

Iontophoresis

Adjudication Guideline

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1. Abstract

1.1 For Members

Iontophoresis is a non-invasive procedure that uses a mild electrical current to deliver medication or other chemicals through the skin. It is commonly used to treat excessive sweating (hyperhidrosis), manage localized pain, and assist in diagnostic procedures such as sweat testing for cystic fibrosis.

1.2 For Medical Professionals

Iontophoresis is indicated for specific medical conditions where transdermal drug delivery or diagnostic testing is required. It is considered medically necessary only when specific clinical criteria are met, ensuring appropriate utilization and patient benefit.

2. Scope

This adjudication guideline outlines the coverage criteria, documentation requirements, and billing rules for iontophoresis procedures under Daman's health insurance plans.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Iontophoresis is considered medically necessary for any of the following indications:

- A. Administration of local anaesthetic prior to emergency skin puncture or dermatological procedures to alleviate associated pain.
- B. To diagnose primary focal hyperhidrosis, the International Hyperhidrosis Society requires visible, excessive sweating for at least 6 months without an apparent cause, and it must be focal, bilateral, and symmetric.

Additionally, at least two of the following must be present: onset at age 25 or younger, family history, cessation during sleep, impairment of daily activities, frequency of at least once per week, or bilateral symmetry.

Treatment of persistent, disabling primary focal hyperhidrosis (armpits, palms, or soles) when all of the following criteria are met:

- i. The individual is unresponsive to or cannot tolerate oral medications (e.g., anticholinergics, beta-blockers, benzodiazepines).

- ii. Excessive sweating significantly disrupts professional and/or social life.
 - iii. Topical aluminium chloride or other strong antiperspirants are ineffective or cause a severe rash.
 - iv. Hyperhidrosis Disease Severity Scale (HDSS) of 3 or greater.
- C. Iontophoretic delivery of fentanyl for patient-controlled relief of acute post-operative pain.
- D. Conducting a sweat test via pilocarpine iontophoresis for diagnosing cystic fibrosis.

Contraindications

Iontophoresis is contraindicated for patients with any of the following conditions:

- Cancer
- Pregnancy
- Hypersensitivity
- Open wounds
- Epilepsy
- Presence of pacemaker

3.2 Requirements for Coverage

- A valid medical prescription indicating the diagnosis and purpose of iontophoresis.
- Documentation of prior treatment failure or intolerance (for hyperhidrosis cases).
- Clinical notes supporting the necessity of iontophoresis for diagnostic or therapeutic purposes.
- Procedure initiation and end times along with necessity of the frequency and quantity requested must be specified.
- The procedure must be deemed medically necessary, not cosmetic or elective. Documentation should clearly state the clinical indication for the anaesthetic (e.g., pain control during urgent wound care or biopsy).
- The service falls within physical therapy benefit-standard authorization required per portfolio Schedule of benefits.

Initial Phase (Induction)

Objective: Achieve dryness and reduce HDSS score.

Parameter	Guideline
Frequency	3–5 sessions/week
Duration	2–4 weeks or until HDSS improves by ≥ 1 point
Session Length	20–40 minutes
Current	Start at 5–10 mA, increase to max comfortable (up to 20 mA)
Evaluation	Weekly HDSS reassessment

Maintenance Phase

Objective: Sustain dryness and prevent relapses.

Parameter	Guideline
Frequency	1–2 sessions/week or based on individual response
Duration	Ongoing, reassess HDSS monthly
Adjustment	Increase frequency if HDSS worsens

Treatment Efficacy Monitoring

- **HDSS Tracking:** Document scores before, during, and after treatment.
- **Quality of Life:** Consider Dermatology Life Quality Index (DLQI) or Hyperhidrosis Impact Questionnaire (HHIQ) for broader impact assessment

3.3 Non-Coverage

Iontophoresis is not covered under the following conditions:

- Use for conditions not listed under the eligibility criteria.
- The minimum age for iontophoresis treatment is 5 years old and can not be performed in younger patients.
- When medical necessity criteria are not met, such as:
 - No documented failure of prescription-strength antiperspirants
 - No evidence of functional impairment or skin complications (e.g., maceration, infection)
- When used without proper documentation, such as:
 - Lack of the specific diagnosis code
 - No supporting clinical notes or treatment history

3.4 Payment and Coding Rules

CPT/HCPCS codes must be used appropriately based on the indication. Frequency limits apply based on the treatment plan and clinical justification and claims must include supporting documentation for audit and review.

Code	Code Description
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes

Eligible Specialties

Eligible Specialties
Anesthesia / Pain Medicine
Anesthesia /Critical Care Medicine
Dermatology
Dermatology & Genito Urinary Medicine
Internal Medicine/Respiratory Medicine / Pulmonary Disease / Critical Care Medicine
Neurology/Neuromuscular Medicine
Neurology/Vascular Neurology
Pain Medicine
Pediatric Dermatology

Physical Medicine and Rehabilitation
Pulmonology
Pediatric Endocrinology

4. Denial Codes

Code	Code Description
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnosis/activities.
MNEC-005	Service/ supply may be appropriate, but too frequent
CODE-010	Activity/diagnosis inconsistent with clinician speciality
AUTH-001	Prior approval is required and was not obtained
NCOV-003	Service(s) is (are) not covered

5. Appendices

5.1 References

- <https://www.uptodate.com/contents/primary-focal-hyperhidrosis>
- https://www.researchgate.net/publication/233868760_The_Effects_of_Iontophoresis_in_the_Treatment_of_Musculoskeletal_Disorders_-_A_Systematic_Review_and_Meta-Analysis
- <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56566>
- https://www.anthem.com/medpolicies/abc/active/gl_pw_a053769.html
- <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/habilitative-services-outpatient-rehabilitation-therapy.pdf>

5.2 Revision History

Date	Change(s)
01/07/2025	V1.0 Creation of Adjudication Guideline-External Instruction Template.

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