As hyperhidrosis is becoming a more recognized problem in the field of dermatology, we will be more involved with hyperhidrosis patients. We used to treat hyperhidrosis as a medically not necessary condition. Therefore, hyperhidrosis patients had to pay out of pocket for Botox injections (Botulinum Toxin Type A). However, with validation of primary focal hyperhidrosis as an indicated diagnosis for Botox injections, more third party payers are recognizing this procedure code as a medically necessary procedure and are paying for it. Of course, there are new CPT codes for this procedure and a new diagnosis code for the condition that third party payers began recognizing as of January 1, 2006. We will briefly go over the different treatment options for primary focal hyperhidrosis and navigate through the intricacies of billing and coding for the related procedures.

**Establishing Necessity**

Managed care requires less invasive and less expensive treatments as a first line option for any condition. Therefore, failure of topical antiperspirant treatment is almost mandated by most third party payers. Aluminum Chloride 20% solution applied either once or twice daily to the affected areas is one of the most commonly used topical therapies. Unfortunately, not only does it rarely help the problem, it may also cause irritation.

Oral anticholinergics can also help patients who are suffering from hyperhidrosis. However, they have more severe side effects such as dry mouth and blurry vision. Since they are not FDA indicated for treatment of hyperhidrosis, third party payers do not mandate their use before Botox injections.

Another option is iontophoresis. It is considered to be one of the most cost-effective treatments for palmar plantar hyperhidrosis. The CPT code for this procedure is 97033 and it is billed in units for each 15 minutes. For example, if you do a 30-minute treatment for palms and then a 30-minute treatment for soles, you can bill four units of 97033 for the total treatment of palms and soles. This is a reimbursable item by third party payers; however, this CPT code is considered to be part of physical therapy benefits. As with other physical therapy benefits, it might be subject to some restrictions such as number of treatments or location of treatment.

The most aggressive treatment for hyperhidrosis is surgical removal of the sweat glands in the axilla or ablation of the sympathetic chain supplying the sweat glands. Of course, there can be several complications just as with any other surgical procedure. Since this is also an expensive procedure, third party payers will usually deny it until other treatment options, such as subcutaneous injections of Botox, are tried.

**Billing and Coding**

The new diagnosis code for primary focal hyperhidrosis is 705.21 and for secondary focal hyperhidrosis is 705.22. The old ICD-9 code 780.80 is not being used anymore.

The new CPT codes for the procedure as of January 1, 2006 are: 64650. “Chemodenervation of eccrine glands; both axillae” 64653. “Chemodenervation of
eccrine glands; other area(s) (eg, scalp, face, neck), per
day”

64699. “Chemodenervation of extremities (eg, hands
or feet)”

These replace old CPT codes most frequently rec-
ommended by payers prior to January 1, 2006:
64614. “Destruction by neurolytic agent; extremity(s)
and/or trunk muscle(s)”
64640. “Destruction by neurolytic agent; other
peripheral nerve or branch”

Medical Necessity and Authorization
Some third party payers may require a letter of med-
icinal necessity and prior authorization. Unfortunately,
CPT code 64699 for Palmar Plantar hyperhidrosis
injections is one of the codes that will necessitate sub-
mission of office notes, as well as prior authorization
each time. Any CPT code ending in 99 means it is a
generalized nonspecific code, which requires special
documentation by most third party payers. These CPT
codes have zero-day global period, which means if you
want to repeat the treatment for any reason, you can
do so without waiting for any specific period of time.

It is also impor-tant to bill for the Botox itself using
the J-code, J0585. This code is billed in units. We
usually use the entire bottle of 100 units for either
both axillae or palms. Most of the carriers will not rec-
ognize three digits in the unit column of the CMS
1500 form, so it is advisable to bill it in two line items
with modifier 59. However, if you bill 50 units each
line, then you may be denied for the second line item
as duplicate. Bill the first line item as 99 units and the
second line item as one unit. It is also important to
use NDC number for therapeutic Botox and not for
cosmetic Botox. Otherwise, your claim will also be
rejected as a cosmetic or not medically necessary pro-
cedure (see table below).

<table>
<thead>
<tr>
<th>Coding J0585 for 100 Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Recommended</td>
</tr>
<tr>
<td>J0585 59 50 Units</td>
</tr>
<tr>
<td>J0585 59 50 Units</td>
</tr>
<tr>
<td>Recommended</td>
</tr>
<tr>
<td>J0585 59 99 Units</td>
</tr>
<tr>
<td>J0585 59 1 Unit</td>
</tr>
</tbody>
</table>

Therapeutic Botox NDC: 0023-1145-01
Cosmetic Botox NDC: 0023-9232-01