

Medical Policy

Policy:	200313	Effective Date:	04/14/2026
SUBJECT:	Endoscopic Thoracic Sympathectomy for Treatment of Primary Hyperhidrosis	Annual Review Date:	03/05/2026
		Last Revised Date:	03/05/2026

Prior approval is required for some or all procedure codes listed in this Corporate Medical Policy.

Definition: Endoscopic thoracic sympathectomy is a surgical procedure used for the treatment of palmar and axillary hyperhidrosis. The procedure involves interruption of the sympathetic chain by resection, ablation, or clipping of selected sympathetic nerve ganglia. The most common side effect is compensatory sweating, which occurs in a significant percentage of patients and may be mild, moderate, or severe.

Hyperhidrosis refers to excessive sweating that may affect the whole body (generalized hyperhidrosis) or limited areas such as the palms or axillae (focal hyperhidrosis). The condition may be primary or secondary to neurologic injury, metabolic disorders, exposure to certain toxic substances, or usage of certain medications. Generalized hyperhidrosis is usually secondary, and thus treatment is typically directed at managing the underlying cause. Primary focal hyperhidrosis may develop due to dysfunction of the autonomic nervous system. Management of primary focal hyperhidrosis is guided by severity and may include topical aluminum chloride, botulinum toxin A intradermal injections, iontophoresis, and systemic medications, alone or in combination. Surgical treatment of primary focal hyperhidrosis may be considered for some patients when conventional medical therapy has failed.

Medical Necessity: The Company considers endoscopic thoracic sympathectomy (**CPT Code 32664**) **medically necessary** and eligible for reimbursement providing that **all** of the following medical criteria are met:

- Severe[†] primary palmar and/or axillary hyperhidrosis^{††}; and
- History of recurrent bacterial or fungal infection or other chronic skin conditions secondary to hyperhidrosis (e.g., dermatitis, intertrigo); and
- Interference with activities of daily living; and
- The patient has been informed and is willing to accept the surgical risks, which include but are not limited to a significant risk of compensatory sweating; and
- Documented failure^{†††} of **all** of the following conventional medical therapies:
 1. Topical aluminum chloride (maximal strength); and
 2. Botulinum toxin type A intradermal injections (in patients 18 years of age and older); and
 3. Iontophoresis (for palmar hyperhidrosis); and
 4. Oral medication prescribed for hyperhidrosis (e.g., anticholinergic, such as oxybutynin).

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†**Hyperhidrosis Disease Severity Scale (HDSS):** The HDSS assesses disease severity based on the extent of excessive sweating-related impairment of daily activities on a scale of 1 to 4 (score of 1 = mild; score of 2 = moderate; score of 3–4 = severe)

“How would you rate the severity of your hyperhidrosis?”

- My sweating is never noticeable and never interferes with my daily activities: 1
- My sweating is tolerable but sometimes interferes with my daily activities: 2
- My sweating is barely tolerable and frequently interferes with my daily activities: 3
- My sweating is intolerable and always interferes with my daily activities: 4

††**Diagnostic criteria for primary focal hyperhidrosis:** The presence of focal, visible sweating for at least 6 months, without any obvious cause, and with *at least two* of the following characteristics:

- Bilateral and relatively symmetrical
- Affects the daily activities of the patient
- A frequency of more than one time per week
- Less than 25 years old at the beginning of hyperhidrosis
- A positive family history
- Absence of night sweats

†††Failure is defined as no change in the severity of focal hyperhidrosis after at least one month of treatment, or a lack of tolerability for the treatment. Using the HDSS, treatment failure can be defined as no change in HDSS score after 1 month of therapy or lack of tolerability for the treatment. Documentation should show step-wise progression of treatment failures, i.e., failure of topical aluminum chloride, followed by failure of botulinum toxin A intradermal injections, followed by failure of iontophoresis, followed by failure of systemic medications.

IMPORTANT NOTES:

- The Company considers treatment of primary focal hyperhidrosis, in the absence of medical complications, **cosmetic** and **not** eligible for reimbursement.
- The Company considers treatment of generalized hyperhidrosis **not medically necessary** and **not** eligible for reimbursement.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical

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necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

NOTE: After reviewing the relevant documentation, the Company reserves the right to apply this policy to the service, or procedure, supply, product, or accommodation performed or furnished regardless of how the service, or procedure, supply, product, or accommodation was coded by the Provider.

Approval or clearance by the U.S. Food and Drug Administration alone is not a basis for coverage.

Coverage may differ for Medicare Advantage plan members; please see any applicable national and/or local coverage determinations for details. This information may be available at the Centers for Medicare & Medicaid Services (CMS) website.

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Sources of Information:

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Applicable Code(s):	
CPT:	32664
HCPCS:	N/A
ICD10 Procedure Codes:	N/A

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