IEHP UM Subcommittee Determinations, New Technology or New Benefits

Endoscopic Thoracic Sympathectomy for Palmar Hyperhidrosis

Policy:
At their May 22, 2008 meeting, the IEHP Utilization Management Subcommittee discussed the use of Endoscopic Thoracic Sympathectomy for Palmar Hyperhidrosis. Based on this review, the IEHP UM Subcommittee adopted the use of Endoscopic Thoracic Sympathectomy for Palmar Hyperhidrosis as a covered benefit.

Endoscopic Thoracic Sympathectomy (ETS) is a surgical procedure provided under general anesthesia, involving either resection or ablation of a thoracic sympathetic ganglion. This treatment is used following what failure of less-invasive treatments. Specifically, IEHP considers endoscopic thoracic sympathectomy for Palmar Hyperhidrosis to be medically necessary when the Member has failed a minimum of 6 months of conservative medical management, preferably in the following order:

A. Topical aluminum chloride or other extra-strength antiperspirants are ineffective or result in a severe rash; and
B. Pharmacotherapy prescribed for excessive sweating (e.g., anti-cholinergics, beta-blockers, benzodiazepines) if sweating is episodic; and
C. Iontophoresis (Drionic device) have also failed, and
D. Botulinum toxin type A (Botox), botulinum toxin type B (Myobloc); and

There is significant disruption of professional and/or social life that has occurred because of excessive sweating.

Reports conclude that ETS leads to both short-term and long-term reduction in palmar and axillary hyperhidrosis, with elimination of symptoms in a clinically significant proportion of patients.

Blue Cross/Blue Shield, Cigna, and Aetna:
Major U.S. private payers namely Blue Cross/Blue Shield, Cigna and Aetna have established coverage policies for ETS.
IEHP UM Subcommittee Approved Authorization Guidelines
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May 12, 2010

Bibliography:
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2. ECRI Institute. Botulinum toxin for treatment of hyperhidrosis [Hotline]. ECRI Institute
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