database requirements
- This MCP applies if no CMS criteria are available.

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**I. Procedure: Hair Removal or Hair Reduction through Laser Treatment**

**II. Specialties: Dermatology, Surgery**

**III. Clinical Indications for Referral**

Hair removal or hair reduction by a laser or electrolysis is considered medically necessary for the following conditions:

- A. Transgender Genital Surgery – sex reassignment pre “bottom” surgery (laser or electrolysis covered)  
The hair removal of a defined area in the tissue donor site(s) for a planned surgical phalloplasty or planned surgical vaginoplasty must meet **all** of the following:
1. An approved authorization for a planned transgender surgery;
  2. Proof of medical necessity for hair removal from the treating surgeon; and
  3. Defined area to be treated from the treating surgeon:
    - a. Location and size of the area to be treated; and
    - b. Expected date of planned genital surgery
- B. Transgender Genital Surgery – post approved “bottom” surgery for neovaginal hair growth complications (laser or electrolysis covered). Please note, electrolysis is more likely to be utilized for this purpose.
- C. Hair removal for the face and neck for transgender patients (by laser or electrolysis) must meet **all** of the following:
1. Member has been diagnosed by a qualified licensed mental health professional with gender dysphoria/gender incongruence; and
  2. Member has lived as their affirmed gender full-time for 12 months or more; and
  3. Member has completed 6 continuous months of hormone therapy appropriate to their desired gender (unless medically contraindicated); and



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4. Hair removal for face and/neck has been recommended by a board-certified dermatologist or a licensed treating provider.
- D. Skin grafting/surgical laser hair removal at the site of skin graft;
  - E. Hair follicle disorders that have failed more conservative measures including but not limited to:
    1. Acne keloidalis nuchae;
    2. Pseudofolliculitis barbae;
    3. Hidradenitis suppurativa;
    4. Folliculitis decalvans; and
    5. Dissecting cellulitis of the scalp
  - F. Becker's nevi; and
  - G. Residual-limb-prosthetic interface.
  - H. Pilonidal Disease
- IV. **Limitations and Exclusions**
- Laser treatment is considered not medically necessary for the following:
- A. Cosmetic purposes such as to improve or change appearance;
  - B. To alter gender-specific appearance for an individual with gender dysphoria not associated with an approved surgical procedure or medically necessary facial hair removal;
  - C. Cosmetic surgery of benign asymptomatic cutaneous lesions;
  - D. Rosacea and Rhinophyma; and
  - E. Acne vulgaris



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**References:**

1. Kjell M. Kaune, Peter Lauerer, Silke Kietz, Christoph Eich, Kai-Martin Thoms, Michael P. Schön, Markus Zutt  
Combination therapy of infantile hemangiomas with pulsed dye laser and Nd:YAG laser is effective and safe.  
Department of Dermatology, Venereology and Allergology, University Medical Center, Göttingen Germany.  
Department of Dermatology and Allergology, Klinikum Bremen-MitteBremen, Germany: 14 May 2014
2. Kathryn; Nagarajan, Mahalakshmi; Iqbal, Azhar. Inferiorly Based Lotus Petal Flap & Laser Therapy in Difficult  
Pilonidal Sinus Management Hamnett, *Journal of Plastic, Reconstructive & Aesthetic Surgery*. Jan 2017  
Language: English. DOI: 10.1016/j.bjps.2018.05.014,
3. Bernice Y., Yan; Brian P., Hibler; Karen L., Connolly; Anthony M., Rossi. Intraoral Laser Hair Removal of a  
Palate Free Flap: Tips and Technique *Dermatologic Surgery*. Jan 01, 2018 44(1):122-124.
4. Koch, D.; Pratsou, P.; Szczecinska, W.; Lanigan, S.; Abdullah, A. The diverse application of laser hair  
removal therapy: a tertiary laser unit's experience with less common indications and a literature overview.  
*Lasers in Medical Science*. Jan2015, Vol. 30 Issue 1, p453-467. 15p. DOI: 10.1007/s10103-013-1464-5.
5. Brundha, Balaraman; Paul M., Friedman. Subjects: Hair Removal; Therapeutic Use of Lasers; Vaginoplasty,  
Skin-grafting; Hypertrichosis; Other Personal Care Services. *Lasers in Surgery And Medicine*. Apr 01, 2016  
48(4):350-353
6. Miletta, Nathaniel R.; Sang Kim; Lezanski-Gujda, Amanda; Rossi, Anthony M; Marquart, Jason D. Improving  
Health-Related Quality of Life in Wounded Warriors: The Promising Benefits of Laser Hair Removal to the  
Residual Limb--Prosthetic Interface\_\_*Dermatologic Surgery*. Oct2016, Vol. 42 Issue 10, p1182-1187. 6p. DOI:  
10.1097/DSS.0867.
7. John, Hannah; Manoloudakis, Nikolaos; Stephen Sinclair, J. Review: A systematic review of the use of lasers  
for the treatment of hidradenitis suppurativa. *Journal of Plastic, Reconstructive & Aesthetic Surgery*. October  
2016 69(10):1374-1381 Language: English. DOI: 10.1016/j.bjps.2016.05.029, Database: ScienceDirect
8. Casey, Angela S.; Goldberg, David. Guidelines for laser hair removal. *Journal of Cosmetic & Laser Therapy*,  
March 2008, Vol. 10 Issue 1, p24-33, 10p, 5 Charts. Publisher: Taylor & Francis Ltd.
9. Nawrock, Shiri; Cha, Jisun. The etiology, diagnosis and management of hyperhidrosis: A comprehensive  
review: Therapeutic options . *Journal of the American Academy of Dermatology*. September 2019. 81(3):  
669-680.
10. Town G, Botchkareva NV, Uzunbajakava NE, Nuijs T, van Vlimmeren M, Ash C, Dierickx C. Light-based  
home-use devices for hair removal: Why do they work and how effective are they? *Lasers Surg Med*. 2019  
Aug;51(6):481-490. doi: 10.1002/lsm.23061. Epub 2019 Jan 25. Review. PMID:30681170. Accessed  
05/08/2020. <https://www.ncbi.nlm.nih.gov/pubmed/30681170>
11. Dorgham NA, Dorgham DA. J . Lasers for reduction of unwanted hair in skin of colour: a systematic review  
and meta-analysis *Eur Acad Dermatol Venereol*. 2019 Oct 6. doi: 10.1111/jdv.15995. [Epub ahead of print]  
Review. PMID: 31587390. Accessed 05/08/2020.  
<https://onlinelibrary.wiley.com/doi/full/10.1111/jdv.15995>
12. Bhat, Yasmeen Jabeen et al. Laser Treatment in Hirsutism: An Update *Dermatology practical &  
conceptual* vol. 10,2 e2020048. 20 Apr. 2020, doi:10.5826/dpc.1002a48
13. Jo, S. J., Kim, J. Y., Ban, J., Lee, Y., Kwon, O., & Koh, W. Efficacy and Safety of Hair Removal with a Long-  
Pulsed Diode Laser Depending on the Spot Size: A Randomized, Evaluators-Blinded, Left-Right Study



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- Annals of dermatology*, 27(5), 517–522. 2015 <https://doi.org/10.5021/ad.2015.27.5.517>
14. Kargin S, Dođru O, Turan E. Is Hair Removal Necessary after Crystallized Phenol Treatment in Pilonidal Disease? *Med Princ Pract*. 2021;30(5):455-461. doi: 10.1159/000516903. Epub 2021 Apr 29. PMID: 33915547; PMCID: PMC8562053.
  15. Shokeir H, Samy N, Mahmoud H, Elsaie ML. Evaluation of Topical Capislow Extract and Long Pulsed Nd-YAG Laser in the Treatment of Idiopathic Hirsutism by *J Lasers Med Sci*. 2018 Spring;9(2):128-133. doi: 10.15171/jlms.2018.24. Epub 2018 Mar 20. PMID: 30026898; PMCID: PMC6046391.
  16. Motosko, C. C., & Tosti, A. (2021). Dermatologic Care of Hair in Transgender Patients: A Systematic Review of Literature. *Dermatology and therapy*, 11(5), 1457–1468. <https://doi.org/10.1007/s13555-021-00574-0>
  17. Hosseini, M. S., Ehsani, A. H., Fakour, Y., Aryanian, Z., Elhamfar, M., & Noormohammadpour, P. (2022). Effect of Laser-Assisted Hair Removal (LAHR) on the Quality of Life and Depression in Hirsute Females: A Single-Arm Clinical Trial. *Journal of lasers in medical sciences*, 13, e46. <https://doi.org/10.34172/jlms.2022.46>
  18. Yuan, N., Feldman, A. T., Chin, P., Zaliznyak, M., Rabizadeh, S., & Garcia, M. M. (2022). Comparison of Permanent Hair Removal Procedures before Gender-Affirming Vaginoplasty: Why We Should Consider Laser Hair Removal as a First-Line Treatment for Patients Who Meet Criteria. *Sexual medicine*, 10(5), 100545. <https://doi.org/10.1016/j.esxm.2022.100545>
  19. Yuan, N., Feldman, A. T., Chin, P., Zaliznyak, M., Rabizadeh, S., & Garcia, M. M. (2022). Comparison of Permanent Hair Removal Procedures before Gender-Affirming Vaginoplasty: Why We Should Consider Laser Hair Removal as a First-Line Treatment for Patients Who Meet Criteria. *Sexual medicine*, 10(5), 100545. <https://doi.org/10.1016/j.esxm.2022.100545>



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**Approval History**

Effective June 01, 2016, state filing is no longer required per Maryland House Bill [HB 798](#) – Health Insurance – Reporting

<b>Date approved by RUMC</b>	<b>Date of Implementation</b>
09/26/2018	09/26/2018
09/26/2019	09/26/2019
09/24/2020	09/24/2020
09/27/2021	09/27/2021
07/26/2022	07/26/2022
07/25/2023	07/25/2023
07/24/2024	07/24/2024
09/26/2024	09/26/2024

\*The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.

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