# Medical Policy

Blue Cross Blue Shield Blue Care Network of Michigan

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**Category: Medicine**
***Current Policy Effective Date: 9/01/06**

## Title: Chemodenervation of Eccrine Glands Procedure Code(s): 64650, 64653

## Description / Background

Hyperhidrosis may be defined as excessive sweating, beyond a level required to maintain normal body temperature in response to heat exposure or exercise. Hyperhidrosis can be classified as either primary or secondary. Primary hyperhidrosis is a pathologic condition characterized by excessive sweating without an obvious cause. It most commonly affects axillae, palms and soles. It is thought to result from hyperstimulation of eccrine glands by the cholinergic sympathetic nerve fibers that innervate them. Secondary hyperhidrosis can result from a variety of causes including drugs (e.g. tricyclic antidepressants; selective serotonin reuptake inhibitors) or underlying diseases or conditions such as febrile diseases, diabetes mellitus or menopause. Gustatory hyperhidrosis is an unusual iatrogenic cause of facial hyperhidrosis in response to hot or spicy foods, resulting from surgery to the parotid gland and subsequent aberrant regeneration of parasympathetic fibers.

Primary hyperhidrosis can be associated with significant professional, physical and emotional impairment as well as difficulties in social situations and personal relationships. Diagnosis of primary axillary hyperhidrosis is indicated when the patient exhibits focal, visible, excessive sweating that has been ongoing for at least six months and is characterized by at least two of the following:

- Bilateral and relatively symmetric
- Impairs daily activities
- Frequency of at least one episode per week
- Age of onset less than 25 years
- Positive family history
- Cessation during sleep

Chemodenervation using botulinum toxin type A (BTX-A) has emerged as a treatment for primary axillary hyperhidrosis. It is recommended for patients who have failed initial therapy with topical high-strength antiperspirants. Botulinum toxin type A acts by blocking neuronal acetylcholine release at the neuromuscular junction and in cholinergic autonomic neurons. It produces temporary denervation of the sweat glands resulting in local sweat reduction, at the site of administration. Generally, both axillae are treated at the same time. The area of excessive sweating within the axillary vault can vary from patient to patient. In some patients, it is confined to the hair-bearing skin, in others it extends beyond this area.

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## CPT / HCPCS Level II Codes and Description *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure)*

### *Established codes:*

64650 Chemodenervation of eccrine glands; both axillae
J0585 Botulinum toxin type A, per unit

### *Other codes (investigational, not medically necessary, etc.):*

64653 Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day

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## Diagnoses / Medical Conditions

- Primary axillary hyperhidrosis

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## Medical Policy Statement

Chemodenervation of eccrine glands in the axillary vault has been shown to be safe and effective for the treatment of primary hyperhidrosis. It may be considered a useful therapeutic option in the subset of patients with medical complications and significant functional impairment. Chemodenervation of areas other than the axillary vault, such as the scalp, face or neck is considered investigational, as the effectiveness of chemodenervation of these areas has not been scientifically determined.

### Rationale

Current published medical literature supports the effective use of Botulinum Toxin A injection for axillary hyperhidrosis. Medical literature does not support the use of chemodenervation of eccrine glands in areas other than the axillary vault.

### Medical Policy Position Summary (Non-clinical summary statement for customer use)

The eccrine sweat glands are buried deep in the skin and are prevalent in the palms, soles, hairless areas and underarms. They produce sweat as a means to regulate body temperature and as a response to emotions. Excessive sweating in the palms, feet and

underarms is called hyperhidrosis. One treatment for primary hyperhidrosis involves the injection of pertinent areas with Botulinum A (chemodenervation). This treatment has been demonstrated to be effective for the axillae (underarm) but not other areas. Both underarms are treated at the same office visit. The underarm is cleaned and dried; iodine is painted onto the skin followed by a dusting of starch powder. Sweat causes the iodine/starch mixture to turn a dark blue-purple, making the exact location of the sweating easy to identify. The blue purple areas are marked with a special pen and the area is cleaned with a strong soap solution. Each marked site is then injected with the Botox A solution. The sites are staggered, with each injection effecting about a 2 cm area. Two weeks after the injections, the amount of sweat is usually significantly decreased.

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## Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

Diagnosis of primary axillary hyperhidrosis is indicated when the patient exhibits focal, visible, excessive sweating that has been ongoing for at least six months and is characterized by at least two of the following:

- Primary hyperhidrosis unresponsive to conventional treatment
- Secondary medical complications
- Significant functional impairment

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## Related Policies

- Tap Water Iontophoresis Treatment for Hyperhidrosis
- Endoscopic Thoracic Sympathectomy for Hyperhidrosis
- Botulinum A and B Toxins

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## Medicare Information

Primary axillary hyperhidrosis ICD-9 CM 780.8, will only be covered for Botulinum toxin Type A.

*(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)*

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## References


- Binder, M., P. Schnider, E. Auff, H. Kittler, T. Berger and K. Wolff, “Double-blind Trial of Bolulinum A Toxin for the Treatment of Focal Hyperhidrosis of the Palms, *British Journal of Dermatology*, September 13, 1996.
- Blue Cross Blue Shield Association, “Treatment of Hyperhidrosis,” Policy 8.01.19, last updated 2/2004.

- Glaser, Dee Anna, “Treatment of Axillary Hyperhidrosis by Chemodenervation of Sweat Glands Using Botulinum, Toxin Type A,” *Journal of Drugs in Dermatology,* November-December 2004.
- Heckman, Marc, MD, Andres Ceballos-Baumann, MD and Gerd Plewig, MD, “Botulinum Toxin A For Axillary Hyperhidrosis,” *The New England Journal of Medicine*, Vol. 344, No. 7, February 15, 2001.


*The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through April 25, 2006, the date the research was completed.*

## Joint BCBSM/BCN Medical Policy History

| Policy Effective Date | BCBSM Signature Date | BCN Signature Date | Comments |
|---|---|---|---|
| 09/01/06 | 07/15/06 | 07/18/06 | Joint uniform medical policy established and retired |

Next Review Date: This policy has been incorporated into another policy, “Botulinum A and B Toxins” and will no longer be reviewed separately.

## Pre-Consolidation Medical Policy History

| Original Policy Date | Comments |
|---|---|
| BCN: N/A | Revised: N/A |
| BCBSM: N/A | Revised: N/A |

# BLUE CARE NETWORK
## POLICY: CHEMODENERVATION OF ECCRINE GLANDS

### I. Coverage Determination:

Chemodenervation of eccrine glands in the axillary vault has been shown to be safe and effective for the treatment of primary hyperhidrosis. It may be considered a useful therapeutic option in the subset of patients with medical complications or significant functional impairment related to primary hyperhidrosis. Chemodenervation of areas other than the axillary vault, such as the scalp, face or neck, is considered investigational and is not covered for BCN members The effectiveness of chemodenervation in areas other than the axillary vault has not been scientifically determined.

### II. Benefit Information:

Diagnosis of primary axillary hyperhidrosis is indicated when the patient exhibits focal visible, excessive sweating that has been on going for at least six months and is characterized by at least tow of the following:

- Primary hyperhidrosis unresponsive to conventional treatment
- Secondary medical complications
- Significant functional impairment

### III. Benefit Exclusions:

Chemodenervation is investigational for all areas other than the axillary vault.

### IV. Administrative Guidelines:

- The member's contract must be active at the time the service is rendered.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Appropriate copayments will apply.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.
- Payment is based on BCN payment rules, individual certificate benefits and certificate riders.

### V. Effective Date:

Joint policy effective date/policy retired:  9/01/06
Supersedes BCN benefit information of:  N/A