

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 08/22/24
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 08/22/24
<b>Clinical Policy Document:</b> Hyperhidrosis Surgery	<b>Replaces Effective Clinical Policy Dated:</b> 05/17/24
<b>Reference #:</b> MC/G008	<b>Page:</b> 1 of 6

**PURPOSE:**

The intent of this clinical policy is to ensure services are medically necessary.

Please refer to the member’s benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member’s benefit plan or certificate of coverage, the terms of the member’s benefit plan document will govern.

**POLICY:**

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

Health care services that are *cosmetic* are not considered medically necessary and therefore, not eligible for coverage.

Health care services that are *reconstructive* (ie, performed for an injury, sickness, congenital disease or anomaly) causing a *functional defect/physical impairment* or clinically significant distress or impairment are not considered cosmetic.

**GUIDELINES:**

Medical Necessity Criteria – must satisfy any of the following: I – III

- I. Aspirus, Inc. Employee Health Plan (Group Plan Number ASP20000) – Member has intractable, disabling palmar, plantar and/or axillary *primary hyperhidrosis* - musts satisfy all of the following: A – C
  - A. Request is for any of the following routine hyperhidrosis surgery procedures: 1 – 10
    - 1. Clipping of the thoracic sympathetic chain
    - 2. Endoscopic sympathetic ablation by electrocautery
    - 3. Endoscopic thoracic sympathectomy
    - 4. Excision of axillary sweat glands
    - 5. Lumbar sympathectomy
    - 6. Open thoracic sympathectomy
    - 7. Thoracoscopic sympathectomy
    - 8. Tumescant or ultrasonic liposuction for axillary hyperhidrosis
    - 9. Video-assisted endoscopic thoracic ganglionectomy
    - 10. Video-assisted thoracic sympathectomy (VATS)

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- B. Presence of a *functional defect/physical impairment* – must satisfy any of the following: 1 – 3
1. A chronic medical complication or condition is present, such as, but not limited to, skin maceration with secondary bacterial infections, fungal or candidal conditions, dermatitis, or other skin disease; or
  2. A significant interference with *activities of daily living*; or
  3. Requests for *hyperhidrosis* causing a psychological condition must have documentation from a *mental health professional* supporting that the member’s clinical condition meets the diagnostic criteria for a *DSM* mental disorder diagnosis (eg, anxiety disorder, major depressive disorder, gender dysphoria, body dysmorphic disorder) causing clinically significant distress or impairment as evidenced by validated scales and measures - must satisfy the following: a or b, and c
    - a. Clinically significant distress is defined as a score of 2 standard deviations (SD) from the mean, by a disorder-specific symptom rating scale such as the Appearance Anxiety Inventory; or
    - b. Clinically significant impairment is defined as a World Health Organization Disability Schedule (WHODAS) General Disability Score (GDS) of 2.6 using the current 0-4 scoring convention. (See Attachment A); and
    - c. Where applicable, there must be documentation that the member has not responded, is intolerant to, or a poor candidate for other appropriate or conservative treatments for the member’s clinical condition (eg, psychotherapy).
- C. The member must have exhausted conservative treatment options, as applicable – must satisfy all of the following: 1 – 4
1. Failure of or inability to tolerate 20% aluminum chloride topical agent; and
  2. Failure of or inability to tolerate botulinum toxin for primary axillary, palmar or plantar hyperhidrosis; and
  3. Failure of or inability to tolerate iontophoresis for primary axillary, palmar or plantar hyperhidrosis; and
  4. Failure of or inability to tolerate oral prescription medications, such as, but not limited to, anticholinergics, beta-blockers, and benzodiazepines.
- II. ETF Health Plan (Wisconsin Department of Employee Trust Funds) – Member has intractable, disabling palmar, plantar and/or axillary *primary hyperhidrosis* - musts satisfy all of the following: A – C
- A. Request is for any of the following routine hyperhidrosis surgery procedures: 1 – 10
1. Clipping of the thoracic sympathetic chain
  2. Endoscopic sympathetic ablation by electrocautery
  3. Endoscopic thoracic sympathectomy

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4. Excision of axillary sweat glands
  5. Lumbar sympathectomy
  6. Open thoracic sympathectomy
  7. Thoracoscopic sympathectomy
  8. Tumescant or ultrasonic liposuction for axillary hyperhidrosis
  9. Video-assisted endoscopic thoracic ganglionectomy
  10. Video-assisted thoracic sympathectomy (VATS)
- B. Presence of a *functional defect/physical impairment* – must satisfy any of the following: 1 or 2
1. A chronic medical complication or condition is present, such as, but not limited to, skin maceration with secondary bacterial infections, fungal or candidal conditions, dermatitis, or other skin disease; or
  2. A significant interference with *activities of daily living*.
- C. The member must have exhausted conservative treatment options, as applicable – must satisfy all of the following: 1 – 4
1. Failure of or inability to tolerate 20% aluminum chloride topical agent; and
  2. Failure of or inability to tolerate botulinum toxin for primary axillary, palmar or plantar hyperhidrosis; and
  3. Failure of or inability to tolerate iontophoresis for primary axillary, palmar or plantar hyperhidrosis; and
  4. Failure of or inability to tolerate oral prescription medications, such as, but not limited to, anticholinergics, beta-blockers, and benzodiazepines.
- III. All other plans/groups – The Plan excludes coverage for surgical services for the treatment of excessive sweating (hyperhidrosis).

**EXCLUSIONS (not limited to):**

Refer to member’s Certificate of Coverage or Summary Plan Description.

**DEFINITIONS:**

Activities of Daily Living (ADL):

Activities related to personal self-care and independent living, which include eating, bathing, dressing, transferring, walking/mobility, and toileting/continence.

Cosmetic:

Services, medications and procedures that improve physical appearance but do not correct or improve a physiological function or are not medically necessary.

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DSM:

The most current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders.

Functional Defect/ Physical Impairment:

A functional defect or physical/physiological impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing *activities of daily living*.

Hyperhidrosis:

Hyperhidrosis is a relatively uncommon condition of exaggerated perspiration due to excessive secretion of the exocrine sweat glands in amounts greater than required for physiologic needs of thermoregulation and electrolyte alteration. It consists of primary hyperhidrosis and secondary hyperhidrosis.

Mental Health Professional:

Licensed Independent Clinical Social Worker, Licensed Psychologist, Psychiatric Advanced Practice Provider, Psychiatrist.

Primary Hyperhidrosis (essential or idiopathic hyperhidrosis):

Primary Hyperhidrosis is caused by an overactive sympathetic nervous system. A variety of interventions are available including topical therapy with aluminum chloride, pharmacotherapy including botulinum toxin, iontophoresis, and transthoracic sympathectomy.

Reconstructive:

Surgery to restore or correct:

1. A defective body part when such defect is incidental to or resulting from injury, sickness, or prior surgery of the involved body part; or
2. A covered dependent child's congenital disease or anomaly which has resulted in a functional defect as determined by a physician.

Secondary Hyperhidrosis:

Excess sweating is due to a medical condition, eg, diabetes, menopause hot flashes, thyroid disorder, infection.

**BACKGROUND:**

Hyperhidrosis can be classified as either primary (aka essential or idiopathic) or secondary. *Primary hyperhidrosis* is due to an overactive sympathetic nervous system which may lead to profuse sweating in different locations of the body, while *secondary hyperhidrosis* is caused by an underlying condition and usually affects the entire body.

Requests for treatment of *secondary hyperhidrosis*, and other types of *primary hyperhidrosis* besides palmar and axillary require case review.

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Prior Authorization: Yes, per network provider agreement.

**CODING:**

**CPT®**

- 11450 Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
- 11451 Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair
- 15877 Suction assisted lipectomy; trunk [not covered for liposuction-curettage]
- 15878 Suction assisted lipectomy; upper extremity
- 32664 Thoracoscopy, surgical; with thoracic sympathectomy
- 64802 Sympathectomy, cervical
- 64804 Sympathectomy, cervicothoracic
- 64809 Sympathectomy, thoracolumbar
- 64818 Sympathectomy, lumbar
- 64823 Sympathectomy, superficial; palmar arch

ICD-10 Diagnosis codes L74.510-L74.519, L74.52

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**REFERENCES:**

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Coverage Determination Guidelines (MP/C009)
3. Clinical Policy: Cosmetic Procedures/Treatments (MP/C002)
4. Clinical Policy: Reconstructive Surgery (MP/R002)
5. Medscape. Surgical Treatment of Axillary Hyperhidrosis. 2024. Retrieved from <https://emedicine.medscape.com/article/1296530-overview>. Accessed 03-06-24.
6. Smith CC, & Pariser D. Primary focal hyperhidrosis. (Topic 5567 Version 29.0; last updated: 12-01-22) In: Ofori AO, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2020. www.uptodate.com. Accessed 03-06-24.
7. Veale D, Eshkevari E, Kanakam N, Ellison N, Dosta A, Werner T. The Appearance Anxiety Inventory: validation of a process measure in the treatment of body dysmorphic disorder. *Behav Cogn Psychother* 2014 Sep;42(5):605-16.
8. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.

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### **Attachment A**

WHODAS 2.0, 12-items

#### **12-item World Health Organization Disability Assessment Schedule.**

In the past 30 days, how much difficulty did you have in. . .

*(0) None. (1) Mild. (2) Moderate. (3) Severe. (4) Extreme/Cannot do.*

1. Standing for long periods such as 30 minutes?
2. Taking care of your household responsibilities?
3. Learning a new task, for example, learning how to get to a new place?
4. How much of a problem did you have in joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?
5. How much have you been emotionally affected by your health problems?
6. Concentrating on doing something for ten minutes?
7. Walking a long distance such as a kilometre (or equivalent)?
8. Washing your whole body?
9. Getting dressed?
10. Dealing with people you do not know?
11. Maintaining a friendship?
12. Your day-to-day work?

The World Health Organisation Disability Assessment

The World Health Organisation Disability Assessment Schedule, WHODAS 2.0, 12 items, can be found at:

[https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health/who-disability-assessment-schedule#:~:text=Scoring&text=Simple%3A%20the%20scores%20assigned%20to,\(4\)%20%E2%80%93%20are%20summed.](https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health/who-disability-assessment-schedule#:~:text=Scoring&text=Simple%3A%20the%20scores%20assigned%20to,(4)%20%E2%80%93%20are%20summed.)

#### General Disability Score

- < 1.0 = Little or no impairment
- 1.0 to 1.9 = Mild
- 2.0 to 2.9 = Moderate
- 3.0 to 3.9 = Severe
- 4.0 = Extreme or cannot do

# Nondiscrimination & Language Access Policy



Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If you believe that Aspirus Health Plan, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a *grievance* with:

Nondiscrimination Grievance Coordinator  
Aspirus Health Plan, Inc.  
PO Box 1890  
Southampton, PA 18966-9998  
Phone: 1-866-631-5404 (TTY: 711)  
Fax: 763-847-4010  
Email: customerservice@aspirushealthplan.com

You can file a *grievance* in person or by mail, fax, or email. If you need help filing a *grievance*, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. This notice is available at Aspirus Health Plan, Inc.'s website: [https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim\\_Lang-Assist-Notice.pdf](https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf).

## Language Assistance Services

**Albanian:** KUJDES: Nëse flitmi shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-332-6501 (TTY: 711).

**Arabic:** تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف 1-800-332-6501 (رقم هاتف الصم والبك : 711)

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

**Hindi:** या नद : य द आप िहंदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1-800-332-6501 (TTY: 711) पर कॉल कर ।

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

**Korean:** 주의: 한국어를 사용하지는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-6501 (TTY: 711) 번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-6501 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-6501 (телетайп: 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-6501 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

**Traditional Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-6501 (TTY: 711)

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

**Pennsylvania Dutch:** Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kamscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

**Lao:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ໂດຍບໍ່ເສັຽຄ່າ, ຈະມີມີ້ພ້ອມໃຫ້ທ່ານ. ໂທສ 1-800-332-6501 (TTY: 711).