

Hyperhidrosis Treatments

Policy Number: **M20260922051**

Effective Date: **11/1/2026**

Sponsoring Department: **Health Care Services**

Impacted Department(s): **Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐ Confidential ☐ Restricted ☒ Public

Applies to (Line of Business):

- ☐ Corporate (All)
- ✦ State Products, if yes which plan(s): ☒ MediSource; ☒ MediSource Connect; ☒ Child Health Plus; ☒ Essential Plan
- ✦ Medicare, if yes, which plan(s): ☒ MAPD; ☒ PDP; ☒ ISNP; ☒ CSNP
- ✦ Commercial, if yes, which type: ☒ Large Group; ☒ Small Group; ☒ Individual
- ☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☐ No ☒

Purpose and Applicability:

To set forth the medical necessity criteria for hyperhidrosis treatments.

Policy:

Background

Hyperhidrosis is a condition characterized by profuse and chronic sweating of the plantar, axillary, craniofacial, back, groin, legs, or palmar regions of the body. Sympathetic over-activity is the underlying basis for this disorder. Hyperhidrosis is considered a benign condition and conservative treatment may consist of topical and anticholinergic agents, antiperspirants and talcum powders. Other treatments may consist of phenol blocks, tap water iontophoresis (drionic device), and injections of botulinum toxin (onabotulinumtoxinA [BOTOX®]) or (rimabotulinumtoxinB [Myobloc®]) for primary palmar and axillary hyperhidrosis and pharmacologic treatments. In tap water iontophoresis the palms of the hands and/or soles of the feet are immersed

in a tray of tap water through which a weak electrical current is run. Sponges soaked in water can be used to treat the axillae.

Surgical treatments may include surgery (sympathectomy) or excision of the axillary sweat glands. There are two approaches for performing sympathectomy, Endoscopic thoracic sympathectomy (ETS) or a more minimally invasive technique called video-assisted thoracoscopic sympathectomy (VTS).

DME co-payments may apply if a tap water iontophoresis (Drionic) device is approved.

Commercial and Self-Funded: Hyperhidrosis treatments may be covered utilizing the criteria below.

Medicare Advantage: In the absence of CMS criteria, the commercial criteria below will be utilized for hyperhidrosis treatments.

MediSource, MediSource Connect, Child Health Plus and Essential Plan: MediSource, MediSource Connect, Child Health Plus and Essential Plan cover hyperhidrosis treatments utilizing the Commercial and Self-Funded criteria below.

Clinical Indications

Tap water iontophoresis (Drionic devices) for home treatment are indicated for palmar, craniofacial, or focal axillary hyperhidrosis when all the criteria listed below are met. Requests must be received from a Dermatologist and medical information must demonstrate **ALL** of the following:

- The severity of the disorder is disabling
- The member is unable to perform activities of daily living
- Focal, visible, severe sweating of at least six (6) months duration without apparent cause
- Evidence the condition has caused damage to clothing due to the excessive sweating with focal axillary hyperhidrosis
- Failure of topical therapy or use of topical therapy (e.g., use of aluminum chloride or other antiperspirants) resulted in skin irritation or itching
- There is failure, contraindication, or intolerance of oral pharmacotherapy

Surgical treatments for primary palmar and axillary hyperhidrosis are covered when **ALL** of the following medical necessity criteria have been met:

- The severity of the disorder is disabling
- The member is unable to perform activities of daily living
- Focal, visible, severe sweating of at least six (6) months duration without apparent cause
- Evidence the condition has caused damage to clothing due to the excessive sweating with focal axillary hyperhidrosis
- Failure of topical therapy or use of topical therapy (e.g., use of aluminum chloride or other antiperspirants) resulted in skin irritation or itching
- There is failure, contraindication, or intolerance of oral pharmacotherapy
- Failure of **1 or more** of the following:
 - Botulinum toxin A onabotulinumtoxinA (BOTOX®) or rimabotulinumtoxinB (Myobloc®)
 - Aluminum Chloride: Drysol 20% Topical Solution, Hypercare 20% Topical Solution, Xerac AC Topical Solution
 - Qbrexza 2.4% Topical Cloth
 - iontophoresis

Exclusions

NOT COVERED for **ANY** of the following:

- Craniofacial and plantar hyperhidrosis surgery utilizing sympathectomy, including endoscopic thoracic sympathectomy (ETS), video-assisted thoracoscopic sympathectomy (VTS) and lumbar sympathectomy are excluded from coverage because there is insufficient evidence in the published peer-reviewed literature to support their use

Pre-Authorization Required? Yes ☒ No ☐

Definitions

N/A

References

Related Policies, Processes and Other Documents

N/A

Non-Regulatory References

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Version Control

Signature / Approval on File? Yes ☒ No ☐

Revision Date	Policy Author / Owner	Notes
11/1/2026	Health Care Services	New Policy