

	ICD-9 Codes
Primary Focal Hyperhidrosis	705.21
Secondary Focal Hyperhidrosis	705.22
Generalized Hyperhidrosis	780.8

Hyperhidrosis Preauthorization Request Form

Patient Name: _____

Insurance ID: _____

Date: _____

What areas of the body require treatment?

- Axillary (Underarms)
 Palmar (Hands)
 Plantar (Feet)
 Craniofacial
 Submammary
 Other: _____

Hyperhidrosis Disease Severity Scale:

1. Sweating is **never** noticeable & **never** interferes with daily activities
 2. Sweating is **tolerable** and **sometimes** interferes with daily activities
 3. Sweating is **barely tolerable** & **frequently** interferes with daily activities
 4. Sweating is **intolerable** and **always** interferes with daily activities

Impairment of Daily Activities, & Impact on Quality of Life:

- | | |
|--|--|
| <input type="checkbox"/> Work & professional life | <input type="checkbox"/> Sexual activities |
| <input type="checkbox"/> Meeting people | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Relationships with family & friends | <input type="checkbox"/> Clothing/shoes |
| <input type="checkbox"/> Shaking hands | <input type="checkbox"/> Emotional state |
| <input type="checkbox"/> Developing personal relationships | <input type="checkbox"/> Education |
| <input type="checkbox"/> More: | |

Previous Treatments:

- | | | | |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> OTC Antiperspirants | <input type="checkbox"/> Rx Antiperspirants | <input type="checkbox"/> Iontophoresis | <input type="checkbox"/> BOTOX® |
| <input type="checkbox"/> Surgery (Local) | <input type="checkbox"/> Surgery (ETS) | <input type="checkbox"/> Oral Medications | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> miraDry® | <input type="checkbox"/> None | | |

Recommended Treatment for:

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Axillary (Underarms) | <input type="checkbox"/> Palmar (Hands) | <input type="checkbox"/> Plantar (Feet) | <input type="checkbox"/> Craniofacial |
| <input type="checkbox"/> Submammary | <input type="checkbox"/> Other: _____ | | |
-

- | | | | |
|--|---|---|-----------|
| <input type="checkbox"/> OTC Antiperspirants | <input type="checkbox"/> Rx Antiperspirants | <input type="checkbox"/> Iontophoresis (CPT: 97033) | |
| <input type="checkbox"/> BOTOX® → | 100 units | 200 units | 300 units |
| <input type="checkbox"/> Surgery (Local) | <input type="checkbox"/> Surgery (ETS) | <input type="checkbox"/> Oral Medications | |
| <input type="checkbox"/> miraDry® | <input type="checkbox"/> Psychiatric | <input type="checkbox"/> None | |

Other: _____

Notes: