

01-94010-08

Original Effective Date: 04/15/03

Reviewed: 10/26/23

Revised: 11/15/23

## 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.

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### 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.

### 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:

- Topical agents
- Systemic pharmacotherapy
- 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**:

- Topical agents
- Surgical options (e.g., 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
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

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## COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 10/26/23.

## 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.