

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

### Hyperhidrosis Preauthorization Request Form

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**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: _____   |   |                                       |
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- |  |   |   |           |
|--|---|---|-----------|
| <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: