

Iontophoresis Treatment for Hyperhidrosis

Table of Content

[Purpose](#)
[Description & Definitions](#)
[Criteria](#)
[Coding](#)
[Document History](#)
[References](#)
[Special Notes](#)
[Keywords](#)

[Effective Date](#) 01/2009
[Next Review Date](#) 09/2024
[Coverage Policy](#) DME 32
[Version](#) 5

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 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

Reviewed Dates:

- 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).

(2023). Retrieved Aug 21, 2023, from Hayes, Inc:

<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522iontophoresis%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%25257B%2522page%2522:0,%2522size%2522:50%2527D,%2522type%2522:%2522all%2522,%2522sources%2522:%25>

(2023). Retrieved Aug 21, 2023, from Centers for Medicare and Medicaid Services: [https://www.cms.gov/medicare-](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)

[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](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)

(2023). Retrieved Aug 21, 2023, from Department of Medical Assistance Services:

<https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=iontophoresis&gsc.sort=>

(2023, Jun 27). Retrieved Aug 21, 2023, from MCG: <https://careweb.careguidelines.com/ed27/index.html>

510(k) Premarket Notification - Product code "EGJ". (2023, Aug 21). Retrieved Aug 21, 2023, from U.S. Food and Drug Administration: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>

HYPERHIDROSIS: DIAGNOSIS AND TREATMENT. (2023). Retrieved Aug 21, 2023, from American Academy of Dermatology Association: <https://www.aad.org/public/diseases/a-z/hyperhidrosis-treatment>

LCD: Outpatient Occupational Therapy (L34427). (2023, Apr 13). Retrieved Aug 21, 2023, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34427&ver=100&>

Physical Occupational and Speech Therapies. (2023, Apr 04). Retrieved Aug 21, 2023, from Carelon Medical Benefits Management: <https://guidelines.carelonmedicalbenefitsmanagement.com/pt-ot-speech-2023-04-09/?highlight=iontophoresis&hilite=iontophoresis>

Sec. 890.5525 Iontophoresis device. (2023, Jun 07). Retrieved Aug 21, 2023, from Code of Federal Regulations (National Archives): <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/cfrsearch.cfm?fr=890.5525>

Smith, C. P. (2022, Dec 01). Primary focal hyperhidrosis. Retrieved Aug 21, 2023, from UpToDate: https://www.uptodate.com/contents/primary-focal-hyperhidrosis?search=iontophoresis&source=search_result&selectedTitle=1~23&usage_type=default&display_rank=1#H197353549

Special Notes: *

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.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

MUST SEE MEMBER BENEFIT FOR DETERMINATION.

We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

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