01-94010-08

Original Effective Date: 04/15/03

Reviewed: 08/22/24

Revised: 09/15/24

Subject: Treatment of Hyperhidrosis

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Updates			

DESCRIPTION:

Hyperhidrosis is defined as excessive sweating, beyond a level required to maintain normal body temperature, in response to heat exposure or exercise. It can be classified as primary or secondary.

Primary focal hyperhidrosis is idiopathic, typically involving the hands (palmar), feet (plantar), head or face (craniofacial), or axillae (underarms).

Secondary gustatory hyperhidrosis is excessive sweating on ingesting highly spiced foods. This trigeminovascular reflex typically occurs symmetrically on the scalp or face and predominately over the forehead, lips, and nose. Secondary facial gustatory occurs independently of the nature of the ingested food. This phenomenon frequently occurs after injury or surgery in the region of the parotid gland.

Summary and Analysis of Evidence: UpToDate review "Primary focal hyperhidrosis" (Smith, Pariser, 2024) states, "(a)lthough there are only limited data from randomized trials, iontophoresis appears to alleviate symptoms in approximately 85 percent of patients with palmar or plantar hyperhidrosis and is safe and simple to perform. Reductions in sweating are usually noted by the patient within two to four weeks when treatment is given three times per week. If tap water iontophoresis is ineffective, an anticholinergic agent may be added to the treatment tray. Potential side effects include dry, cracked hands (which can be relieved with moisturizers), skin erythema, skin discomfort, and transient vesiculation. Pretreatment application of petrolatum to the hands or feet may help to reduce risk for erythema and vesiculation. The biggest issue for patients with this treatment modality is generally the time required to perform the treatments. Initial treatment is generally 20 to 30 minutes per day or three times per week; however, the frequency of treatments can often be reduced after only 10 to 15 treatments. While some studies have found that a reduction in sweating can be maintained with therapy every two weeks, some patients find that shorter duration treatments three times a week are required for maintenance."

Ibrahim et al (2013) conducted the only randomized controlled trial of axillary suction-curettage in the treatment of hyperhidrosis. Each of 20 patients was randomized to receive botulinum toxin injections to

one axilla and suction-curettage to the contralateral axilla. The primary outcome measure was reduction of sweat rate measured by gravimetry, and the secondary measure was quality of life as measured by a patient-directed questionnaire. At 3 months posttreatment, toxin injections decreased baseline resting sweat production by 72.1% versus 60.4% for suction-curettage, and baseline exercise-induced sweat production by 73.8% versus 58.8%. Compared with suction-curettage, toxin also resulted in greater improvements in quality of life by 0.80 points and 0.90 points at 3 and 6 months posttreatment, respectively, as measured by the patient questionnaire. The authors concluded that "(b)y objective measures 3 months after treatment, neurotoxin injections are nominally more effective than suction-curettage in all cases, and markedly more effective in heavy sweaters. Patients have a very significant preference for neurotoxin injections at 3 months, and this is maintained at 6 months." The remaining published literature on axillary liposuction consists of case reports (Tsai, Lin, 2001; Swinehart et al, 2000).

A systematic review (Hsu et al, 2017) and RCT (Glaser et al, 2012) found a short-term benefit of microwave treatment in reducing hyperhidrosis but also reported skin-related adverse events (eg, pain, altered sensation). A case series (Hong et al, 2012) also reported reductions in sweating, but sample sizes were small. Additional controlled trials with long-term follow-up in the treatment and control groups, a longer period of blinding, and a consistent treatment protocol are needed to confirm the efficacy of this treatment and better define the risk-benefit ratio.

One nonrandomized comparative study (Purtuloglu et al, 2013) found RFA inferior to surgical sympathectomy for patients with severe bilateral palmar hyperhidrosis resistant to conservative treatment. Two small RCTs (Mostafa et al, 2019; Rummaneethorn et al, 2020) that compared RFA to botulinum toxin A in patients with palmar or axillary hyperhidrosis had conflicting results. The body of evidence is insufficient to assess the use of RFA as a treatment for hyperhidrosis.

Surgery may involve removal of the subcutaneous axillary sweat glands without removal of any skin, limited excision of skin, and removal of surrounding subcutaneous sweat glands, or a more radical excision of skin and subcutaneous tissue en bloc. Depending on the completeness of surgical excision, treatment is effective in 50% to 95% of appropriately selected patients. (Tronstad et al, 2014; Hafner et al, 2002)

Systematic reviews (Deng et al, 2011) and randomized controlled trials (Yuncu et al, 2013; Baumgartner et al, 2011) have supported the efficacy of endoscopic transthoracic sympathectomy at various levels for palmar, axillary, and craniofacial hyperhidrosis. These data are complemented by case series (Karamustafouglu et al, 2014; Andrade Filho et al, 2013) which have found high efficacy rates, but also high rates of compensatory sweating for these conditions.

There is insufficient evidence in support of lumbar sympathectomy for treating plantar hyperhidrosis; case series have found lower rates of efficacy for plantar compared with axillary or palmar hyperhidrosis, and there are concerns for adverse events in sexual functioning. Lima et al (2019) conducted a systematic review and meta-analysis of lumbar sympathectomy for plantar hyperhidrosis.37, Eight studies were identified, including a total of 517 patients. One RCT met inclusion criteria; the other studies were case series. In all of the studies, lumbar sympathectomy was conducted following transthoracic sympathectomy. Resolution of symptoms occurred in 92% of patients when mechanical sympathectomy was used with clipping or resection of the lymph nodes between L2 and L5, with similar results regardless of resection level, Overall, 44% of patients had mild to severe compensatory sweating

after a mean 6 months of follow-up. One RCT conducted among 30 women at a single center in Brazil (Loureiro et al, 2008) was limited by its small sample size and lack of blinded outcome assessment. There are insufficient data to conclude that any particular approach to surgery results in lower rates of compensatory sweating.

Review articles have supported the use of tympanic neurectomy for patients with severe gustatory sweating. Clayman et al (2006) and de Bree et al (2007) have described various medical and surgical treatments for Frey syndrome. Tympanic neurectomy has been described as a treatment, with

satisfactory control reported in 82% of patients. Also, this surgical treatment is generally definitive without a need for repeated interventions.

POSITION STATEMENT:

NOTE: For treatment of hyperhidrosis using botulinum toxin injections, please refer to MCG 09-J0000-29 Botulinum Toxin.

Primary focal hyperhidrosis

Treatment of primary focal hyperhidrosis **meets the definition of medical necessity** for any of the following conditions:

- Acrocyanosis of the hands
- History of recurrent skin maceration with bacterial or fungal infections
- History of recurrent secondary infections
- History of persistent eczematous dermatitis despite medical treatments with topical dermatologic or systemic pharmacotherapy

The following treatments **meet the definition of medical necessity** for treatment of primary **focal** hyperhidrosis:

- Surgical excision of axillary sweat glands, if conservative treatment with topical or systemic pharmacotherapy has failed
- Endoscopic transthoracic sympathectomy (ETS), if conservative treatment with topical or systemic pharmacotherapy has failed
- Iontophoresis

Severe secondary gustatory hyperhidrosis

The following treatments for severe secondary gustatory hyperhidrosis **meet the definition of medical necessity**:

- Tympanic neurectomy if treatment with topical agents has failed

The following treatments for hyperhidrosis are considered **experimental or investigational**:

- Axillary liposuction
- Microwave treatment
- Radiofrequency ablation
- Lumbar sympathectomy

There is insufficient clinical evidence in the peer-reviewed literature to support conclusions regarding long-term safety, efficacy, or improvement in net health outcomes.

BILLING/CODING INFORMATION:

The following codes may be used to describe treatments for hyperhidrosis. There is no specific code describing surgical excision of the axillary sweat glands for hyperhidrosis.

CPT Coding:

32664	Thoracoscopy; with thoracic sympathectomy
64818	Sympathectomy, lumbar **(investigational *if performed for treatment of hyperhidrosis)**
69676	Tympanic neurectomy
97033	Iontophoresis, each 15 minutes

REIMBURSEMENT INFORMATION:

Refer to sections entitled **POSITION STATEMENT**.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products: No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) was found at the time of the last guideline review date.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at Coverage Protocol Exemption Request.

DEFINITIONS:

Eccrine glands: any of the rather small sweat glands that produce a fluid secretion without removing cytoplasm from the secreting cells and that are restricted to the human skin (eccrine sweat gland).

Functional impairment: difficulties that substantially interfere with or limit role functioning in one or more major life activities (eg, may interfere with the ability to maintain appropriate hygiene, or may interfere with work in certain professions).

Gustatory: of or relating to the sense of taste. Gustatory hyperhidrosis conditions include Frey's syndrome, encephalitis, syringomyelia, diabetic neuropathies, herpes zoster parotitis and parotid abscess.

Iontophoresis: a technique that involves the use of an electric current to introduce various ions through the skin.

RELATED GUIDELINES:

Botulinum Toxins, 09-J0000-29

OTHER:

Index terms:

Endoscopic sympathectomy
Gustatory hyperhidrosis
Hyperhidrosis
Iontophoresis
Sweating, excessive
Sympathectomy, thoracic
Thoracoscopic sympathectomy

REFERENCES:

1. American Association of Neurological Surgery (AANS) Position Statement: Sympathectomy for hyperhidrosis. February 2007 [Reaffirmed Nov. 2009] Accessed at: http://www.aans.org.
2. Arora G, Kassir M, Patil A, Sadeghi P, Gold MH, Adatto M, Grabbe S, Goldust M. Treatment of Axillary hyperhidrosis. J Cosmet Dermatol. 2022 Jan;21(1):62-70. doi: 10.1111/jocd.14378. Epub 2021 Aug 20.
3. Baumgartner FJ, Reyes M, Sarkisyan GG, Iglesias A, Reyes E. Thoracoscopic sympathicotomy for disabling palmar hyperhidrosis: a prospective randomized comparison between two levels. Ann Thorac Surg. 2011 Dec;92(6):2015-9. doi: 10.1016/j.athoracsur.2011.07.083.
4. Blue Cross Blue Shield Association Evidence Positioning System®. 8.01.19 - Treatment of Hyperhidrosis, 07/23.
5. Cerfolio RJ, De Campos JR, Bryant AS, Connery CP, Miller DL, DeCamp MM et al. The Society of Thoracic Surgeons Expert Consensus for the Surgical Treatment of Hyperhidrosis. Ann Thorac Surg. 2011 May;91(5):1642-8.
6. Clayman MA, Clayman SM, Seagle MB. A review of the surgical and medical treatment of Frey syndrome. Ann Plast Surg. 2006 Nov;57(5):581-4. doi: 10.1097/01.sap.0000237085.59782.65. PMID: 17060744.
7. ClinicalTrials.gov. A Study to Compare Oxybutynin to a Placebo in Women and the Effect on Plantar Hyperhidrosis. NCT01328015. Federal University of São Paulo. 04/01/11.
8. ClinicalTrials.gov. Evaluation of Patients with Palmar Hyperhidrosis Submitted to Two Levels of Sympathectomy: T3 and T4. NCT01140659. University of São Paulo. 06/21/10.
9. ClinicalTrials.gov. Histological Analysis Following Ulthera System Treatment for Hyperhidrosis. NCT01708551. Ulthera, Inc. 01/18/13.

10. Coehlo et al. Bilateral Retroperitoneoscopic Lumbar Sympathectomy by Unilateral Access for Plantar Hyperhidrosis in Women. J Laparoendosc Adv Surg Tech A. 2010 Feb;20 (1):1-6.
11. de Andrade Filho LO, Kuzniec S, Wolosker N, Yazbek G, Kauffman P, Milanez de Campos JR. Technical difficulties, and complications of sympathectomy in the treatment of hyperhidrosis: an analysis of 1731 cases. Ann Vasc Surg. 2013 May;27(4):447-53. doi: 10.1016/j.avsg.2012.05.026. Epub 2013 Feb 11. PMID: 23406790.
12. Deng B, Tan QY, Jiang YG, Zhao YP, Zhou JH, Ma Z, Wang RW. Optimization of sympathectomy to treat palmar hyperhidrosis: the systematic review and meta-analysis of studies published during the past decade. Surg Endosc. 2011 Jun;25(6):1893-901. doi: 10.1007/s00464-010-1482-3. Epub 2010 Dec 7. PMID: 21136103.
13. ECRI Institute. Endoscopic Thoracic Sympathectomy for the Treatment of Hyperhidrosis. Plymouth Meeting (PA): ECRI Institute Health Technology Assessment Information Service; 2006 Oct. (Evidence Report; no. 136).
14. Glaser DA, Coleman WP 3rd, Fan LK, Kaminer MS, Kilmer SL, Nossa R, Smith SR, O'Shaughnessy KF. A randomized, blinded clinical evaluation of a novel microwave device for treating axillary hyperhidrosis: the dermatologic reduction in underarm perspiration study. Dermatol Surg. 2012 Feb;38(2):185-91. doi: 10.1111/j.1524-4725.2011.02250. x. Epub 2012 Jan 30.
15. Gregoriou S, Sidiropoulou P, Kontochristopoulos G, Rigopoulos D. Management Strategies of Palmar Hyperhidrosis: Challenges and Solutions. Clin Cosmet Investig Dermatol. 2019; 12:733-744. Published 2019 Oct 4. doi:10.2147/CCID.S210973.
16. Hafner J, Beer GM. Axillary sweat gland excision. Curr Probl Dermatol. 2002; 30:57-63. doi: 10.1159/000060679.
17. Hayes Medical Technology Directory: Endoscopic Sympathectomy Treatment for Hyperhidrosis 01/14/03; updated 02/15/08.
18. Hayes Search and Summary Report. Liposuction for Hyperhidrosis (08/16/07).
19. Hirakawa N, Higashimoto I, Takamori A, Tsukamoto E, Uemura Y. The impact of endoscopic thoracic sympathectomy on sudomotor function in patients with palmar hyperhidrosis. Clin Auton Res. 2021 Apr;31(2):225-230. doi: 10.1007/s10286-020-00685-2. Epub 2020 Apr 27. Erratum in: Clin Auton Res. 2020 May 25.
20. Hong HC, Lupin M, O'Shaughnessy KF. Clinical Evaluation of a Microwave Device for Treating Axillary Hyperhidrosis. Dermatol Surg 2012; 38:728–735.
21. Hornberger J, Grimes K, Naumann M et al; Multi-Specialty Working Group on the Recognition, Diagnosis, and Treatment of Primary Focal Hyperhidrosis. Recognition, diagnosis, and treatment of primary focal hyperhidrosis. J Am Acad Dematol 2004; 51(2):274-86.
22. Hsu TH, Chen YT, Tu YK, Li CN. A systematic review of microwave-based therapy for axillary hyperhidrosis. J Cosmet Laser Ther. 2017 Oct;19(5):275-282. doi: 10.1080/14764172.2017.1303168. Epub 2017 Mar 10. PMID: 28281850.
23. Ibrahim O, Kakar R, Bolotin D, Nodzenski M, Disphanurat W, Pace N, Becker L, West DP, Poon E, Veledar E, Alam M. The comparative effectiveness of suction-curettage and onabotulinumtoxin-A injections for the treatment of primary focal axillary hyperhidrosis: a randomized control trial. J Am Acad Dermatol. 2013 Jul;69(1):88-95. doi: 10.1016/j.jaad.2013.02.013. Epub 2013 Apr 13.
24. Karamustafaoglu YA, Kuzucuoglu M, Yanik F, Sagiroglu G, Yoruk Y. 3-year follow-up after uniportal thoracoscopic sympathicotomy for hyperhidrosis: undesirable side effects. J Laparoendosc Adv Surg Tech A. 2014 Nov;24(11):782-5. doi: 10.1089/lap.2014.0380. PMID: 25376004.
25. Kim et al. Chemical Lumbar Sympathetic Block in the Treatment of Plantar Hyperhidrosis: A Study of 69 Patients. Dermatol Surg. 2008 Oct;34(10):1340-5. Epub 2008 Jun 30.

26. Kisielnicka A, Szczerkowska-Dobosz A, Purzycka-Bohdan D, Nowicki RJ. Hyperhidrosis: disease aetiology, classification, and management in the light of modern treatment modalities. Postepy Dermatol Alergol. 2022 Apr;39(2):251-257. doi: 10.5114/ada.2022.115887. Epub 2022 May 9.

27. Lima SO, Santos RS, Moura AMM, de O Neto EG, de Andrade RLB, Valido AD, Dos Santos VF, Mendonça AKRH. A systematic review and meta-analysis to evaluate the efficacy of lumbar sympathectomy for plantar hyperhidrosis. Int J Dermatol. 2019 Aug;58(8):982-986. doi: 10.1111/ijd.14470. Epub 2019 May 17. PMID: 31099425.

28. Loureiro Mde P, de Campos JR, Kauffman P, Jatene FB, Weigmann S, Fontana A. Endoscopic lumbar sympathectomy for women: effect on compensatory sweat. Clinics (Sao Paulo). 2008 Apr;63(2):189-96. doi: 10.1590/s1807-59322008000200006.

29. Misiak P, Jabłoński S, Rzepkowska-Misiak B, Piskorz L, Brocki M, Wcisło S, Smigielski J, Kordiak J. Evaluation of the effectiveness of thoracic sympathectomy in the treatment of primary hyperhidrosis of hands and armpits using the measurement of skin resistance. Videosurgery Miniinv 2012; 7 (3): 147-155.

30. Mostafa TAH, Hamed AA, Mohammed BM, El Sheikh NA, Shama AAA. C-Arm Guided Percutaneous Radiofrequency Thoracic Sympathectomy for Treatment of Primary Palmar Hyperhidrosis in Comparison with Local Botulinum Toxin Type A Injection, Randomized Trial. Pain Physician. 2019;22(6):591-599.

31. Naumann M, So Y, Argoff CE, et al. Assessment: Botulinum neurotoxin in the treatment of autonomic disorders and pain (an evidence-based review): Report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. Neurology 2008;70; 1707. Perera E, Sinclair R. Hyperhidrosis and bromhidrosis -- a guide to assessment and management. Aust Fam Physician. 2013 May;42(5):266-9.

32. Park JM, Moon DH, Lee HS, Park JY, Lee JW, Lee S. Hyperhidrosis, Endoscopic Thoracic Sympathectomy, and Cardiovascular Outcomes: A Cohort Study Based on the Korean Health Insurance Review and Assessment Service Database. Int J Environ Res Public Health. 2019;16(20):3925. Published 2019 Oct 15. doi:10.3390/ijerph16203925.

33. Purtuloglu T, Atim A, Deniz S, Kavakli K, Sapmaz E, Gurkok S, Kurt E, Turan A. Effect of radiofrequency ablation and comparison with surgical sympathectomy in palmar hyperhidrosis. Eur J Cardiothorac Surg. 2013 Jun;43(6):e151-4. doi: 10.1093/ejcts/ezt024. Epub 2013 Feb 21.

34. Rajagopal R, Mallya NB. Comparative evaluation of botulinum toxin versus iontophoresis with topical aluminium chloride hexahydrate in treatment of palmar hyperhidrosis. Med J Armed Forces India. 2014 Jul;70(3):247-52. doi: 10.1016/j.mjafi.2014.01.008. Epub 2014 Apr 26.

35. Rieger et al. Endoscopic lumbar sympathectomy for plantar hyperhidrosis. Br J Surg. 2009 Dec; 96(12): 1422-8.

36. Rieger et al. Retroperitoneoscopic lumbar sympathectomy for the treatment of plantar hyperhidrosis: technique and preliminary findings. Surg Endosc. 2007 Jan; 21(1):1 29-35. Epub 2006 Sep 6.

37. Rummaneethorn P, Chalermchai T. A comparative study between intradermal botulinum toxin A and fractional microneedle radiofrequency (FMR) for the treatment of primary axillary hyperhidrosis. Lasers Med Sci. 2020 Jul;35(5):1179-1184. doi: 10.1007/s10103-020-02958-8. Epub 2020 Jan 14. PMID: 31939036.

38. Saenz JW, et al. FPIN's clinical inquiries. Treatment of hyperhidrosis. Am Fam Physician. 2011 Feb 15;83(4):465-6.

39. Schlereth T, Dieterich M, Birklein F. Hyperhidrosis—Causes and Treatment of Enhanced Sweating. Deutsches Ärzteblatt International 2009; 106(3): 32–7.

40. Şener S, Karakoç Y. Effects of Direct Current Administration on Hyperhidrosis Disease Severity Scale in Patients with Axillary Hyperhidrosis. Biomed Res Int. 2019; 2019:3232015. Published 2019 Oct 31. doi:10.1155/2019/3232015.

41. Solish, Nowell MD, FRCPC, et al. "A comprehensive approach to the recognition, diagnosis, and severity-based treatment of focal hyperhidrosis: recommendations of the canadian hyperhidrosis advisory committee". Dermatol Surg 33 (2007): 908-923.
42. Stefaniak T, Cwigon M, Laski D. In the Search for the Treatment of Compensatory Sweating. The Scientific World Journal Volume 2012, Article ID 134547.
43. Stoleman, LP, MD, FACP< FRCP (C). Hyperhidrosis Medical and Surgical Treatment. Eplasty. 2008; 8: e22. Published online 2008 April 18.
44. Swinehart JM. Treatment of axillary hyperhidrosis: combination of the starch-iodine test with the tumescent liposuction technique. Dermatol Surg. 2000 Apr;26(4):392-6. doi: 10.1046/j.1524-4725.2000. 00604.x
45. The Society of Thoracic Surgeons. Expert Consensus for the Surgical Treatment of Hyperhidrosis. Ann Thorac Surg 2011; 91:1642–8.
46. Tronstad C, Helsing P, Tønseth KA, Grimnes S, Krogstad AL. Tumescent suction curettage vs. curettage only for treatment of axillary hyperhidrosis evaluated by subjective and new objective methods. Acta Derm Venereol. 2014 Mar;94(2):215-20. doi: 10.2340/00015555-1671.
47. Tsai RY, Lin JY. Experience of tumescent liposuction in the treatment of osmidrosis. Dermatol Surg. 2001 May;27(5):446-8. doi: 10.1046/j.1524-4725.2001.00318. x. PMID: 11359491.
48. UpToDate. Primary focal hyperhidrosis. 2024. Accessed at uptodate.com.
49. U.S. Food and Drug Administration (FDA). Center for Devices and Radiological Health (CDRH). MiraDry System (K103014), approved January 28, 2011. Accessed at http://www.accessdata.fda.gov/ on 02/20/13.
50. U.S. Food and Drug Administration (FDA). Medical & Radiation Emitting Device Recalls: MiraDry System, Class II Recall (Z-2591-2011); recalled on June 27, 2011. Accessed at http://www.accessdata.fda.gov/.
51. Wand F, Chen Y, Yang W, Shi L. Comparison of compensatory sweating and quality of life following thoracic sympathetic block for palmar hyperhidrosis: electrocautery hook versus titanium clip. Chinese Medical Journal 2011;124(21):3495-3498.
52. Wolosker N, Milanez de Campos JR, et al. The use of oxybutynin for treating facial hyperhidrosis. An Bras Dermatol. 2011;86(3):451-6.
53. Yaghobi Z, Goljarian S, Oskouei AE. Comparison of tap water and normal saline iontophoresis in idiopathic hyperhidrosis: a case report. J Phys Ther Sci. 2014 Aug;26(8):1313-5. doi: 10.1589/jpts.26.1313. Epub 2014 Aug 30.
54. Yosh ida et al. Chemical lumbar sympathectomy in plantar hyperhidrosis. Clin Auton Res. 2009 Dec 11.
55. Yuncu G, Turk F, Ozturk G, Atinkaya C. Comparison of only T3 and T3-T4 sympathectomy for axillary hyperhidrosis regarding treatment effect and compensatory sweating. Interact Cardiovasc Thorac Surg. 2013 Aug;17(2):263-7. doi: 10.1093/icvts/ivt160. Epub 2013 May 3.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 08/22/24.

GUIDELINE UPDATE INFORMATION:

04/15/03	New Medical Coverage Guideline.

05/15/04	Scheduled review; added coverage statement for surgical excision of sweat glands for axillary hyperhidrosis; added investigational statement for axillary liposuction.
04/15/06	Scheduled review; no change in coverage statement; added cross-reference statement regarding Botox injections for treating hyperhidrosis; removed aluminum chloride from the list of treatments discussed in this MCG; added "refractory to standard medical treatment" to the coverage statement in When Services Are Covered.
04/15/07	Scheduled review; no change in coverage statement.
06/15/07	Reformatted guideline.
04/15/08	Scheduled review; no change in position statement. Updated references.
04/15/09	Scheduled review. Update references and position statement with addition of indication for the use of Botox.
04/15/10	Annual review; investigational position statement for chemical or surgical lumbar sympathectomy added to guideline. References updated.
10/15/10	Revision; related ICD-10 codes added.
04/15/12	Scheduled review. Position statement maintained. Revised description section, ICD10 coding and definitions. Updated references.
04/15/13	Scheduled review. Revised description and position statement (designated microwave treatment for hyperhidrosis as experimental or investigational). Revised ICD9 coding, definitions and index terms. Updated references and reformatted guideline.
02/15/14	Revision; Program Exceptions section updated.
11/01/15	Revision: ICD-9 Codes deleted.
10/01/16	Revision: Billing/Coding Information section updated.
10/15/18	Scheduled review. Revised description and position statement. Updated programs exceptions and references.
09/15/20	Scheduled review. Revised description, position statement, and CPT coding. Updated references.
12/15/21	Scheduled review. Revised description, maintained position statement and updated references.
05/22/23	Update to Program Exceptions section.
11/15/23	Scheduled review. Maintained position statement and updated references.
09/15/24	Scheduled review. Revised description, added CPT 64818, maintained position statement and updated references.