

## Electrolysis and laser hair removal authorization requirements

The Oregon Health Authority (OHA) only covers electrolysis (CPT 17380) and laser hair removal (CPT 17110, 17111) in preparation for chest or genital surgery for gender dysphoria/transsexualism (Prioritized List line 317; Guideline Note 127). For CPT 17380 a unit is defined as each 30 minutes. For CPT 17110 and CPT 17111 a unit is defined as a session.

- OHA may authorize up to a year’s worth of visits from the date of request.
- If more visits are needed, the provider may submit a new request at the end of the year.

This document explains OHA’s requirements for submitting prior authorization (PA) requests for these services. For details about submitting PA requests to OHA, please read the [Prior Authorization Handbook](#).

### Required documents

The surgeon considering performing the chest or genital surgery, or the electrolysis provider, must submit the following information to OHA.

Document	Required information/criteria
<b>EDMS Coversheet and Completed PA request</b> (MSC 3971 or the Provider Web Portal PA request)	<ul style="list-style-type: none"><li>■ Mark the “Prior Authorization” and “Routine Processing” boxes.</li><li>■ The requesting provider’s NPI</li><li>■ Type of PA request: Depilatory</li><li>■ Member’s Oregon Medicaid ID number</li><li>■ Primary diagnosis code</li><li>■ CPT code(s) requested</li><li>■ Number of units requested</li><li>■ The performing provider’s NPI</li><li>■ Date of request</li><li>■ Expected service start and end dates</li></ul>
<b>Signed letter from surgeon</b>	<ul style="list-style-type: none"><li>■ The letter from the surgeon for hair removal for phalloplasty must be based on a patient visit with the surgeon. Authorization for hair removal for vaginoplasty may be based on a chart review by the surgeon.</li><li>■ Documentation that the member and surgeon intend to perform surgery at the conclusion of the electrolysis/laser treatment.</li><li>■ Directions from the surgeon to the electrolysis provider about where the electrolysis or hair removal needs to be performed (e.g., a diagram).</li></ul>

## **Fax completed form(s) and supporting documents to OHA**

Use the completed EDMS Coversheet ([MSC 3971](#)) as the cover for all documents you send to OHA. Fax to 503-378-5814 (Salem). This documentation will not be processed without the EDMS cover sheet atop the submission packet.

## **What happens after OHA receives your PA request**

Within a month, OHA will send standard PA approval or denial notices to the requesting provider and member. For sample provider notices, please see the [Prior Authorization Handbook](#).

## **Questions about submitting PA requests to OHA?**

Call OHA's Prior Authorization Line at 800-336-6016 (Option 3).