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SHP Iontophoresis Treatment for Hyperhidrosis

AUTH: SHP Durable Medical Equipment 32 v4 (AC)

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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.

Application to Products

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- Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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Iontophoresis uses a FDA approved device that produces electric stimulation to block sweat glands.

Exceptions and Limitations

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

Clinical Indications for Procedure

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- Iontophoresis treatment for hyperhidrosis is considered medically necessary with **ALL** of the following:
 - The individual has experienced significant disruption of their professional and/or social life due to excessive sweating with indications of **1 or more** of the following:
 - Trial of prescription strength antiperspirants unsuccessful
 - Presence of medical complications or skin maceration with secondary infection
 - Unresponsive or unable to tolerate pharmacotherapy prescribed for excessive sweating (e.g., anticholinergics, beta-blockers, benzodiazapines)
 - FDA approved device only

Document History

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- Revised Dates:
 - 2019: November
 - 2016: April
- Reviewed Dates:
 - 2022: September
 - 2021: November
 - 2020: October
 - 2018: August
 - 2017: November
 - 2015: April
 - 2014: April
 - 2013: March
 - 2012: March
 - 2011: February
 - 2010: February
- Effective Date: January 2009

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - HCPCS E1399 - Durable medical equipment, miscellaneous.
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - None

References

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References used include but are not limited to the following:

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Codes

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HCPCS: E1399

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