

Treatment for Hirsutism (Hair Removal) (Pilonidal Cyst)

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Dates Reviewed: 4/2024

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:

- A. Moda Health considers hair removal for the treatment of hirsutism medically necessary when **ALL** the following requirements are met:
- Any female 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”*)
 - Presentation of Ferriman-Gallwey hirsutism score of 8 or greater
 - The hair is on the face
 - There is documented unsuccessful cosmetic management (Daily shaving, waxing, bleaching) reported over a period of at least one year
 - Photographic evidence is supplied
 - Patient presents with excessive hairs that are black or brown in color (Individuals with blonde hairs are considered not a true sign of hirsutism and will not respond well to laser hair removal).
 - And **ONE** of the following;
 - The patient has either one of the following diagnosis;
 - An underlying congenital abnormality leading to abnormally placed hair (NCCAH Non-classical congenital adrenal hyperplasia); **or**
 - An endocrine condition leading to abnormally placed hair; **or**
 - Patient has been diagnosed with polycystic ovary syndrome (PCOS); **or**
 - Patient presents with a diagnosis of Idiopathic hyperandrogenism ; **or**
 - Patient presents with a diagnosis of Idiopathic hirsutism
 - Only **ONE** course of treatment is covered that includes treatment every 4 weeks for six treatments.

NOTES: The Ferriman-Gallwey score for hirsutism.

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

- B. Hair removal, including electrolysis and laser, maybe considered medically necessary for the treatment of pilonidal sinus disease or recurrent pilonidal cyst that has 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
 - ii. The folliculitis keeps coming back
 - 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 the 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 added to the policy	

VI. References

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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