

## Hyperhidrosis Treatments

<b>Table of Content</b>
<a href="#"><u>Purpose</u></a>
<a href="#"><u>Description &amp; Definitions</u></a>
<a href="#"><u>Criteria</u></a>
<a href="#"><u>Coding</u></a>
<a href="#"><u>Document History</u></a>
<a href="#"><u>References</u></a>
<a href="#"><u>Special Notes</u></a>
<a href="#"><u>Keywords</u></a>

<a href="#"><u>Effective Date</u></a>	4/2014
<a href="#"><u>Next Review Date</u></a>	2/13/2024
<a href="#"><u>Coverage Policy</u></a>	Surgical 107
<a href="#"><u>Version</u></a>	7

**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual’s benefit plan for details\*.**

**Purpose:**

This policy addresses the medical necessity for Hyperhidrosis Treatments.

**Description & Definitions:**

**Hyperhidrosis Treatments** are procedure to treat the disorder causing excessive sweating, beyond what the body requires to maintain thermal control includes from (axilla, face, palms, and soles).

**Sympathectomy** is a minimally-invasive surgical procedure to cut or clamp the nerve and least one sympathetic ganglion is removed to reduce signals.

**Criteria:**

**Hyperhidrosis treatment** is considered medically necessary for indications of **ALL of the following** of the following:

- Individual has severe disabling symptoms
- individuals who have failed to adequately respond to treatment using a Nonsurgical management option or are not appropriate (eg, medication, botulinum toxin injection, iontophoresis)
- The surgical treatment of **primary axillary hyperhidrosis (PAH)** for **1 or more** of the following:
  - o Chemical thoracic sympathectomy
  - o Endoscopic sympathetic ablation by electrocautery
  - o Endoscopic thoracic sympathectomy (ETS)
  - o Excision of axillary sweat glands (including use of curettage and liposuction)
  - o Lumbar sympathectomy
  - o Microwave thermolysis (e.g., miraDry microwave therapy etc.) for severe primary palmar hyperhidrosis only
  - o Open thoracic sympathectomy
  - o Thoracoscopic sympathectomy
  - o Tumenescent or ultrasonic liposuction for axillary hyperhidrosis

- Video-assisted endoscopic thoracic ganglionectomy
- Video-assisted thoracic sympathectomy (VATS)

Hyperhidrosis treatments is considered **Not Medically Necessary** for ANY indications, to include but not limited to:

- repeat/reversal of ETS
- sympathectomy for craniofacial hyperhidrosis
- sympathectomy for plantar hyperhidrosis

### Coding:

#### Medically necessary with criteria:

Coding	Description
32664	Thoracoscopy, surgical; with thoracic sympathectomy
64804	Sympathectomy, cervicothoracic
64809	Sympathectomy, thoracolumbar
64818	Sympathectomy, lumbar
17999	Unlisted procedure, skin, mucous membrane, and subcutaneous tissue
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)

#### Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

### Document History:

#### Revised Dates:

- 2019: November
- 2015: April

#### Reviewed Dates:

- 2023: February
- 2022: February
- 2021: February
- 2020: February
- 2018: May
- 2017: January
- 

#### Effective Date:

Surgical 107

- April 2014

## References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2024). Retrieved Jan 2024, from MCG 27th Edition: <https://careweb.careguidelines.com/ed27/index.html>

(2024). Retrieved Jan 2024, from Hayes:

<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Hyperhidrosis%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%2522:%25>

(2024). Retrieved Jan 2024, from DMAS Provider Manual:

[https://vamedicaid.dmas.virginia.gov/pdf\\_chapter/practitioner#gsc.tab=0](https://vamedicaid.dmas.virginia.gov/pdf_chapter/practitioner#gsc.tab=0)

International Hyperhidrosis Society Treatment guidelines for Hyperhidrosis. (2024). Retrieved Jan 2024, from International Hyperhidrosis Society: <https://www.sweathelp.org/treatments-hcp/clinical-guidelines.html>

Microwave Thermolysis for Excessive Sweating. (2024). Retrieved Jan 2024, from American Society for Dermatologic Surgery (ASDS): <https://www.asds.net/skin-experts/skin-treatments/microwave-thermolysis-for-excessive-sweating>

National Coverage Determination (NCD) Sweat Test 190.5. (Longstanding national coverage determination). Retrieved Jan 2024, from CMS - NCD: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdId=205&ncdver=1&keyword=sympathectomy&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1> & (NCD) Diathermy Treatment 150.5. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=58&ncdver=2&DocID=150.5&kq=true&SearchType=Advanced&bc=EAAAAAgA AAAA&>

Primary focal hyperhidrosis. (2023, Dec). Retrieved Jan 2024, from UpToDate:

[https://www.uptodate.com/contents/primary-focal-hyperhidrosis?search=Microwave%20Thermolysis&source=search\\_result&selectedTitle=1~150&usage\\_type=defaul&display\\_rank=1](https://www.uptodate.com/contents/primary-focal-hyperhidrosis?search=Microwave%20Thermolysis&source=search_result&selectedTitle=1~150&usage_type=defaul&display_rank=1)

## Special Notes: \*

This medical policy expresses Sentara Health Plan's determination of medical necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

## Keywords:

Sympathectomy, hyperhidrosis, SHP Hyperhidrosis Treatment, SHP Surgical 107, Chemical thoracic sympathectomy, Endoscopic sympathetic ablation by electrocautery, Endoscopic thoracic sympathectomy, Excision of axillary sweat glands, Lumbar sympathectomy, Open thoracic sympathectomy, Thoracoscopic sympathectomy, Tumescence or ultrasonic liposuction for axillary hyperhidrosis, Video-assisted endoscopic

thoracic ganglionectomy, Video-assisted thoracic sympathectomy, VATS, excessive sweating, surgical hyperhidrosis treatment, Sympathectomy, microwave thermolysis, endoscopic thoracic sympathectomy (ETS), endoscopic lumbar sympathectomy (ELS), minimally invasive subcutaneous curettage, Microwave thermolysis, miraDry