

MEDICAL ASSOCIATES HEALTH PLANS
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL
POLICY NUMBER: PP 93

POLICY TITLE: Treatment of Hyperhidrosis

POLICY STATEMENT:

Hyperhidrosis is excessive sweating that commonly occurs in locations such as face, palms, feet as well as axillae. **Primary hyperhidrosis** is idiopathic and typically involve the hands, feet, or axillae. **Secondary hyperhidrosis** can result from medications such as tricyclic antidepressants, selective serotonin reuptake inhibitors (SSRIs) or underlying diseases/conditions such as diabetes mellitus, menopause, or febrile disease. **Secondary gustatory hyperhidrosis** is a nervous system disorder characterized by excessive sweating of the forehead, upper lip and mouth area or chest that may result from exposure to spicy foods and complications from surgery to the parotid gland. In general, most treatment begins with the use of antiperspirants or anticholinergics.

POLICY: MAHP covers treatment of hyperhidrosis non-surgical and/or surgical only when the following criteria are met:

1. Non-surgical treatments of hyperhidrosis are considered medically necessary where
 - there is the presence of medical complications or skin maceration with secondary infection **or**
 - significant disruption of professional and social life (i.e., changing clothes 2 or more times a day, not able to shake hands, unable to work).
2. Treatment of hyperhidrosis with iontophoresis (introduction of an electrical current through the skin using water as the medium) is considered medically necessary for patients who have tried and failed prescription strength antiperspirants.
3. Treatment of primary hyperhidrosis with botulinium toxin (potent neurotoxin that paralyzes muscle fibers when injected) is considered medically necessary only in those patients who have failed a six month trial of non surgical treatment. The medical record must include appropriate documentation of the failed trial.
4. Treatment of secondary hyperhidrosis with botulinium is considered medically necessary when the condition is related to surgical complications **and** functional impairment is present.
5. Treatment of hyperhidrosis with endoscopic thoracic sympathectomy is considered medically necessary when the **patient meets both of the following criteria:**
 - Presence of medical complications of skin maceration with secondary infection or significant functional impairment as documented in the medical record **and**
 - It has been adequately documented that the non-surgical therapy has failed.
6. Treatment of hyperhidrosis is considered not medically necessary when the criteria as noted in this policy have not been met.

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