

Electrolysis

Description Electrolysis is a method of removing individual hairs from the face or body. Today's medical electrolysis devices destroy the growth center of the hair with chemical or heat energy.

See also Similar, related, or easily confused documents.

- [Gender Reassignment \(Gender Affirmation\) Procedures](#) - Gender reassignment procedures are done to treat an individual with gender dysphoria for the purpose of assisting the individual to conform to their gender identity or expression.

Document history The document history for the past 12 months is outlined below. See Iris/KN for the complete document history.

Date	Description
6.3.22	Updated to new template.
6.3.22	Updated for <i>Gender Affirmation</i> UM Policy changes.

Commercial

Introduction This section applies to all Commercial members.

Benefits Coverage depends on the reason.

Reason	Coverage
Cosmetic	<ul style="list-style-type: none">• Considered cosmetic, not covered.• Cosmetic procedures are excluded from coverage.
Gender affirmation	<ul style="list-style-type: none">• May be eligible. Refer to Gender Reassignment (Gender Affirmation) Procedures.• If eligible, Prior Authorization may also apply.

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Government Programs

Introduction

This section applies to all Medicaid and Medicare products.

AccessAbility (SNBC),

Coverage depends on the reason.

Minnesota Senior Care Plus (MSC+)

Reason	Coverage
Cosmetic	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• Refer to Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Considered cosmetic, not covered.• Cosmetic procedures are excluded from coverage.• Medicare is the primary payer.• Follows Medicare guidelines. <p>If no Medicare eligibility, Medicaid applies. Refer to Medicaid below.</p>
Gender affirmation	<ul style="list-style-type: none">• May be eligible. Refer to Gender Reassignment (Gender Affirmation) Procedures.• If eligible, Prior Authorization may also apply.

AccessAbility Enhanced (SNBC SNP),

Coverage depends on the reason.

DUAL (MSHO)

Reason	Coverage
Cosmetic	<ul style="list-style-type: none">• Considered cosmetic, not covered.• Cosmetic procedures are excluded from coverage.• Medica is the only payer.
Gender affirmation	<ul style="list-style-type: none">• May be eligible. Refer to Gender Reassignment (Gender Affirmation) Procedures.• If eligible, Prior Authorization may also apply.

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Government Programs, Continued

Advantage

Coverage depends on the reason.

Reason	Coverage
Cosmetic	<ul style="list-style-type: none">• Considered cosmetic, not covered.• Cosmetic procedures are excluded from coverage.• Medica is the only payer.
Gender affirmation	<ul style="list-style-type: none">• May be eligible. Refer to Gender Reassignment (Gender Affirmation) Procedures.• If eligible, Prior Authorization may also apply.

Advantage PartnerCare (I- SNP)

Coverage depends on the reason.

Reason	Coverage
Cosmetic	<ul style="list-style-type: none">• Considered cosmetic, not covered.• Cosmetic procedures are excluded from coverage.• Medica is the only payer.
Gender affirmation	<ul style="list-style-type: none">• May be eligible. Refer to Gender Reassignment (Gender Affirmation) Procedures.• If eligible, Prior Authorization may also apply.

Medicaid (SPP)

Coverage depends on the reason.

Reason	Coverage
Cosmetic	<ul style="list-style-type: none">• Considered cosmetic, not covered.• Cosmetic procedures are excluded from coverage.
Gender affirmation	<ul style="list-style-type: none">• May be eligible. Refer to Gender Reassignment (Gender Affirmation) Procedures.

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Government Programs, Continued

Prime

Coverage depends on the reason.

Reason	Coverage
Cosmetic	<ul style="list-style-type: none">• Considered cosmetic, not covered.• Cosmetic procedures are excluded from coverage.
Gender affirmation	<ul style="list-style-type: none">• May be eligible. Refer to Gender Reassignment (Gender Affirmation) Procedures.

Select,

Coverage depends on the reason.

Signature

Reason	Coverage
Cosmetic	<ul style="list-style-type: none">• Considered cosmetic, not covered.• Cosmetic procedures are excluded from coverage.• Medicare supplement. Medicare is the primary payer.• Follows Medicare guidelines
Gender affirmation	<ul style="list-style-type: none">• May be eligible. Refer to Gender Reassignment (Gender Affirmation) Procedures.

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Individual and Family Business (IFB)

Introduction This section applies to all Individual and Family Business (IFB) members.

Benefits Coverage depends on the reason.

Reason	Coverage
Cosmetic	<ul style="list-style-type: none">• Considered cosmetic, not covered.• Cosmetic procedures are excluded from coverage.
Gender affirmation	<ul style="list-style-type: none">• May be eligible. Refer to Gender Reassignment (Gender Affirmation) Procedures.• If eligible, Prior Authorization may also apply.

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Medica Health Plan Solutions (MHPS)

Introduction

This section applies to all Medica Health Plan Solutions (MHPS) members.

Mayo Medical Plan

Coverage depends on the reason.

Reason	Coverage
Cosmetic	<ul style="list-style-type: none">• Considered cosmetic, not covered.• Cosmetic procedures are excluded from coverage.
Gender affirmation	<ul style="list-style-type: none">• May be eligible. Refer to Gender Reassignment (Gender Affirmation) Procedures.• If eligible, Prior Authorization may also apply.

All others

Coverage depends on the reason.

Reason	Coverage
Cosmetic	<ul style="list-style-type: none">• Considered cosmetic, not covered.• Cosmetic procedures are excluded from coverage.
Gender affirmation	<ul style="list-style-type: none">• May be eligible. Refer to Gender Reassignment (Gender Affirmation) Procedures.• If eligible, Prior Authorization may also apply.

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Medica Health Plan Solutions (MHPS), Continued

Applicability

Business Segments		
<input checked="" type="checkbox"/> All <input type="checkbox"/> AHP <input type="checkbox"/> COM- (All) <input type="checkbox"/> GOVT- (All) <input type="checkbox"/> IFB <input type="checkbox"/> MHPS <input type="checkbox"/> PSC		
Specific Clients/Products		
<input checked="" type="checkbox"/> All <input type="checkbox"/> Other:		
Platform or System		
<input type="checkbox"/> All <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Other:		
Departments		
<input checked="" type="checkbox"/> Call Center <input type="checkbox"/> Multiple: <input type="checkbox"/> Other:		
Approved By	Document Owner	Date
A-Z Review Team	KN Technical Writers	2.14.20
