Guide for Electrolysis and Laser Hair Removal

Nios Spa

- Services:
  - Electrolysis

- Sites:
  - Manhattan: 315 W 57th Street, Suite 308, New York NY
  - Brooklyn: 567 Pacific Street, Retail Level, Brooklyn NY

- Contact:
  - O: 212-863-9058
  - Email:
    - Information: concierge@niosspa.com
    - Support Letters: insurance@niosspa.com

New York Electrolysis (NYE)

- Services:
  - Electrolysis

- Site:
  - Manhattan: 10 E 23rd Street, Suite 220, New York NY

- Contact:
  - O: 212-673-4358
  - Email:
    - Information: nyelectrolysis@gmail.com
    - Support Letters: Send to Amida Care at GIST@amidacareny.org

L’Elite Medispa

- Services:
  - Electrolysis
  - Laser Hair Removal

- Site:
  - Brooklyn: 754 Nostrand Avenue, Brooklyn NY

- Contact:
  - O: 347-627-3374
  - F: 631-824-9039
  - Email:
    - Information and Support Letters: info@lelitemedispa.com

For additional information, please see Amida Care Clinical Guidelines and Coverage Criteria for the Treatment of Gender Dysphoria or contact the Gender Identity Support Team (GIST) at 646-757-7982; or email GIST@amidacareny.org
Nios Spa and L’Elite Medispa Referrals Process

1. Member obtains 2 letters of support from 2 NYS licensed providers.
   - Both letters must follow the NYS Medicaid GAS Support Letter criteria.
   - A single set of support letters can request any combination of face, body, or pre-op/genital electrolysis, but both letters must match in their request.
2. Member contacts preferred for consultation.
3. Member submits support letters for processing.
   - Nios Spa:
     i. Mail: 315 W 57th Street, Suite 308, New York NY
     ii. Email: insurance@niosspa.com
   - L’Elite Medispa
     i. Mail: 754 Nostrand Avenue, Brooklyn NY
     ii. Fax: 631-824-9039
     iii. Email: info@lelitemedispa.com
4. Member obtains Prior Authorization
   - The spa will review the support letters to ensure they meet the necessary requirements, and submit a request for services for Amida Care to review.
5. Prior Authorization
   - Amida Care receives the request for prior authorization.
   - For any GAS procedure, Amida Care will make a determination on the request within 3 business days once all required documentation is received and meets guidelines. This determination may be approved, denied, or additional information might be requested.
   - If the letters do not meet criteria, Amida Care will notify the referring spa within those 3 business days.
   - If the request is approved, Amida Care will contact the member and spa to notify of the approval. At this time, the member can start booking appointments.
   - Both the member and the spa will also receive authorization letters via mail.
New York Electrolysis (NYE) Referrals Process:

1. Member obtains 2 letters of support from 2 NYS licensed providers.
   - Both letters must follow the NYS Medicaid GAS Support Letter criteria.
   - A single set of support letters can request any combination of face, body, or pre-op/genital electrolysis, but both letters must match in their request.
2. Member contacts preferred for consultation.
3. Member submits support letters to Amida Care’s GIST program for processing.
   - New York Electrolysis (NYE)
     i. Email: GIST@amidacareny.org
     ii. Fax: 646-786-1802
4. GIST reviews the support letters once both have been received.
   - If there are issues with the support letters, Amida Care will contact the member to notify them.
   - If the support letters meet requirements, Amida Care will send a referral to New York Electrolysis and notify the member.
5. Member obtains Prior Authorization
   - New York Electrolysis receives the referral and submits a request for services for approval.
6. Prior Authorization
   - Amida Care receives the request for prior authorization.
   - With the support letters already reviewed, Amida Care will approval the authorization within 3 business, and notify the spa and the member. At this point, the member can start booking appointments.
   - Both the member and the spa will also receive authorization letters via mail.

Timelines and Provider Credentials for Support Letters:

- Letters must be dated within the past 12 months.
- Must be written by NYS licensed providers.
- Letters can be written by physicians, psychiatrists, psychologists, nurse practitioners, psychiatric nurse practitioners, or LCSW acting within the scope of their practice.
  - Letters written by any other type of provider (such as LMSW) must be co-signed by one of the provider types listed above.
- One letter must be from a provider with whom the member has an established and ongoing relationship.
- The second letter may come from a provider who has only had an evaluative role with the member.

Key Points Letters Must Include:

For additional information, please see Amida Care Clinical Guidelines and Coverage Criteria for the Treatment of Gender Dysphoria or contact the Gender Identity Support Team (GIST) at 646-757-7982; or email GIST@amidacareny.org
• How long the member has been a patient of the referring provider.
• How long the member has lived in the gender role that corresponds with their gender identity.
• Confirmation of the member’s persistent and well-documented gender dysphoria.
• Statement of support for the requested gender affirming procedure (electrolysis/laser/lymphatic massage).
  o Hair removal support letters must indicate which region(s) will be covered.
    ▪ Facial Hair Removal; Body Hair Removal; Genital/Pre-Op Hair Removal
    ▪ A single set of support letters can request any combination Face, Body, and/or Genital/Pre-Op.
• Indication of the member’s capacity to make a fully informed decision and consent to the treatment.
• Information on the member’s hormone regimen.
  o Indication if hormone therapy is contraindicated or if the member is otherwise unable to take hormones.
• Discussion of any medical or mental health conditions and whether or not these would be a contradiction to the procedure, or if so, that they are reasonably well controlled.
• Discussion of how the procedure is medically necessary for the treatment of gender dysphoria.
  o Explanation of why the procedure is indicated and how it will benefit the member and alleviate gender dysphoria.