GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Hyperhidrosis is a medical condition, is the excessive sweating beyond a level required to maintain normal body temperature, in response to heat exposure or exercise. Hyperhidrosis, or excessive sweating, resulting in clammy or dripping hands and perspiration-soaked clothes, can lead to impairments in psychologic and social functioning.

- Primary focal hyperhidrosis is idiopathic, typically involving the hands (palmar), feet (plantar), or axillae (underarms). There is no medical cause for primary hyperhidrosis; it may have a hereditary component, for it frequently runs in families.

- Secondary hyperhidrosis can result from a variety of drugs (eg, tricyclic antidepressants, selective serotonin reuptake inhibitors) or underlying diseases/conditions (eg, hyperthyroidism/hypertension, diabetes, menopause). Secondary hyperhidrosis is usually generalized or craniofacial sweating.

- Secondary gustatory hyperhidrosis is excessive sweating on ingesting highly spiced foods. Gustatory hyperhidrosis occurs on the scalp or face and predominately over the forehead, lips, and nose.

Primary Hyperhidrosis
Medical treatment of hyperhidrosis include:
- Topical therapy with aluminum chloride, i.e. over-the-counter antiperspirants containing aluminum chloride (Drysol®), prescription strength antiperspirants contain aluminum chloride hexahydrate
- Oral anticholinergic medications, i.e. anticholinergics reduce sweating (Robinul® (glycopyrrolate) and Ditropan® (oxybutynin)
- Iontophoresis (an electrical current delivering medication transdermally) Iontophoresis, the passing of an ionized substance through intact skin, is a treatment method that delivers 15–20 milliamps of current through tap-water to treat hyperhidrosis. The exact mechanism of action is unclear, but several hypotheses exist including the inhibition of sympathetic nerve transmission, ion deposition obstructing the sweat gland, and local alterations of pH inhibiting the sweat gland.

Surgical treatment of hyperhidrosis include removal of the eccrine glands and/or interruption of the sympathetic nerves:
- Endoscopic transthoracic sympathectomy
- Excision of axillary glands

Secondary Hyperhidrosis focuses on treatment of the underlying cause, such as discontinuing certain drugs or hormone replacement therapy as a treatment for menopausal symptoms.

Secondary gustatory hyperhidrosis frequently occurs after injury or surgery in the region of the parotid gland.

POLICY
HMO, PPO, Individual Marketplace, Elite, Advantage
Effective: 04/01/2020
- Endoscopic transthoracic sympathectomy (ETS), procedure 32664, requires a prior authorization for the treatment of hyperhidrosis, diagnosis codes L74.510-L74.519, L74.52, R61.
- Iontophoresis, procedure 97033, is non-covered for all product lines.
HMO, PPO, Individual Marketplace, Elite, Advantage

Coverage Criteria:
Treatment of primary focal hyperhidrosis may be considered medically necessary with any of the following medical conditions:
The hyperhidrosis is persistent and severe, and has resulted in significant functional impairment or medical conditions/complications such as, including but not limited to the following:

Functional Impairments
- Essential activities of daily living
- Essential activities of employment

Medical Conditions
- Acrocyanosis of the hands; or
- History of recurrent skin maceration with secondary bacterial or fungal infections; or
- History of recurrent secondary infections; or
- History of persistent eczematous dermatitis despite medical treatments with topical dermatologic or systemic anticholinergic agents.

Treatment Criteria:
Conservative treatment is the first line of treatment:
- Topical therapy with aluminum chloride, i.e. over-the-counter antiperspirants containing aluminum chloride (Drysol®, prescription strength antiperspirants contain aluminum chloride hexahydrate
- Oral anticholinergic medications, i.e. anticholinergics reduce sweating (Robinul® (glycopyrrolate) and Ditropan® (oxybutynin)

Primary axillary and primary palmar hyperhidrosis
The following treatments meet the definition of medical necessity for treatment of primary axillary or primary palmar hyperhidrosis:
- Topical agents
- Systemic pharmacotherapy
- Endoscopic transthoracic sympathectomy (ETS),
  - If conservative treatment with topical or systemic pharmacotherapy has failed; and
  - Presence of medical complications or skin maceration with secondary infection; or significant functional impairment, as documented in the medical record.

Primary plantar hyperhidrosis
The following treatment meets the definition of medical necessity for treatment of primary plantar hyperhidrosis:
- Topical agents

Primary craniofacial hyperhidrosis
The following treatment meets the definition of medical necessity for treatment of primary craniofacial hyperhidrosis:
- Topical agents

Treatment of hyperhidrosis is considered not medically necessary and investigational, including but not limited to:
- Axillary liposuction or curettage performed alone or in combination with any other procedure
- Subdermal laser-assisted axillary hyperhidrosis treatment
- Percutaneous radiofrequency sympathicolysis or sympathectomy
- Radiofrequency ablation for palmar hyperhidrosis
- Microwave energy


CODING/BILLING INFORMATION
The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all-inclusive. The appearance of a code in this section does not imply that the service described by the code is a covered or non-covered service. Codes
that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODES</th>
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<tbody>
<tr>
<td>32664 Thoracoscopy, surgical; with thoracic sympathectomy</td>
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<td>97033 Iontophoresis, each 15 minutes</td>
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<table>
<thead>
<tr>
<th>ICD-10-CM CODES</th>
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<tr>
<td>L74.510-519 Primary focal hyperhidrosis</td>
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<tr>
<td>L74.52 Secondary focal hyperhidrosis</td>
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<td>R61 Generalized hyperhidrosis</td>
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**REVISION HISTORY EXPLANATION:**
03/01/2020: Policy created

**REFERENCES/RESOURCES:**
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Hayes, Inc.; Hayes Medical Technology Directory
Industry Standard Review