blue of california

Medical Policy

Treatment of Hyperhidrosis	
Type: Medical Necessity and Investigational / Experimental	**Policy Specific Section:** Surgery
Original Policy Date: February 25, 1998	**Effective Date:** July 14, 2014

Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California / Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

Hyperhidrosis, or excessive sweating, can lead to impairments in psychological and social functioning. Various treatments for hyperhidrosis are available, such as topical agents, oral medications, botulinum toxin, and surgical procedures.

Note: This policy does not include the use of Botulinum Toxin for hyperhidrosis. See Medication Policies: Botulinum Toxin A and B.

Policy

Primary Focal Hyperhidrosis

Surgical excision of the axillary sweat glands and/or endoscopic transthoracic sympathectomy for treatment of primary focal hyperhidrosis of the axillary, palmar, or craniofacial region may be considered **medically necessary** when **both** of the following are met:

- The condition has resulted in **any** of the following medical complications:
    - Acrocyanosis of the hands
    - History of recurrent skin maceration with bacterial or fungal infections
    - History of recurrent secondary infections
    - History of persistent eczematous dermatitis in spite of medical treatments with topical dermatological or systemic anticholinergic agents
- Conservative treatments have failed including **any** of the following:
    - Axillary or palmar regions: (i.e., aluminum chloride 20%; botulinum toxin A products)
    - Craniofacial: (i.e., aluminum chloride)

Secondary Hyperhidrosis

Secondary Gustatory Hyperhidrosis

Surgical options (i.e., tympanic neurectomy) for the treatment of severe gustatory hyperhidrosis may be considered **medically necessary** if conservative treatment has failed (i.e., aluminum chloride).

Treatment of primary focal, or secondary hyperhidrosis is considered **not medically necessary** in the absence of functional impairment or medical complications.

The following hyperhidrosis treatments are considered **investigational:**

- Primary focal axillary hyperhidrosis:
    - Axillary liposuction
    - Iontophoresis
    - Microwave treatment
- Primary focal palmar hyperhidrosis:
    - Iontophoresis
    - Microwave treatment
    - Radiofrequency ablation
- Primary focal plantar hyperhidrosis:

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    - Iontophoresis
    - Lumbar sympathectomy
    - Microwave treatment
- Primary focal craniofacial hyperhidrosis:
    - Iontophoresis
    - Microwave treatment
- Secondary gustatory hyperhidrosis
    - Iontophoresis

Policy Guideline

In the absence of evidence to the contrary, botulinum toxin products are considered to have a class effect (See Medication Policies: Botulinum Toxin A and B).

A multispecialty working group (Hornberger et al., 2004) defines primary focal hyperhidrosis as a condition that is characterized by visible, excessive sweating of at least 6 months' duration without apparent cause and with at least 2 of the following features:

- Bilateral and relatively symmetric sweating
- Impairment of daily activities
- Frequency of at least once per week
- Age at onset younger than 25 years
- Positive family history
- Cessation of focal sweating during sleep

In the hyperhidrosis disease severity scale, patients rate the severity of symptoms on a scale of 1-4 (Solish et al., 2007):

1. My underarm sweating is never noticeable and never interferes with my daily activities.
2. My underarm sweating is tolerable but sometimes interferes with my daily activities.
3. My underarm sweating is barely tolerable and frequently interferes with my daily activities.
4. My underarm sweating is intolerable and always interferes with my daily activities.

Coding

A variety of iontophoretic devices can be purchased for use in the home. There are no specific HCPCS codes for these pieces of DME [durable medical equipment]. HCPCS code E1399 may be billed for these devices.

- **E1399**: Durable medical equipment, miscellaneous

Gustatory Hyperhidrosis Conditions:

- Diabetic neuropathies
- Encephalitis

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- Frey's syndrome
- Herpes zoster parotitis
- Parotid abscess
- Syringomyelia

Internal Information

There is an MD Determination Form for this Medical Policy. It can be found on the following Web page:
http://myworkpath.com/healthcareservices/MedicalOperations/PSR_Determination_Pages.htm

Documentation Required for Clinical Review
• History and physical and/or consultation notes including: o Previous treatment plan and response Post Service • Operative report(s)

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.

Click here to view the appendix for this policy

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