

HYPERHIDROSIS

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Status: Current

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Summary of Changes

Changes:

- Botulinum toxins: Replaced specified criteria with reference and link to Priority Health *Medical Benefit Drug List (MBDL)*.

Clarifications:

- Changed sequence of treatments discussed.

I. POLICY/CRITERIA

Priority Health may consider treatment of intractable, disabling primary hyperhidrosis medically necessary as described below.

- A. **Botulinum toxins:** Reference the [Medical Benefit Drug List \(MBDL\)](#) to view coverage details (Prior Authorization required). Preferred Agent(s):

Botox (onabotulinumtoxinA)
Dysport (abobotulinumtoxinA)
Myobloc (rimabotulinumtoxinA)
Xeomin (incobotulinumtoxinA)
Daxxify (daxibotulinumtoxinA)

- B. **Tumescent liposuction** may be medically necessary for the treatment of primary axillary hyperhidrosis when the condition is refractory to conventional medical treatment, including an attempt at both topical and systemic pharmacotherapy (unless clinically contraindicated) and both (1) and (2) below are present:

1. The condition is significantly interfering with the patient's ability to perform age-appropriate activities of daily living; *and*
2. The condition is causing persistent or chronic cutaneous conditions such as skin maceration, dermatitis, fungal infections and secondary microbial conditions.

- B. **Sympathectomy** is considered medically necessary only when all of the following criteria are met:

1. Topical aluminum chloride or other extra-strength antiperspirants are ineffective or result in a severe rash.
 2. The patient is unresponsive or unable to tolerate prescribed pharmacotherapy, such as anticholinergics, beta-blockers, or benzodiazepines.
 3. Skin maceration with secondary infections or significant functional impairment which disrupts an individual's professional and/or social life
- C. **Surgical treatment of compensatory hyperhidrosis** (the most common side effect of open or endoscopic sympathectomy) is considered **not** medically necessary.
- D. Treatment of primary hyperhidrosis with **iontophoresis** (electrophoresis, Drionic device) is considered **experimental/investigational** and is therefore considered **not** medically necessary.
- E. The following treatments are considered **not** medically necessary because they have **not been proven to be effective** for this indication:
1. Psychotherapy
 2. Hypnosis
 3. Laser treatment (including subdermal Nd-YAG laser)
 4. Microwave therapy
 5. Percutaneous thoracic phenol sympathectomy
 6. Sympathectomy where plantar hyperhidrosis is the only indication
- F. Alternative therapy methods including homeopathy, massage**, acupuncture** and phytotherapeutic drugs are not covered benefits.

***Note: Acupuncture and massage therapy may be covered with a rider for some commercial plans.*

II. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the [Priority Health Provider Manual](#).

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*

- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

IV. DESCRIPTION

Background:

Sweating is a natural phenomenon necessary for the regulation of an individual's body temperature. Hyperhidrosis, or excessive sweating, is a medical condition that is defined as sweating beyond what is necessary to maintain thermal regulation.

Hyperhidrosis is classified as primary or secondary, depending on its cause or origin. Primary hyperhidrosis, also known as essential or idiopathic hyperhidrosis, is caused by an overactive sympathetic nervous system. It can lead to intractable and profuse sweating in several locations of the body, including palms (hands), axillae (armpits), and plantar (feet). Secondary hyperhidrosis is the result of an underlying condition, such as Parkinson's disease, hyperthyroidism, diabetes mellitus, hyperpituitarism, pyrexia, hypoglycemia, or menopause. Secondary hyperhidrosis usually affects the whole body.

Regardless of the type or cause of hyperhidrosis, severe palmar hyperhidrosis can disrupt professional and social life and may lead to emotional problems. In the case of secondary hyperhidrosis, treatment of the underlying condition should first be attempted. In patients with disabling primary hyperhidrosis, a variety of treatment methods have been used.

The simplest method to control or reduce profuse sweating is the application of topical agents, such as aluminum chloride or other extra-strength chemical antiperspirants. Usually recommended as the first therapeutic measure, topical antiperspirants are effective in cases with light to moderate hyperhidrosis but have to be repeated regularly. Oral prescription medications commonly used include: anticholinergics, beta-blockers, and benzodiazepines.

Iontophoresis or electrophoresis can be tried if antiperspirants are not effective. Iontophoresis uses electric current to enhance drug penetration through the stratum corneum, the principal barrier to percutaneous absorption. Iontophoresis has been reported to provide temporary relief in mild cases of primary hyperhidrosis of the hands and feet. The procedure has to be repeated regularly, initially in 20-minute sessions several times a week, gradually stretching out the interval between treatments to 1-2 weeks; however, treatments must be maintained indefinitely to control the symptoms of mild hyperhidrosis. The results vary: many find the electric current uncomfortable, the treatment expensive, time consuming, and the results not lasting long enough. The Drionic device (General Medical Co., Los Angeles, California) is an iontophoretic device that can be purchased for home use.

In severe cases of intractable, disabling primary hyperhidrosis, surgical intervention has been utilized. The principle of sympathectomy is to interrupt the nerve tracks and nodes that transmit the signals to the sweat glands. Whether performed open or endoscopically, the most common side effect of surgery is compensatory hyperhidrosis characterized by a moderate increase in sweating in other parts of the body. A rare side effect is "gustatory sweating", a condition that leads to the sensation of sweating when eating.

Surgical removal of sweat glands has been shown to be only effective in the treatment of axillary hyperhidrosis, and may leave significant scarring. For a person suffering from primary hyperhidrosis, this approach is usually only a partial solution to the problem, especially since the most annoying areas usually are the hands.

Poor results have been reported with the use of psychotherapy and hypnosis. Psychological problems are in most cases a consequence of hyperhidrosis, not the cause. Hence, psychiatric or psychopharmacologic therapy cannot cure this disorder; at most it may help the patient to accept living with the problem.

Alternative medicine interventions, including homeopathy, massage, acupuncture and phytotherapeutic drugs, have not been proven effective.

For complete overview of standard treatment algorithms please refer to The International Hyperhidrosis Society at the following website: www.sweathelp.org

V. CODING INFORMATION**ICD-10 Codes** that apply to this policy:

L74.510	Primary focal hyperhidrosis, axilla
L74.511	Primary focal hyperhidrosis, face
L74.512	Primary focal hyperhidrosis, palms
L74.513	Primary focal hyperhidrosis, soles
L74.519	Primary focal hyperhidrosis, unspecified
L74.52	Secondary focal hyperhidrosis
R61	Generalized hyperhidrosis

CPT/HCPCS Codes:

Surgical and Medical procedures billed with the above diagnoses include but are not limited to:

15877	Suction assisted lipectomy; trunk (<i>Not Covered for Medicaid</i>)
15878	Suction assisted lipectomy; upper extremity (<i>Not Covered for Medicaid</i>)
15879	Suction assisted lipectomy; lower extremity (<i>Not Covered for Medicaid</i>)
32664	Thoracoscopy, surgical; with thoracic sympathectomy
64650	Chemodenervation of eccrine glands; both axillae
64653	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day
64804	Sympathectomy, cervicothoracic
64809	Sympathectomy, thoracolumbar

Prior Authorization required:

J0585	Injection, onabotulinum toxin A, 1 unit Botulinum toxin type A, per unit
J0586	Injection, abobotulinum toxin A, 5 units Injection, abobotulinum toxin A, 5 units
J0587	Injection, rimabotulinum toxin B, 100 units Botulinum toxin type B, per 100 units
J0588	Injection, incobotulinum toxin A, 1 unit
J0589	Injection, daxibotulinumtoxinA-lanm, 1 unit

Not Covered for indications in this policy

17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
64999	Unlisted procedure, nervous system (when billed for phenol sympathectomy; Explanatory notes must accompany claims billed with unlisted codes)
90832	Psychotherapy, 30 minutes with patient and/or family member

- 90833 Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
- 90834 Psychotherapy, 45 minutes with patient and/or family member
- 90836 Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
- 90837 Psychotherapy, 60 minutes with patient and/or family member
- 90838 Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
- 90880 Hypnotherapy
- 97024 Application of a modality to 1 or more areas; diathermy (eg, microwave)
- 97033 Application of a modality to one or more areas; iontophoresis, each 15 minutes
- 97810 Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
- 97811 Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)
- 97813 Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
- 97814 Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)
- E1399 Durable medical equipment, miscellaneous for home iontophoresis unit
(*Explanatory notes must accompany claim*)

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