

Iontophoresis Treatment for Hyperhidrosis

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<u>Effective Date</u>	01/2009
<u>Next Review Date</u>	09/2024
<u>Coverage Policy</u>	DME 32
<u>Version</u>	5

Member specific benefits take precedence over medical policy. Coverage varies across plans. Coverage varies across plans. Refer to the individual’s benefit plan for coverage details*.

Purpose:

This policy addresses Iontophoresis Treatment for Hyperhidrosis.

Description & Definitions:

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

Criteria:

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

Coding:

Medically necessary with criteria:

Coding	Description
E1399	Durable medical equipment, miscellaneous.

Considered Not Medically Necessary:

Coding	Description
	None

Document History:

Revised Dates:

- 2021: November
- 2019: November
- 2016: April

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- 2023: September
- 2022: September
- 2020: October
- 2018: August
- 2017: November
- 2015: April
- 2014: April
- 2013: March
- 2012: March
- 2011: February
- 2010: February

Effective Date:

- January 2009

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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<https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=iontophoresis&keywordType=starts&areald=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all>

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Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Center for Medicare and Medicaid Services (CMS). Medical Policies may be superseded by National or Local Coverage Determination (Medicare) guidelines. 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.

The term DME is defined as equipment which, according to 42 CFR §414.202:

- Can withstand repeated use; i.e., could normally be rented and used by successive patients;
- Effective with respect to items classified as DME after January 1, 2012, has an expected life of at least 3 years;
- Is primarily and customarily used to serve a medical purpose;
- Generally, is not useful to a person in the absence of illness or injury; and,
- Is appropriate for use in a patient's home.

<https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=190>

Keywords:

SHP Iontophoresis Treatment for Hyperhidrosis, SHP Durable Medical Equipment 32, excessive sweating, anticholinergics, beta-blockers, benzodiazapines, skin maceration, prescription strength antiperspirants, Fisher, Hidrex, Drionic, Dermadry