Guide for Electrolysis and Laser Hair Removal

Nios Skin Lab

- Services:
  - Electrolysis
- Sites:
  - Manhattan: 315 W 57th Street, Suite 308, New York NY
  - Brooklyn: 567 Pacific Street, Retail Level, Brooklyn NY
  - Astoria: 31-76 Steinway St, Astoria, NY 11103
- Contact:
  - O: 212-863-9058
  -
  - Email:
    - Information: hi@niosspa.com
    - https://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 and Support Letters: nyelectrolysis@gmail.com

L'Elite Medispa

- Services:
  - Laser Hair Removal
- Site:
  - Brooklyn: 754 Nostrand Avenue, Brooklyn NY
  - Manhattan: 1661 Madison Avenue, NY, NY 10029

- 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 Incongruence or contact the Gender Identity Support Team (GIST) at 1-866-441-0009 option 1; or email GIST@amidacareny.org

Support Letter Process for Electrolysis and Laser Hair Removal

1. Member obtains 1 signed form and 1 letter of support from 2 New York State (NYS) licensed providers.
    - The form must be filled out by member's Primary Care Provider (PCP). A visit with the PCP will be required for the form to be filled out. The form will count as the PCP's support letter. The second letter cannot also be from the PCP.
    - The letter of support must follow the NYS Medicaid Gender-Affirming Surgery (GAS) Support Letter criteria.
    - The form filled out by the PCP will outline which body areas are being targeted by which hair removal method. Approved targeted areas will be determined by medical need and/or upcoming gender-affirming surgery.
2. Member contacts preferred hair removal provider for consultation.
3. Member submits form and support letter to hair removal provider for processing.
4. Member obtains Prior Authorization.
    - The hair removal provider will review the form & support letter 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.

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.

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Key Points Letter Must Include:

- 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 incongruence.
- Statement of support for the hair removal services.
    - Letters do not need to specify between electrolysis or laser.
    - 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.
    - 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 incongruence.
    - Explanation of why the procedure is indicated and how it will benefit the member and alleviate gender incongruence.

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