



# Geisinger Health Plan Policies and Procedure Manual

**Policy: MP258**

**Section: Medical Benefit Policy**

**Subject: Hyperhidrosis**

**Applicable line of business:**

<b>Commercial</b>	<b>x</b>	<b>Medicaid</b>	<b>x</b>
<b>Medicare</b>	<b>x</b>	<b>ACA</b>	<b>x</b>
<b>CHIP</b>	<b>x</b>		

**I. Policy:** Hyperhidrosis

**II. Purpose/Objective:**

To provide a policy of coverage regarding Hyperhidrosis

**III. Responsibility:**

- A. Medical Directors
- B. Medical Management

**IV. Required Definitions**

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

**Commercial**

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

**Medicare**

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Geisinger Health Plan/Geisinger Indemnity Insurance Company are part of Geisinger, an integrated health care delivery and coverage organization.

**CHIP**

Geisinger Health Plan Kids (GHP Kids) is a Children's Health Insurance Program (CHIP) offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

**Medicaid**

Geisinger Health Plan Family (GHP Family) is a Medical Assistance (Medicaid) insurance program offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

## V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

## Medicaid Business Segment

Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

- (i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
- (ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
- (iii) The service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

## DESCRIPTION:

Hyperhidrosis is a medical condition in which a person perspires excessively and unpredictably. The condition is classified as primary or secondary, depending on if it is a congenital or acquired. Primary hyperhidrosis, (essential or idiopathic hyperhidrosis), is caused by an overactive sympathetic nervous system which causes the eccrine and apocrine glands to become overreactive, and is typically localized to the palms, soles, armpits and face. Secondary hyperhidrosis is the result of an underlying condition, such as Parkinson's disease, diabetes, thyroid disease, pheochromocytoma pituitary disease, gout, hypoglycemia, or menopause. Secondary hyperhidrosis typically affects the whole body.

## INDICATIONS:

The following treatments are considered medically necessary when specific criteria are met:

## **Botulinum toxin A: Requires Prior Authorization by a Plan Medical Director or Designee – See MBP11.0**

Botulinum toxin A for the treatment of severe primary axillary, palmer, or pedal hyperhidrosis may be considered medically necessary when the following criteria are met:

Physician provided documentation of failure of a 6-month trial of non-surgical treatments with topical dermatologics (e.g., aluminum chloride, tannic acid, gluteraldehyde, antichloinergics), and one of the following:

- a) There is an underlying chronic medical condition such as dermatitis, fungal condition, skin maceration, or secondary microbial condition as a result of hyperhidrosis; or
- b) Sweating is intolerable and causes functional impairment that interferes with member's ability to perform age-appropriate professional or social normal daily activities

Requests for the use of botulinum toxin to treat secondary hyperhidrosis including Frey's syndrome will be evaluated on a per-case basis.

**(See MBP11.0)**

**NOTE: FOR MEDICAID BUSINESS SEGMENT:**

Effective 1/1/20, botulinum toxin is included in the DHS Preferred Drug List. Guidelines for determination of medical necessity can be found in policy **2016.0P Botulinum Toxins**

**Endoscopic transthoracic sympathectomy and/or Surgical excision of axillary sweat glands:**

Endoscopic transthoracic sympathectomy and/or surgical excision of axillary sweat glands for the treatment of severe primary hyperhidrosis may be considered medically necessary when:

1. Physician provided documentation of failure, contraindication or intolerance of a 6-month trial of non-surgical treatments with topical dermatologics (e.g., aluminum chloride, tannic acid, glutaraldehyde, anticholinergics), systemic anticholinergics, beta-blockers, anti-inflammatory drugs; **AND**
2. Physician provided documentation of failure, contraindication or intolerance to treatment with botulinum toxin A (Botox A) **AND one of the following:**
  - a. the member has medical complications secondary to hyperhidrosis such as, dermatitis, fungal condition, skin maceration, or secondary microbial condition; **OR**
  - b. the member is experiencing a significant impact on activities of daily living as a result of hyperhidrosis;

**Iontophoresis**

Iontophoresis for the treatment of primary focal hyperhidrosis may be considered medically necessary when the following criteria are met:

- Physician provided documentation of failure of a 6 month trial of non-surgical treatments with topical dermatologics (e.g., aluminum chloride, tannic acid, glutaraldehyde, anticholinergics), systemic anticholinergics, beta-blockers, anti-inflammatory drugs, and the member is experiencing a significant impact on activities of daily living as a result of hyperhidrosis (**See MP214 Iontophoresis**)

**EXCLUSIONS:**

The Plan does not cover surgical treatment of secondary hyperhidrosis. Appropriate therapy involves treatment of the underlying condition.

The Plan does **NOT** provide coverage for the use of any of the following treatments of hyperhidrosis because they are considered **unproven** for that indication:

- alternative therapies, including but not limited to, homeopathy, massage, acupuncture and herbal drugs (**see MP136**)
- axillary liposuction, including ultrasound-assisted lipoplasty, retrodermal curettage and tumescent suction curettage
- acupuncture (**see MP63**)
- biofeedback (**see MP04**)
- hypnosis
- subdermal Nd-YAG laser
- percutaneous thoracic phenol sympathectomy
- psychotherapy
- repeat/reversal of ETS
- sympathectomy for craniofacial hyperhidrosis
- sympathectomy for plantar hyperhidrosis
- microwave therapy
- Pulsed radiofrequency
- Radiofrequency ablation

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in **MP 15 - Experimental Investigational or Unproven Services or Treatment.**

**CODING ASSOCIATED WITH:** Hyperhidrosis

***The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS***

**Codes may be covered for the Medicare Business Segment. Please consult the CMS website at [www.cms.gov](http://www.cms.gov) or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.**

11450 Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair  
11451 Excision of skin and subcutaneous tissue for hidradenitis, axillary: with complex repair  
32664 Thoracoscopy, surgical; with thoracic sympathectomy  
15877 Suction assisted lipectomy; trunk  
15878 Suction assisted lipectomy; upper extremity  
64650 chemodenervation of eccrine glands; both axillae  
64653 chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day  
90880 Hypnotherapy  
90901 Biofeedback training by any modality  
97033 Application of a modality to one or more areas; iontophoresis, each 15 minutes  
97124 Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)  
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 re-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 re-insertion of needle(s) (List separately in addition to code for primary procedure)  
J0585 injection, onabotulinumtoxin A, 1 unit  
J0586 injection, abobotulinumtoxin A, 5 units  
J0587 injection, rimabotulinumtoxin B, 100 units  
J0588 injection, incobotulinumtoxin A, 1 unit  
Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

#### **LINE OF BUSINESS:**

**Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.**

#### **REFERENCES:**

Glent-Madsen L, Dahl JC. Axillary hyperhidrosis. Local treatment with aluminium-chloride hexahydrate 25% in absolute ethanol with and without supplementary treatment with triethanolamine. *Acta Derm Venereol.* 1988;68(1):87-89.  
Geisinger Technology Assessment Triage Committee. Iontophoresis. March 26, 2008.  
Geisinger Health Plan, Pharmacy & Therapeutics Committee. Review of botulinum toxin A. 7/9/09, 1/13/10, 12/15/10.  
  
Herbst F, Plas EG, Fugger R, et al. Endoscopic thoracic sympathectomy for primary hyperhidrosis of the upper limbs: A critical analysis and long-term results of 480 operations. *Ann Surg.* 1994;220:86-90.  
  
Zacherl J, Huber ER, Imhof M, et al. Long-term results of 630 thoracoscopic sympathectomies for primary hyperhidrosis: The Vienna experience. *Eur J Surg.* 1998;Suppl:43-46.  
  
Hashmonai M, Kopelman D, Assalia A. The treatment of primary palmar hyperhidrosis: A review. *Surg Today.* 2000;30(3):211-218.  
  
Stolman LP. Treatment of hyperhidrosis. *Dermatol Clin.* 1998;16(4):863-869.  
  
Grice K. Treating hyperhidrosis. *Practitioner.* 1988;232:953-956.  
  
Akins DL, Meisenheimer JL, Dobson RL. Efficacy of the Drionic unit in the treatment of hyperhidrosis. *J Am Acad Dermatol.* 1987;26:828-832.

- Shen JL, Lin GS, Li WM. A new strategy of iontophoresis for hyperhidrosis. *J Am Acad Dermatol.* 1990;22(2 Pt 1):239-241.
- Moran KT, Brady MP. Surgical management of primary hyperhidrosis. *Br J Surg.* 1991;78(3):279-283.
- Lewis DR, Irvine CD, Smith FC, et al. Sympathetic skin response and patient satisfaction on long-term follow-up after thoracoscopic sympathectomy for hyperhidrosis. *Eur J Vasc Endovasc Surg.* 1998;15(3):239-243.
- Krasna MJ, Demmy TI, McKenna RJ, et al. Thoracoscopic sympathectomy: The U.S. experience. *Eur J Surg Suppl.* 1998;(580):19-21.
- Shenefelt PD. Hypnosis in dermatology. *Arch Dermatol.* 2000;136(3):393-399.
- Payne CM, Doe PT. Liposuction for axillary hyperhidrosis. *Clin Exp Dermatol.* 1998;23(1):9-10.
- Drott C, Claes G. Hyperhidrosis treated by thoracoscopic sympathectomy. *Cardiovasc Surg.* 1996;4(6):788-791.
- Noppen M, Vincken W, Dhaese J, et al. Thoracoscopic sympathicolysis for essential hyperhidrosis: Immediate and one year follow-up results in 35 patients and review of the literature. *Acta Clin Belg.* 1996;51(4):244-253.
- Drott C, Gothberg G, Claes G. Endoscopic transthoracic sympathectomy: An efficient and safe method for the treatment of hyperhidrosis. *J Am Acad Dermatol.* 1995;33(1):78-81.
- Atkins JL, Butler PE. Hyperhidrosis: A review of current management. *Plast Reconstr Surg.* 2002;110(1):222-228.
- Togel B, Greve B, Raulin C. Current therapeutic strategies for hyperhidrosis: A review. *Eur J Dermatol.* 2002;12(3):219-223.
- Alric P, Branchereau P, Berthet JP, et al. Video-assisted thoracoscopic sympathectomy for palmar hyperhidrosis: Results in 102 cases. *Ann Vasc Surg.* 2002;16(6):708-713.
- Connolly M, de Berker D. Management of primary hyperhidrosis: A summary of the different treatment modalities. *Am J Clin Dermatol.* 2003;4(10):681-697.
- Gossot D, Galetta D, Pascal A, et al. Long-term results of endoscopic thoracic sympathectomy for upper limb hyperhidrosis. *Ann Thorac Surg.* 2003;75(4):1075-1079.
- Nyamekye IK. Current therapeutic options for treating primary hyperhidrosis. *Eur J Vasc Endovasc Surg.* 2004;27(6):571-576.
- Tyrer P. Current status of beta-blocking drugs in the treatment of anxiety disorders. *Drugs.* 1988;36(6):773-783.
- Karakoç Y, Aydemir EH, Kalkan MT, Unal G. Safe control of palmoplantar hyperhidrosis with direct electrical current. *Int J Dermatol.* 2002;41(9):602-605.
- Rzany B, Spinner DM. Interventions for localised excessive sweating (Protocol for Cochrane Review). *Cochrane Database Syst Rev.* 2000;(3):CD002953.
- Hornberger J, Grimes K, Naumann M, et al.; Multi-Specialty Working Group on the Recognition, Diagnosis, and Treatment of Primary Focal Hyperhidrosis. Recognition, diagnosis, and treatment of primary focal hyperhidrosis. *J Am Acad Dermatol.* 2004;51:274-286.
- Licht PB, Pilegaard HK. Severity of compensatory sweating after thoracoscopic sympathectomy. *Ann Thorac Surg.* 2004;78(2):427-431.
- Eisenach JH, Atkinson JL, Fealey RD. Hyperhidrosis: Evolving therapies for a well-established phenomenon. *Mayo Clin Proc.* 2005;80(5):657-666.

Licht PB, Ladegaard L, Pilegaard HK. Thoracoscopic sympathectomy for isolated facial blushing. *Ann Thorac Surg*. 2006;81(5):1863-1866.

Smith CC. Idiopathic hyperhidrosis. UpToDate October 2008.

Lowe NJ, Glaser DA, Eadie N, et al; North American Botox in Primary Axillary Hyperhidrosis Clinical Study Group. Botulinum toxin type A in the treatment of primary axillary hyperhidrosis: A 52-week multicenter double-blind, randomized, placebo-controlled study of efficacy and safety. *J Am Acad Dermatol*. 2007;56(4):604-611.

Malmivaara A, Kuukasjarvi P, Autti-Ramo I, et al. Effectiveness and safety of endoscopic thoracic sympathectomy for excessive sweating and facial blushing: A systematic review. *Int J Technol Assess Health Care*. 2007;23(91):54-62.

Seo SH, Jang BS, Oh CK, et al. Tumescant superficial liposuction with curettage for treatment of axillary bromhidrosis. *J Eur Acad Dermatol Venereol*. 2008;22(1):30-35.

Wollina U, Köstler E, Schönlebe J, Haroske G. Tumescant suction curettage versus minimal skin resection with subcutaneous curettage of sweat glands in axillary hyperhidrosis. *Dermatol Surg*. 2008;34(5):709-716.

Goldman A, Wollina U. Subdermal Nd-YAG laser for axillary hyperhidrosis. *Dermatol Surg*. 2008;34(6):756-762.

Commons GW, Lim AF. Treatment of axillary hyperhidrosis/bromidrosis using VASER ultrasound. *Aesthetic Plast Surg*. 2009;33(3):312-323.

Kim WO, Kil HK, Yoon KB, et al. Influence of T3 or T4 sympathectomy for palmar hyperhidrosis. *Am J Surg*. 2010;199(2):166-169.

Cerfolio RJ, De Campos JRM, Bryant AS, et al. The Society of Thoracic Surgeons Expert Consensus for the Surgical Treatment of Hyperhidrosis. *Ann Thorac Surg* 2011; 91:1642-1648

Smith CC, Pariser D. Primary focal hyperhidrosis. UpToDate Inc. Last reviewed February 2018

Hsu TH, Chen YT, Tu YK, Li CN. A systematic review of microwave-based therapy for axillary hyperhidrosis. *J Cosmet Laser Ther*. 2017 Mar 10.

McConaghy JR, Fosselman D. Hyperhidrosis: management options. *Am Fam Physician*. 2018;97(11):729734.

Mircovic SE, Rystedt A, Balling M, Swartling C. Hyperhidrosis substantially reduces quality of life in children: A retrospective study describing symptoms, consequences and treatment with botulinum toxin. *Acta Derm Venereol*. 2018;98(1):103-107

Cervantes J, Perper M, Eber AE, Fertig RM, Tsatalis JP, Nouri K. Laser treatment of primary axillary hyperhidrosis: a review of the literature. *Lasers Med Sci*. 2018;33(3):675-681

American Academy of Dermatology. Hyperhidrosis overview. American Academy of Dermatology, 2018

Deniz S, Kavaklı K, Çaylak H, et al. Treatment of compensatory hyperhidrosis of the trunk with radiofrequency ablation. *Agri*. 2015;27(1):42-46.

Schick CH, Grallath T, Schick KS, Hashmonai M. Radiofrequency thermotherapy for treating axillary hyperhidrosis. *Dermatol Surg*. 2016;42(5):624-630.

Mostafa TAH, Hamed AA, Mohammed BM, et al. C-arm guided percutaneous radiofrequency thoracic sympathectomy for treatment of primary palmar hyperhidrosis in comparison with local botulinum toxin type A injection, randomized trial. *Pain Physician*. 2019;22(6):591-599

Parrish C, Waldbaum B, Coleman D, et al. Microwave thermolysis reduces generalized and social anxiety in young adults with axillary hyperhidrosis. *Lasers Surg Med*. 2020;52(9):842-847.

This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 9/19/2011

**Revised:** 10/14 (added iontophoresis), 9/17 (added exclusion); 9/21 (add RF exclusions)

**Reviewed:** 9/12, 9/13, 10/15, 12/16, 9/18, 9/19, 9/20, 9/22, 9/23, 9/24

**CMS UM Oversight Committee Approval:** 12/23; 11/8/24

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.