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# SHP Hyperhidrosis Treatment

AUTH: SHP Surgical 107 v5 (AC)

**MCG Health**  
Ambulatory Care  
26th Edition

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## Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

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## Application to Products

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Policy is applicable to all products.

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## Authorization Requirements

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Pre-certification by the Plan is required.

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## Description of Item or Service

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Hyperhidrosis Treatments are procedures to treat the disorder causing excessive sweating from areas of the body such as the 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.

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## Exceptions and Limitations

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There is insufficient scientific evidence to support the medical necessity of microwave thermolysis (e.g., miraDry microwave therapy etc.) as it is not shown to improve health outcomes upon technology review.

There is insufficient scientific evidence to support the medical necessity of surgical hyperhidrosis treatment for uses other than those listed in the clinical indications for procedure section.

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## Clinical Indications for Procedure

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- Hyperhidrosis treatment is considered medically necessary for indications of **1 or more** of the following:
  - Sympathectomy by Thoracoscopy or Laparoscopy for **ALL** of the following:
    - Individual has severe disabling symptoms
    - Nonsurgical management options have been tried and failed or are not appropriate (eg, medication, botulinum toxin injection)
  - The surgical treatment of hyperhidrosis for individuals who have failed to adequately respond to treatment using iontophoresis with **1 or more** of the following:
    - 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)
- Hyperhidrosis treatments are **NOT COVERED** for **ANY** of the following:
    - Microwave thermolysis (e.g., miraDry microwave therapy etc.)

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## Document History

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- Revised Dates:
  - 2019: November
  - 2015: April
- Reviewed Dates:
  - 2023: February
  - 2022: February
  - 2021: February
  - 2020: February
  - 2018: May
  - 2017: January
- Effective Date: April 2014

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## Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
  - CPT 32664 - Thoracoscopy, surgical; with thoracic sympathectomy
  - CPT 64804 - Sympathectomy, cervicothoracic
  - CPT 64809 - Sympathectomy, thoracolumbar
  - CPT 64818 - Sympathectomy, lumbar
  - CPT 64999 - Unlisted procedure, nervous system [when specified as endoscopic lumbar sympathectomy]
- CPT/HCPCS codes considered not medically necessary per this Policy:
  - CPT 17999 - Unlisted procedure, skin, mucous membrane and subcutaneous tissue [when specified as laser or microwave destruction or resection of subcutaneous sweat glands]

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## References

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References used include but are not limited to the following:

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

(2022). Retrieved Dec 5, 2022, from CMS.gov: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=Sympathectomy&keywordType=any&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance>

DMAS Manual - Physician/Practitioner-Manual - Chapter IV. (2022). Retrieved Dec 5, 2022, from DMAS: <https://vamedicaid.dmas.virginia.gov/sites/default/files/2022-10/Chapter-4%20Covered%20Services%20and%20Limitations%20%28Physician-Practitioner%29.pdf>

Hyperhidrosis. (2022). Retrieved Dec 6, 2022, from miraDry: [https://www.miradry.com/?gclid=EAlaIqobChMIwdCY-b6T9wIVLBXUAR0wpgHgEAAyAiAAEgIL1fD\\_BwE](https://www.miradry.com/?gclid=EAlaIqobChMIwdCY-b6T9wIVLBXUAR0wpgHgEAAyAiAAEgIL1fD_BwE)

Hyperhidrosis Treatment. (2022). Retrieved Dec 6, 2022, from International Hyperhidrosis Society: <https://www.sweathelp.org/treatments-hcp/clinical-guidelines/hyperhidrosis-treatment-algorithms.html>

miraDry - Code of Federal Regulations Title 21 878.4400 Electrosurgical cutting and coagulation device and accessories. (2022, Jul 20). Retrieved Dec 2, 2022, from FDA: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>

Primary focal hyperhidrosis. (2022, Dec 1). Retrieved Dec 2, 2022, from UpToDate: [https://www.uptodate.com/contents/primary-focal-hyperhidrosis?search=Hyperhidrosis&source=search\\_result&selectedTitle=1~150&usage\\_type=default&display\\_rank=1#](https://www.uptodate.com/contents/primary-focal-hyperhidrosis?search=Hyperhidrosis&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#)

Surgical Treatment of Hyperhidrosis. (2011). Retrieved Dec 6, 2022, from The Society of Thoracic Surgeons Expert Consensus: [https://www.sts.org/sites/default/files/documents/ExpertConsensus\\_Surgical\\_Treatment\\_Hyperhidrosis.pdf](https://www.sts.org/sites/default/files/documents/ExpertConsensus_Surgical_Treatment_Hyperhidrosis.pdf)

Sympathectomy. (2022). Retrieved Dec 2, 2022, from HAYES: <https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Sympathectomy%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>

Sympathectomy by Thoracoscopy or Laparoscopy (S-1072). (2022). Retrieved Dec 2, 2022, from MCG 26th Edition: <https://careweb.careguidelines.com/ed26/index.html>

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## Codes

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