

Electro Antiperspirant®

Insurance Reimbursement Assistance Guide

Contents of the Document:

- Overview
- Sample Letter of Medical Necessity (LMN) template
- Medical Insurance Claim Form
- Resources: List of State Insurance Departments

Overview

At this time, HIGHTECH DEVELOPMENT LLC does not bill health insurance companies directly for reimbursement of Electro Antiperspirant® tap water iontophoresis (TWI) devices provided to the patient. The patient or user will need to purchase the device from HIGHTECH DEVELOPMENT LLC and then submit a claim for reimbursement for the device.

This guide is provided to help you with the process of getting reimbursed by your insurance company for the purchase of your Electro Antiperspirant® TWI device. It provides a sample letter template and a claim form for your physician to fill out and sign (or for you to fill out in advance and just have your physician sign). Be aware that each insurance company has slightly different procedures, and some may have their own forms for you to fill out and have signed by your physician. It is best to ask in advance to know what you need to get at your appointment.

Tap water iontophoresis is a recognized medical therapy for treatment and control of primary hyperhidrosis. HIGHTECH DEVELOPMENT LLC TWI devices are registered and approved by the FDA as medical devices for the treatment of palmar, plantar, or axillary hyperhidrosis, and can be ordered only with a prescription from the patient's physician.

While many healthcare plans consider tap water iontophoresis a medical necessity, unfortunately some do not yet, so it is a good practice to contact your provider for pre-authorization. If you are denied, or if they inform you in advance that it is not covered, there is a link at the end of this document to each state's insurance department to contact to take further action, if necessary.

Below are some common codes or numbers that may need to be referenced in some of the forms:

- ICD-10 Code (diagnosis code) for primary focal hyperhidrosis, unspecified: L74.519
- ICD-10 Code (diagnosis code) for primary focal hyperhidrosis, axilla: L74.510
- ICD-10 Code (diagnosis code) for primary focal hyperhidrosis, palms: L74.512
- ICD-10 Code (diagnosis code) for primary focal hyperhidrosis, soles: L74.513
- HCPCS Code (Healthcare Common Procedure Coding System): E1399
- CPT Code (in-office treatment code): 97033
- HIGHTECH DEVELOPMENT LLC EIN (Federal Tax ID Number): 37-1848234

[Below is a sample LMN template that can be prepared in advance (copied, pasted, and modified/filled out with your information), and then taken to your physician for signature. It would be even better if it was emailed to the physician's office in advance to be printed on their letterhead.]

Letter of Medical Necessity for Tap water Iontophoresis Treatment for Hyperhidrosis

[date]

[insurer's name]

Attn: *[name of representative]*

[address]

Re: *[patient name]*

[insurance policy number]

Dear *[insurer's name]*:

I am writing on behalf of *[patient name]* to document the medical necessity of tap water iontophoresis for the treatment of hyperhidrosis. This letter provides information about the patient's medical history and diagnosis and a statement summarizing my treatment rationale.

Hyperhidrosis, or excessive sweating, can have a devastating effect on a patient's quality of life, causing physical discomfort, social embarrassment, and disruption of occupational and daily activities. This has certainly been true for *[patient name]*, who has been bothered by hyperhidrosis for *[insert duration of symptoms here]*. Specifically, *[he or she]* has had difficulties with *[insert quality-of-life problems here]*.

[discuss patient's diagnosis, treatment history, and degree of illness].

Experts recommend a stepped approach to choosing therapy for hyperhidrosis. More conservative therapies have not controlled *[patient name]*'s symptoms, and therefore tap water iontophoresis is the next logical choice for treating *[his or her]* hyperhidrosis.

In light of this clinical information, and this patient's condition, tap water iontophoresis is medically necessary and warrants coverage. Please contact me at *[(000) 000-0000]* if you require additional information.

Sincerely,

[physician's signature]

[physician's name]

[Below is a Medical Insurance Claim Form that can be prepared in advance (copied, pasted, and modified/filled out with your information), taken to your physician for signature, and then submitted to your insurance company along with the LMN - your insurance company may have their own form.]

Medical Insurance Claim Form

Patient Name: _____ Date: _____
Insurance ID#: _____

DIAGNOSIS: Hyperhidrosis (abnormally excessive sweating) in the hands (palmar), feet (plantar) or underarms (axillary)

ICD-9 CODES: 705.21 Primary focal hyperhidrosis
705.22 Secondary focal hyperhidrosis

ICD-10 CODES: L74.519 Primary focal hyperhidrosis, unspecified
L74.510 Primary focal hyperhidrosis, axilla
L74.512 Primary focal hyperhidrosis, palms
L74.513 Primary focal hyperhidrosis, soles

ANCILLARY MANIFESTATION: Extreme anxiety with condition; secondary medical condition (dermatitis, eczema, infection); occupational handicap.

AVAILABLE TREATMENT METHODS:

- 1) Tap water Iontophoresis. Iontophoresis makes use of an electronic medical device that generates a Direct Current for application to the affected areas (hands, feet or underarms). The patient uses an electronic medical device to deliver current to the eccrine sweat ducts of the palms of the hands, soles of the feet, or axillary of the arms. A series of treatments results in the development of hyperkeratotic plugs within the sweat ducts leading poral closure. This results in a reduction in sweating. Since this reduction is temporary, retreatment at one to three week intervals is necessary. [in-office treatment CPT code 97033]
- 2) BOTOX® injections
- 3) Surgery (sympathectomy)

MEDICAL RECOMMENDATION: HIGHTECH DEVELOPMENT LLC distributes a tap water iontophoresis device approved by the FDA for the treatment of palmar, plantar or axillary hyperhidrosis.

Tap water iontophoresis treatment with the Electro Antiperspirant® device is much more economical solution to the medical problem of hyperhidrosis (one time cost of \$499-\$999 for the iontophoresis device under HCPCS code E1399 vs. continuous BOTOX® injections (annual ongoing costs of \$4,000 or more) or sympathectomy (\$5,000 or more). In addition, surgery has attendant and prohibitive side effects such as Horner's syndrome, compensatory hyperhidrosis and gustatory sweating.

PROGNOSIS: Generally, the condition is chronic with a possible improvement later in life and therefore the need for the device would be indefinite.

PHYSICIAN'S SIGNATURE

DATE

Resources

If you have any difficulties in getting reimbursed for your device by your insurance company, a great resource and advocate is your state's insurance department. Sometimes a polite comment to your insurance company that you are familiar with your agency and how to file a complaint is all that is needed to facilitate the process and have your claim approved for reimbursement.

Here is a clickable map for the websites of the insurance departments of all U.S. states and territories:

http://www.naic.org/state_web_map.htm

Below is a list of links for each state to submit or file a complaint. Processes vary from state to state:

Alabama <http://www.aldoi.gov/Consumers/FileComplaint.aspx>
Alaska <http://commerce.state.ak.us/dnn/ins/Consumers/FileaConsumerComplaint.aspx>
Arizona <https://insurance.az.gov/contact-us>
Arkansas <https://www.insurance.arkansas.gov/pages/consumer-services/consumer-services/file-a-complaint/>
California <http://www.insurance.ca.gov/01-consumers/101-help/>
Colorado <http://cdn.colorado.gov/cs/Satellite/DORAHealthIns/CBON/DORA/1251623077289>
Connecticut <https://cidonline.ct.gov/ccf/>
Delaware <http://www.delawareinsurance.gov/services/filecomplaint.shtml>
District of Columbia: <http://disb.dc.gov/node/319472>
Florida <https://apps.fldfs.com/eService/Default.aspx>
Georgia <http://www.oci.ga.gov/ConsumerService/Home.aspx>
Hawaii http://cca.hawaii.gov/ins/consumer/filing_a_complaint/
Idaho <https://doi.idaho.gov/consumer/Complaint>
Illinois <https://mc.insurance.illinois.gov/messagecenter.nsf>
Indiana <http://www.in.gov/idoi/2547.htm>
Iowa http://www.iid.state.ia.us/file_a_complaint
Kansas <http://www.ksinsurance.org/department/complaint.php>
Kentucky http://insurance.ky.gov/static_info.aspx?static_id=1&MentID=15
Louisiana <http://www.lidi.la.gov/onlineservices/ConsumerComplaintForm>
Maine <https://www.maine.gov/pfr/insurance/complaint.html>
Maryland <https://insurance.maryland.gov/Consumer/Pages/FileAComplaint.aspx>
Massachusetts <http://www.mass.gov/ocabr/insurance/consumer-safety/file-a-complaint/filing-a-complaint.html>
Michigan http://www.michigan.gov/difs/0,5269,7-303-12902_12907---,00.html
Minnesota <https://mn.gov/commerce/consumers/file-a-complaint/>
Mississippi <https://www.mid.ms.gov/consumers/file-complaint.aspx>
Missouri <https://insurance.mo.gov/consumers/complaints/index.php>
Montana <https://csimt.gov/complaints-fraud/>
Nebraska <http://www.doi.nebraska.gov/complaint/complaint.html>
Nevada <http://doi.nv.gov/Consumers/File-A-Complaint/>
New Hampshire <https://www.nh.gov/insurance/complaints/index.htm>
New Jersey <http://www.state.nj.us/dobi/consumer.htm#insurance>
New Mexico <https://www.osi.state.nm.us/ConsumerAssistance/consumercomplaint.aspx>
New York <http://www.dfs.ny.gov/consumer/fileacomplaint.htm>
North Carolina https://www.ncdoi.com/Consumer/File_a_Complaint.aspx
North Dakota <http://www.nd.gov/ndins/consumers/complaint/>
Ohio <http://www.insurance.ohio.gov/Pages/ComplaintMain.aspx>
Oklahoma https://www.ok.gov/oid/Consumers/Consumer_Assistance/File_a_Complaint.html
Oregon <http://www.oregon.gov/DCBS/insurance/gethelp/Pages/fileacomplaint.aspx>
Pennsylvania <https://www.insurance.pa.gov/Consumers/File%20a%20Complaint/Pages/default.aspx>
Rhode Island http://www.dbr.state.ri.us/documents/divisions/insurance/life_accident_health/complaint_form.PDF

South Carolina <http://doi.sc.gov/8/Consumers>
 South Dakota <http://dlr.sd.gov/insurance/default.aspx>
 Tennessee <https://www.tn.gov/commerce/resources-services/file-a-complaint.html>
 Texas <http://www.tdi.texas.gov/consumer/complfrm.html>
 Utah <https://insurance.utah.gov/complaint/index.php>
 Vermont <http://www.dfr.vermont.gov/insurance/insurance-consumer/file-insurance-complaint>
 Virginia <https://www.oag.state.va.us/consumer-protection/index.php/file-a-complaint>
 Washington <http://www.insurance.wa.gov/complaints-and-fraud/file-a-complaint/>
 West Virginia <http://www.wvinsurance.gov/consumerservices/>
 Wisconsin <https://ociaccess.oci.wi.gov/complaints/public/>
 Wyoming <https://sites.google.com/a/wyo.gov/doi/consumers>

Patient Name:	Date Of Birth:
Address:	
City, State, Zip:	
Email Address:	Phone #:

DX Code (Check all that apply):

- L74-519 (primary focal hyperhidrosis, unspecified)
- L74-510 (primary focal hyperhidrosis, axilla)
- L74-512 (primary focal hyperhidrosis, palms)
- L74-513 (primary focal hyperhidrosis, soles)

Tap Water Iontophoresis	Part Number	HCPCS Code
<input type="checkbox"/> Electro Antiperspirant® <i>(includes module, carrying case/treatment trays, large stainless steel electrodes for treatment of hands/feet, protective grids, pair of cables and underarm adapters)</i>	EA1	E1399
<input type="checkbox"/> Electro Antiperspirant® Sensitive <i>(includes module, carrying case/treatment trays, large stainless steel electrodes for treatment of hands/feet, protective grids, pair of cables and underarm adapters)</i>	EA2	E1399
<input type="checkbox"/> Kit for simultaneous treatment of limbs <i>(includes module, carrying case/treatment trays, large stainless steel electrodes for treatment of hands/feet, protective grids, pair of cables, large treatment trays and underarm adapters)</i>	EA2HF	E1399
<input type="checkbox"/> Electro Antiperspirant® ELITE <i>(includes module, power supply, carrying case/treatment trays, large stainless steel electrodes for treatment of hands/feet, protective grids, pair of cables and underarm adapters)</i>	EA3	E1399

Accessories & Replacement Parts	Part Number	HCPCS Code
---------------------------------	-------------	------------

<input type="checkbox"/>	Comfortable Underarm Adapters <i>(armpit adapters and small electrodes)</i>	EAA-ARM	E1399
<input type="checkbox"/>	Large Containers <i>(set of large treatment trays for Electro Antiperspirant devices)</i>	EAA-LC	E1399
<input type="checkbox"/>	Replacement Large Electrodes <i>(large stainless steel electrodes)</i>	EAP-LE	E1399
<input type="checkbox"/>	Replacement Small Electrodes <i>(small stainless steel electrodes)</i>	EAP-SE	E1399
<input type="checkbox"/>	Replacement Carrying Case	EAP-CC	E1399
<input type="checkbox"/>	Replacement Electrode Cables	EAP-EC	E1399
<input type="checkbox"/>	Replacement Electrode Grids	EAP-EG	E1399

I am prescribing the purchase and use of the above Electro Antiperspirant tap water iontophoresis device and accessories for the treatment of hyperhidrosis. The device should be used as directed from the manufacturer.

Physician Signature: _____ Date: _____
 Provider Name: _____ NPI#: _____
 Provider Address 1: _____
 Provider Address 2: _____ Phone #: _____

Completed form can be faxed to +1 (305) 749-0407 or emailed to info@iontophoresis.us