Hidradenitis Suppurativa (Sweat Gland) Treatment

Policy Number: HS-242

Original Effective Date: 4/3/2014
Revised Date(s): 4/2/2015; 4/7/2016

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

Clinical Coverage Guideline

TREATMENT OF HIDRADENITIS SUPPURATIVA (SWEAT GLAND) HS-242

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans. The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this CCG. When a conflict exists between the two documents, the Member’s Benefit Plan always supersedes the information contained in the CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. All links are current at time of approval by the Medical Policy Committee (MPC). Lines of business (LOB) are subject to change without notice; current LOBs can be found at www.wellcare.com – select the Provider tab, then “Tools” and “Clinical Guidelines”.

BACKGROUND

Hidradenitis suppurativa is a painful, chronic inflammation of the sweat gland bearing skin areas. The inflammation of hidradenitis causes blockage of certain skin glands - the apocrine sweat glands - and their ducts. The lesions develop most often in the underarm area (axilla), the groin, the breast and the skin around the anus. It is very common and usually a small problem. Occasionally, an individual will have more extensive disease. Since hidradenitis is a chronic disorder of the sweat glands, infections may come and go or even persist. There is a wide range of disease from the occasional small abscess that drains spontaneously to extensive, wide-spread disease with multiple abscesses and fistulas that can be difficult to treat. Simple abscesses are treated by opening the abscess up and draining the pus out. Most will resolve fairly quickly although they can recur. Occasionally, prolonged antibiotic treatment is helpful in reducing recurrences when this has been a problem. When large areas are involved or antibiotic treatment and drainage is not effective, more extensive surgery may be an option. Surgical procedures range from simple drainage, to limited removal of affected areas, to wide excision of all the sweat gland-bearing skin. When large amounts of skin are removed, the area may be allowed to heal on its own or a skin graft may be applied. This extensive approach is only rarely necessary.1

Three stages classify the severity of hidradenitis suppurativa:

- **Stage I**: Abscess formation (single or multiple) without sinus tracts and cicatization/scarring
- **Stage II**: Recurrent abscesses with sinus tracts and scarring, single or multiple widely separated lesions
- **Stage III**: Diffuse or almost diffuse involvement or multiple interconnected sinus tracts and abscesses across the entire area

Treatments include (but are not limited to):

- Chemical Peels and/or Exfoliation
- Cryotherapy
- Dermabrasion
- Intralesional Injections
- Laser Therapy
- Light Therapy (Phototherapy)
- Microdermabrasion
- Oral Medications
- Photodynamic Therapy (PDT)
- Scar Injection
- Surgical Removal
- Topical Treatments

POSITION STATEMENT

Applicable To:
- ☑ Medicaid
- ✔ Medicare

Exclusions

Surgical treatment of hidradenitis suppurativa is not considered medically necessary and considered experimental / investigational when performed for cosmetic purposes only.

Coverage

Surgical treatment of hidradenitis suppurativa is considered medically necessary when the following are met:
TREATMENT OF HIDRADENITIS SUPPURATIVA (SWEAT GLAND) HS-242

- Has a confirmed diagnosis of hidradenitis suppurativa; **AND,**
- Documentation of failed conservative treatment*; **AND,**
- Member’s quality of life is impacted due to the condition.

In addition, coverage is applicable for excision of lesions when related to hidradenitis suppurativa.

* Conservative treatment is defined as warm baths, hydrotherapy, and topical cleansing agents to reduce bacterial load. In addition, Nonsteroidal anti-inflammatory drugs may alleviate pain as well as inflammation. Antibiotics, although not proven to be effective, are the mainstay of medical treatment, especially for lesions suspected of being superinfected. (Shah, 2005).

* Conservative treatment may also include weight reduction in patients who are obese; use of ordinary soaps and antiseptic and antiperspirant agents containing 6.25% aluminum chloride hexahydrate in absolute ethanol; application of warm compresses with sodium chloride solution or Burow solution; loose-fitting clothing; medical anti-inflammatory or antiandrogen therapy such as tetracycline, intralesional triamcinolone, or finasteride; and biologic therapy (Jovanovic, 2013).

**CODING**

**Covered CPT® Codes**
- 11450 Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
- 11451 Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair
- 11462 Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
- 11463 Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair
- 96567 Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (e.g., lip) by activation of photosensitive drug(s), each phototherapy exposure session

**Covered HCPCS Codes**
- J7308 Aminolevulinic acid HCI for topical administration, 20%, single unit dosage form (354 mg)
- J7309 Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 gram

**Covered ICD-9-CM Diagnosis Codes**
- 705.83 Hidradenitis

**Covered ICD-9-CM Procedure Codes**
- 86.3 Other local excision or destruction of lesion or tissue of skin and subcutaneous tissue
- 99.83 Other phototherapy

**Covered ICD-10-CM Code**
- L73.2 Hidradenitis suppurativa


**REFERENCES**


**MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS**

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