

Surgical Treatments for Hyperhidrosis

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

DESCRIPTION

Hyperhidrosis is a condition characterized by excessive sweating beyond a level required to maintain normal body temperature, and can be classified as either primary or secondary. A variety of medical therapies have been investigated for treating primary hyperhidrosis, including topical therapy with aluminum chloride or tanning agents, oral anticholinergic medications, iontophoresis, intradermal injections of botulinum toxin, microwave treatment, surgery, while treatment of secondary hyperhidrosis focuses on treatment of the underlying cause.

MEDICARE ADVANTAGE POLICY CRITERIA

Note: This medical policy addresses only surgical treatment of hyperhidrosis. Other treatments of hyperhidrosis, including the use of botulinum toxin, are not addressed in this Medicare Advantage medical policy.

CMS Coverage Manuals*	None
National Coverage Determinations (NCDs)*	None
Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)*	None
Medical Policy Manual	<i>Medicare coverage guidance is not available for the surgical treatment of hyperhidrosis. Therefore, the health plan's medical policy is applicable.</i>

Surgical Treatments for Hyperhidrosis, Surgery,
[Policy No. 165](#) (see "NOTE" below)

NOTE: If a procedure or device lacks scientific evidence regarding safety and efficacy because it is investigational or experimental, the service is noncovered as not reasonable and necessary to treat illness or injury. ([Medicare IOM Pub. No. 100-04, Ch. 23, §30 A](#)). According to Title XVIII of the Social Security Act, §1862(a)(1)(A), only medically reasonable and necessary services are covered by Medicare. In the absence of a NCD, LCD, or other coverage guideline, CMS guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an **objective, evidence-based process, based on authoritative evidence**. ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)). The Medicare Advantage Medical Policy - Medicine Policy No. M-149 - provides further details regarding the plan's evidence-assessment process (see Cross References).

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Medical records, including history and physical examination. Records should include documentation of hyperhidrosis, as well as any medical complications associated with hyperhidrosis;
- Documentation of failed or contraindicated trial(s) of nonsurgical treatments.

CROSS REFERENCES

[Investigational \(Experimental\) Services and New and Emerging Medical Technologies and Procedures](#), Medicine, Policy No. M-149

REFERENCES

None

CODING

Codes	Number	Description
CPT	32664	Thoracoscopy, surgical; with thoracic sympathectomy
	64818	Sympathectomy, lumbar
	69676	Tympanic neurectomy
HCPCS	None	

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.