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# Subject: Treatment of Hyperhidrosis

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## DESCRIPTION:

Hyperhidrosis has been 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), or axillae (underarms). Secondary hyperhidrosis can result from a variety of drugs (eg, tricyclic antidepressants, selective serotonin reuptake inhibitors) or underlying diseases/conditions (eg, febrile diseases, diabetes, menopause). Secondary hyperhidrosis is usually generalized or craniofacial sweating.

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. Frey syndrome is an uncommon type of secondary gustatory hyperhidrosis that arises from injury to or surgery near the parotid gland resulting in damage to the secretory parasympathetic fibers of the facial nerve. After the injury, these fibers regenerate, and miscommunication occurs between them and the severed postganglionic sympathetic fibers that supply the cutaneous sweat glands and blood vessels. The aberrant connection results in gustatory sweating and facial flushing with mastication.

A variety of therapies have been investigated for primary hyperhidrosis, including topical therapies, iontophoresis, intradermal injections of botulinum toxin, endoscopic transthoracic sympathectomy, and surgical excision of axillary sweat glands. Treatment of secondary hyperhidrosis focuses on treatment of the underlying cause, such as discontinuing certain drugs or hormone replacement therapy as a treatment for menopausal symptoms.

Iontophoresis uses electrical current to deliver medication transdermally. A charged ionic drug is placed on the skin with an electrode of the same charge, which drives the drug into the skin, with the purpose of achieving better penetration of the drug into underlying tissue.

Surgical treatment options include removal of the eccrine glands and/or interruption of the sympathetic nerves. Eccrine sweat glands produce an aqueous secretion, the overproduction of which is primarily responsible for hyperhidrosis. These glands are innervated by the sympathetic nervous system. Surgical removal has been performed in patients with severe isolated axillary hyperhidrosis.

Various surgical techniques of sympathectomy have been tested. The second (T2) and third (T3) thoracic ganglia are responsible for palmar hyperhidrosis, the fourth (T4) thoracic ganglion controls axillary hyperhidrosis, and the first (T1) thoracic ganglion controls craniofacial hyperhidrosis. Thoracic sympathectomy has been investigated as a potentially curative procedure, primarily for combined palmar and axillary hyperhidrosis unresponsive to nonsurgical treatments. While accepted as an effective treatment, sympathectomy is not without complications. In addition to the immediate surgical complications of pneumothorax or temporary Horner syndrome, compensatory sweating on the trunk generally occurs in most patients, with different degrees of severity.

## POSITION STATEMENT:

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

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, **AND**
- **EITHER** of the following:
    - The condition is associated with significant functional impairment that is documented in the medical record (e.g., member is unable to perform age-appropriate activities of daily living), **OR**
    - The condition is causing persistent or chronic cutaneous conditions (e.g., skin maceration, dermatitis, fungal infections, secondary microbial infections)

**Primary axillary and primary palmar hyperhidrosis**

The following treatments **meet the definition of medical necessity** for treatment of **primary axillary** or **primary palmar** hyperhidrosis:

- Topical agents
- Systemic pharmacotherapy
- Endoscopic transthoracic sympathectomy (ETS), if conservative treatment with topical or systemic pharmacotherapy has failed

- Iontophoresis

**Primary plantar hyperhidrosis**

The following treatment **meets the definition of medical necessity** for treatment of primary **plantar** hyperhidrosis:

- Topical agents
- Iontophoresis

**Primary craniofacial hyperhidrosis**

The following treatment **meets the definition of medical necessity** for treatment of primary **craniofacial** hyperhidrosis:

- Topical agents
- Endoscopic transthoracic sympathectomy (ETS), if conservative treatment with topical agents has failed

Treatment of hyperhidrosis **does not meet the definition of medical necessity** in the absence of functional impairment or medical complications.

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:

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| 32664 | Thoracoscopy; with thoracic sympathectomy |

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|---|---|
| 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.

## DEFINITIONS:

**Aluminum chloride:** a common component of over-the-counter antiperspirants, although a prescription product is available (Drysol). Although the mechanism is unclear, aluminum chloride is associated with atrophy of the secretory cells seen in eccrine sweat glands. Aluminum chloride is predominantly used to treat axillary hyperhidrosis and not palmar or volar hyperhidrosis.

**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.

**Volar:** relating to the palm of the hand or the sole of the foot; located on the same side as the palm of the hand.

## RELATED GUIDELINES:

**Botulinum Toxins, 09-J0000-29**

## OTHER:

**Index terms:**

Endoscopic sympathectomy
Gustatory hyperhidrosis
Hyperhidrosis

Iontophoresis
Sweating, excessive
Sympathectomy, thoracic
Thoracoscopic sympathectomy

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## COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 09/27/18.

## GUIDELINE UPDATE INFORMATION:

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| 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. |

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| 11/01/15 | Revision: ICD-9 Codes deleted. |
| 10/01/16 | Revision: Billing/Coding Information section updated. |
| 10/15/18 | Scheduled review. Revise description and position statement. Update programs exceptions and references. |