Sympathectomy for Hyperhidrosis

Last Review Date: May 11, 2018  Number: MG.MM.SU.47C9

Medical Guideline Disclaimer

Property of EmblemHealth. All rights reserved. The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request for prior authorization. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary. If there is a discrepancy between this guideline and a member’s benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication. EmblemHealth Services Company LLC, (“EmblemHealth”) has adopted the herein policy in providing management, administrative and other services to HIP Health Plan of New York, HIP Insurance Company of New York, Group Health Incorporated and GHI HMO Select, related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

Endoscopic surgical excision of dorsal sympathetic ganglia is performed to alleviate the excessive palmar, axillary or craniofacial sweating associated with hyperhidrosis. Hyperhidrosis is a condition characterized by increased sympathetic activity in the upper thoracic ganglia causing excessive sweating. There is usually no apparent cause.

Non invasive therapies consist of use of topical aluminum chloride, anticholinergics and beta-blockers. Injections of botulinum toxin can give temporary relief of symptoms, while patients with intractable symptoms require surgery.

The goal of endoscopic thoracic sympathetectomy (EST) is to disrupt the sympathetic supply to the sweat glands. Upper thoracic gangliectomy is designed to reduce palmar, axillary and craniofacial sweating; it is not indicated for plantar sweating. Although sympathectomy is sometimes performed as an open procedure, most current techniques involve an endoscopic surgical approach. The procedure is usually safe; however, post sympathectomy hyperhidrosis is an occasional complication and pneumothorax a much less common complication.

Guideline

EST is recommended for intractable, disabling primary hyperhidrosis in cases involving the head, face, axillae and palms when all of the following criteria are met:

- Topical agents (i.e., aluminum chloride and extra-strength antiperspirants) are ineffective or cause significant local reaction.
- Unresponsive to pharmacologic agents (i.e., anti-cholinergics, beta-blockers, benzodiazepines etc. — including, but not limited to, Botox).
- Evidence of significant disruption of professional and/or social life because of excessive sweating.
Sympathectomy for Hyperhidrosis
Last review: May 11, 2018
Page 2 of 2

Applicable Procedure Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>32664</td>
<td>Thoracoscopy, surgical; with thoracic sympathectomy</td>
</tr>
</tbody>
</table>

Applicable ICD-10 Diagnosis Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>L74.510</td>
<td>Primary focal hyperhidrosis, axilla</td>
</tr>
<tr>
<td>L74.511</td>
<td>Primary focal hyperhidrosis, face</td>
</tr>
<tr>
<td>L74.512</td>
<td>Primary focal hyperhidrosis, palms</td>
</tr>
</tbody>
</table>

Limitations/Exclusions

EST is not effective in hyperhidrosis of the soles of the feet (plantar hyperhidrosis) and is therefore not considered medically necessary.

References


Specialty-matched clinical peer review.