# Clinical Policy: Hyperhidrosis Treatments

Reference Number: PA.CP.MP.62
Effective Date: 01/18
Last Review Date: 12/16/2020

Coding Implications
Revision Log

**Description**
Hyperhidrosis is defined as excessive sweating beyond a level required to maintain normal body temperature in response to heat exposure or exercise.

*Refer to PA.CP.PHAR.09 Botulinum Toxins for requests for Botox or Dysport.*
*Refer to PA.CP.PMN.117 Qbrexza (glycopyrronium) for requests for glycopyrronium*

**Policy/Criteria**

**I.** It is the policy of Pennsylvania Health and Wellness® (PHW) that treatment with iontophoresis (electrophoresis, Drionic device) is **medically necessary** when *all* of the following criteria are met:
   A. Diagnosis of primary hyperhidrosis;
   B. Member has developed medical complications, such as skin maceration with secondary skin infections; *or* has a significant constant disruption of professional and/or social life (e.g., recurrent changing of clothes, affecting job/social function, etc.) which has occurred because of excessive sweating;
   C. Is unresponsive or unable to tolerate at least one of the pharmacotherapies prescribed for excessive sweating (e.g., anticholinergics, beta-blockers, or benzodiazepines);
   D. Failed a 6-month trial of conservative management including the adherent application of aluminum chloride hexahydrate [Drysol by prescription] or topical agents have resulted in a severe rash;
   E. Has none of the following contraindications:
      1. Cardiac pacemaker;
      2. Cardiac arrhythmias;
      3. Pregnancy (hyperhidrosis often improves during pregnancy);
      4. Metal implants, depending on it size and position (may divert the electric current);
      5. Cracked skin near the treatment area.

**II.** It is the policy of PHW that endoscopic thoracic sympathectomy (ETS) for palmar or palmar and axillary hyperhidrosis is **medically necessary** when *all* of the following criteria are met:

   A. Meets all of the iontophoresis criteria in I.A-D;
   B. Has a resting heart rate ≥ 55 beats per minute;
   C. Hyperhidrosis symptoms started at an early age (usually < 16 years), and surgery is requested for a young member (usually <25 years of age);
   D. Body mass index <28;
   E. Reports no sweating during sleep;
   F. The member is relatively healthy with no significant comorbidities;
   G. Has persistent and severe primary hyperhidrosis;
   H. Has failed iontophoresis;
   I. Has failed a trial of botulinum toxin.

**III.** It is the policy of PHW that surgical excision of axillary sweat glands for axillary hyperhidrosis are **medically necessary** when *all* of the following criteria are met:
A. Meets all of the iontophoresis criteria in I.A-D;
B. Has persistent and severe primary hyperhidrosis;
C. Has failed iontophoresis;
D. Has failed a trial of botulinum toxin.

*Note:* The normal line of medical therapy is:
1. Drysol, then botox for axillary hyperhidrosis
2. Drysol, then iontophoresis for palmoplantar hyperhidrosis
3. Other treatments are third-line therapies (iontophoresis and surgery for axillary hyperhidrosis, and Botox and surgery for palmoplantar hyperhidrosis).

**IV.** All other treatments for hyperhidrosis, including, but not limited to, microwave therapy, or liposuction as the sole method of removing axillary sweat glands, are considered **investigational and not medically necessary.**

**Background**

Hyperhidrosis can be classified as either primary or secondary. Primary focal hyperhidrosis is idiopathic in nature and is defined as excessive sweating induced by sympathetic hyperactivity in selected areas that is not associated with an underlying disease process. The most common locations are underarms (axillary hyperhidrosis), hands (palmar hyperhidrosis), and feet (plantar hyperhidrosis). Primary focal hyperhidrosis is a condition that is characterized by visible, excessive sweating of at least 6 months' duration without apparent cause. Hyperhidrosis can ruin clothing, produce emotional distress, and lead to occupational disability.

Secondary hyperhidrosis can result from a variety of drugs, such as tricyclic antidepressants, selective serotonin reuptake inhibitors (SSRIs), or underlying diseases/conditions, such as febrile diseases, diabetes mellitus, or menopause. Secondary hyperhidrosis is usually generalized or craniofacial sweating. Secondary gustatory hyperhidrosis is excessive sweating on ingesting highly spiced foods. This trigeminovascular reflex typically occurs symmetrically on scalp or face and predominately over forehead, lips, and nose. Secondary facial gustatory sweating, in contrast, is usually asymmetrical and occurs independently of the nature of the ingested food. This phenomenon frequently occurs after injury or surgery in the region of the parotid gland.

A variety of therapies have been investigated for primary hyperhidrosis, including topical therapy with aluminum chloride, iontophoresis, intradermal injections of botulinum toxin type A, endoscopic transthoracic sympathectomy, and surgical excision of axillary sweat glands. Thoracic sympathectomy is an invasive procedure intended to arrest the symptoms of hyperhidrosis. Treatment of secondary hyperhidrosis focuses on the treatment of the underlying cause, such as discontinuing certain drugs or hormone replacement therapy as a treatment of menopausal symptoms.

Microwave energy has been proposed for the treatment of primary axillary hyperhidrosis. The miraDry System (Mirimar Labs, Inc) is an FDA approved device indicated for treatment of primary axillary hyperhidrosis. It is not indicated for treating hyperhidrosis related to other body

areas or generalized hyperhidrosis. The evidence supporting the safety and efficacy of microwave energy for the treatment of primary axillary hyperhidrosis is limited, thus it is considered investigational and not medically necessary. Most of the studies are limited by small sample size with data on long-term health outcomes lacking.

**Coding Implications**

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

| | |
|---|---|
| 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 |
| 15877* | Suction assisted lipectomy; trunk |
| 15878* | Suction assisted lipectomy; upper extremity |
| 32664 | Thoracoscopy, surgical; with thoracic sympathectomy |
| 64802 – 64823 | Sympathectomy, sympathetic nerves |
| 97024 | Application of a modality to 1 or more areas; diathermy (eg, microwave) |
| 97033 | Application of a modality to 1 or more areas; iontophoresis, each 15 minutes |

* Considered investigational, not medically necessary when used to report liposuction as the sole method of removing axillary sweat glands.

**ICD-10-CM Diagnosis Codes that Support Coverage Criteria**

| ICD-10-CM Code | Description |
|---|---|
| L74.510-L74.519 | Primary focal hyperhidrosis |
| L74.52 | Secondary hyperhidrosis |
| R61 | Generalized hyperhidrosis |

| Reviews, Revisions, and Approvals | Date | Approval Date |
|---|---|---|
| Separated criteria for ETS and removal of axillary sweat glands, and specified that they meet criteria for iontophoresis A-D. For ETS, added criteria that member heart rate is ≥ 55 beats per minute, symptoms started before 16 years of age, and surgery is on a member less than 25 years of age, that there be no significant comorbidities, that there is no night sweating, and BMI < 28, per 2011 guidelines. | 06/18 | |

| Reviews, Revisions, and Approvals | Date | Approval Date |
|---|---|---|
| Added topical glycopyrronium to normal line of medical therapy for axillary hyperhidrosis, in the note under III. References reviewed and updated. | 03/19 | |
| Removed informational codes for chemical denervation of sweat glands: 64560, 64563. Added codes 11450 and 11451.<br>Section IV: Added liposuction as the sole method of removing axillary sweat glands as investigational. Specialist reviewed. | 12/2020 | 02/2021 |

**References**

1. Cerfolio RJ, De Campos JR, Bryant AS, et al. The Society of Thoracic Surgeons expert consensus for the surgical treatment of hyperhidrosis. Ann Thorac Surg. 2011;91(5):1642-1648
2. Eisenach JH, Atkinson JL, Fealey RD. Hyperhidrosis: Evolving therapies for a well-established phenomenon. Mayo Clin Proc. 2005;80(5):657-666.
3. Glaser DA. The use of botulinum toxins to treat hyperhidrosis and gustatory sweating syndrome. Neurotox Res. 2006;9(2-3):173-177.
4. Glaser DA, Coleman WP 3rd, Fan LK, et al. A randomized, blinded clinical evaluation of a novel microwave device for treating axillary hyperhidrosis: the dermatologic reduction in underarm perspiration study. Dermatol Surg 2012; 38:185
5. Hong HC, Lupin M, O'Shaughnessy KF. Clinical evaluation of a microwave device for treating axillary hyperhidrosis. Dermatol Surg 2012; 38:728.
6. 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.
7. International Hyperhidrosis Society. Hyperhidrosis Treatment Overview. 2014. Available at: http://www.sweathelp.org/en/hyperhidrosis-treatments/treatment-overview.html.
8. Karpinski RHS. Surgical treatment of axillary hyperhidrosis treatment & management. In: Medscape Reference, Caputy G (Ed), 2012 Jan 31.
9. Lakraj, A.D; Moghimi, N; Jabbari, B. Hyperhidrosis: Anatomy, Pathophysiology and Treatment with Emphasis on the Role of Botulinum Toxins. Toxins 2013, 5, 821-840; doi:10.3390/toxins5040821.
10. New Zealand Dermatology Society Inc. Hyperhidrosis. DermNet NZ [website] Auckland, NZ: NZDS 2015. Available at: http://www.dermnetnz.org/hair-nails-sweat/hyperhidrosis.html.
11. New Zealand Dermatology Society Inc. Iontophoresis. DermNet NZ [website] Auckland, NZ: NZDS 2013. Available at: http://www.dermnetnz.org/procedures/iontophoresis.html.
12. Smith, CC. MD; Pariser, D. MD. Primary focal hyperhidrosis. In: UpToDate, Dellavalle RP, Dahl MV (Ed), UpToDate, Waltham, MA. Accessed 04/08/2015. Accessed 12/16/2019.
13. Pariser DM, Hebert AA, Drew J, et al. Topical Glycopyrronium Tosylate for the Treatment of Primary Axillary Hyperhidrosis: Patient-Reported Outcomes from the ATMOS-1 and ATMOS-2 Phase III Randomized Controlled Trials. Am J Clin Dermatol. 2018 Oct 30. doi: 10.1007/s40257-018-0395-0. [Epub ahead of print]
14. Glaser DA, Hebert AA, Nast A, et al. Topical glycopyrronium tosylate for the treatment of primary axillary hyperhidrosis: Results from the ATMOS-1 and ATMOS-2 phase 3

randomized controlled trials. J Am Acad Dermatol. 2019 Jan;80(1):128-138.e2. doi: 10.1016/j.jaad.2018.07.002. Epub 2018 Jul 10.