

Hyperhidrosis (Excessive Sweating)

sMed# 01045

What is it?

CPT Codes – **J0585, 11450, 11451, 32664, 97033**

Experimental Codes –

Botox® B – J0587

Assisted Lipectomy (trunk, upper extremity) - 15877, 15878

Axillary liposuction - 17999

Sympathectomy – 64802 - 64823

Hypnotherapy – 90880

Biofeedback – 90901

Massage – 97124

Acupuncture - 97810 – 97814

Hyperhidrosis (excessive sweating) is a medical condition that is defined as sweating beyond what is necessary to maintain normal body temperature. Hyperhidrosis is classified as primary or secondary. Primary hyperhidrosis (essential or idiopathic hyperhidrosis) can lead to intractable and profuse sweating in several areas typically - the feet (plantar), armpits (axilla) and/or hands (palmar). Secondary hyperhidrosis usually affects the whole body and is associated with underlying causes such as: specific drug types use (such as antidepressants, serotonin inhibitors); febrile disease; diabetes; or menopause. Craniofacial (Gustatory) hyperhidrosis is uncommon and can be provoked by heat, emotion or spicy foods.

Patients are categorized by a Hyperhidrosis Disease Severity Scale (HDSS), whereby sweating is:

- 1 never noticeable and never interferes with daily activities
- 2 tolerable but sometimes interferes with daily activities
- 3 barely tolerable and frequently interferes with daily activities
- 4 intolerable and always interferes with daily activities

Criteria

Treatment of primary hyperhidrosis (705.21) including Botulinum toxin type A, BOTOX® (J0585), endoscopic transthoracic sympathectomy (32664) or surgical excision of axillary sweat glands (11450, 11451) is considered medically appropriate for patients meeting **all** of the following criteria:

Office documentation (not physician summary letter) from treating physician for minimum of 12 month period showing **all** of the following:

- a) patient has focal, visible and excessive sweating of at least 6 months duration without apparent cause (not seasonal or only during physical activity) and category 4 according to HDSS shown above; **and**,
- b) sweating is bilateral and relatively symmetrical; **and**,
- c) sweating significantly impairs daily activities (notation must indicate the activities which are impaired due to condition); **and**,
- d) episodes occur at least once a week; **and**,
- e) age of onset is 25 years or less; **and**,

- f) focal sweating stops during sleep; **and**,
- g) for primary hyperhidrosis, the following protocol and treatment is followed and documented:

- 1) education regarding proper use of over-the-counter antiperspirants vs. deodorants has been discussed; **and**,
- 2) 6 months use of 10 – 35% aluminum chloride hexahydrate (such as Drysol) using proper technique to avoid irritation (such as applying to dry axilla at bedtime, wash off in 6 – 8 hours, use 3 – 7 times per week with maintenance treatment every 1 – 3 weeks) has been tried and failed or is contraindicated due to severe adverse reaction/rash; **and**,
- 3) Trial of pharmacotherapy has been prescribed (such as anticholinergics (Robinul[®] or Ditropan[®]), beta-blockers (Cardizem[®]), or benzodiazepines (diazepam)) and patient has documented unresponsiveness or inability to tolerate; **and**,
- 4) **after failure of above** – tap water iontophoresis is considered medically necessary **only for primary palmar and/or plantar hyperhidrosis** (hand and feet) after education regarding proper technique (direct current at 15 – 18 mA for 20-30 minutes. Switch current direction midway through treatment. Use every other day until desired result achieved.) Maintenance treatment should be every 1 – 4 weeks. Equipment (such as Fischer MD1a Galvanic unit) may be rented but is typically purchased.
- 5) **after failure of above** – injection of Botox[®] A is considered medically necessary **only for primary axillary hyperhidrosis**. The recommended dose is 50 Units per axilla and is injected intradermally to each axilla in multiple sites (10-15) approximately 1-2 cm apart. Repeat injections are considered medically appropriate when the patient has documented positive response (greater than or equal to 2 categories on the HDSS) after the 1st or second dose. For most patients, positive response will last about 6 months;

Note: Botulinum toxin type B (MYOBLOC[®] - J0587) is considered **experimental and investigational** to treat primary hyperhidrosis. Botox[®] A for treatment of primary palmar, plantar or facial hyperhidrosis **is** considered **not medically necessary**.

and,

- 6) **after failure of above** – surgery is considered medically necessary by endoscopic thoracic sympathectomy (ETS) or video-assisted ETS (32664) or surgical removal of axillary sweat glands (11450 – 11451).

Note: Sympathectomy (64802 – 64823) surgery is considered **experimental and investigational** treatment of hyperhidrosis including lumbar sympathectomy (64818) which is not recommended for plantar hyperhidrosis due to associated sexual dysfunction.

- In the absence of the above criteria elements, treatment for primary hyperhidrosis is considered **not medically necessary**.
- The following treatments for hyperhidrosis are considered **experimental, investigational or unproven** (this list is not all inclusive):

- alternative therapy methods, including homeopathy, massage, acupuncture and herbal drugs;
- axillary liposuction;
- biofeedback / neurofeedback;
- axillary pads for iontophoresis;
- hypnosis;
- percutaneous thoracic phenol sympathectomy;
- psychotherapy;
- repeat or reversal of ETS.

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