Sentara Health Plans

Medicare

Iontophoresis Treatment for Hyperhidrosis, DME 32

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Effective Date	10/1/2026
Next Review Date	06/2027
Coverage Policy	DME 32
Version	8

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*.

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

Iontophoresis is considered **not medically necessary** for any use other than those indicated in clinical criteria.

Document History:

Revised Dates:

- 2019:November
- 2016: April

Reviewed Dates:

- 2026: June – Implementation date of October 01, 2026. Annual review. No changes in criteria.
- 2025: September – Implementation date of January 1, 2026. Full annual review. No changes in criteria. New format.
- 2024: September – No changes to criteria, references.
- 2023: September
- 2022: September

- 2021: November
- 2020: October
- 2018: August
- 2017: November
- 2015: April
- 2014: April
- 2013: March
- 2012: March
- 2011: February
- 2010: February

Origination Date: January 2009

Coding:

Medically necessary with criteria:

Coding	Description
E1399	Durable medical equipment, miscellaneous.

Considered Not Medically Necessary:

Coding	Description
	None

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Special Notes: *

- Coverage:
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products:
  - Policy is applicable to Sentara Health Plan Medicare products.
- Authorization requirements:
  - Pre-certification by the Plan is required.
  - **Please refer to Prior Authorization List for most up to date requirement Search PAL List: Sentara Health Plans**
- Special Notes:
  - This medical policy expresses Sentara Health Plan's determination of medically 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.
  - 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.
- Medicare Search - MCD Search
- NCD - Durable Medical Equipment Reference List (280.1)

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).

(2026). Retrieved 4 2026, from Hayes: https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522iontophoresis%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

29th Edition. (2026). Retrieved 4 2026, from MCG: https://careweb.careguidelines.com/ed29/

Iontophoresis. (2026). Retrieved 4 2026, from International Hyperhidrosis Society: https://www.sweathelp.org/treatments-hcp/iontophoresis.html#:~:text=Use%20nondeionized%20tap%20water%20(from,required%20on%20a%20frequent%20basis

NCD Durable Medical Equipment Reference List (280.1). (2025, 10). Retrieved 3 2026, from CMS: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=190&ncdver=4&keywordtype=starts&keyword=Durable&bc=0

Primary focal hyperhidrosis: Management. (2026, 3). Retrieved 4 2026, from UpToDate: https://www.uptodate.com/contents/primary-focal-hyperhidrosis-management?search=Iontophoresis&source=search_result&selectedTitle=1~25&usage_type=default&display_rank=1

Provider Manual Title: Durable Medical Equipment, Prosthetics, Orthotics and Supplies. Appendix D: Service Authorization. (Revision Date: 9/12/2025). Retrieved 3 2026, from DMAS: https://vamedicaid.dmas.virginia.gov/sites/default/files/2025-10/DME%20Appendix%20D%20%28updated%209.12.25%29_Final.pdf

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