**Effective Date: 03-05-2014**

Nevada Health Solutions LLC

# NHS MEDICAL POLICY

## IONTOPHORESIS (sweat test)
## Procedure 2014-004

**Iontophoresis is the introduction of ionizable drugs through intact skin by the administration of continuous, direct electrical current into the tissues of the body. The sweat test by pilocarpine iontophoresis is the only practical and reliable laboratory test for confirmation of the diagnosis of cystic fibrosis (CF). Localized sweating is stimulated pharmacologically, the amount of sweat is measured, and sodium and chloride levels determined. An elevated chloride concentration suggests cystic fibrosis.**

**Sweat test by pilocarpine iontophoresis may be considered medically necessary for the diagnosis of cystic fibrosis when the ordering provider documents clinical suspicion of cystic fibrosis and 1 of the following is present:**

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| 1 | Family history suggesting cystic fibrosis |
| 2 | Infant with positive CF newborn screening |
| 3 | Sibling of a patient with confirmed CF |
| 4 | Meconium ileus |
| 5 | Respiratory symptoms including, but not limited to: cough, wheezing or any breathing |
| 6 | Difficulty, recurrent respiratory infections, hyperinflation of the lung fields on chest |
| 7 | Radiograph, pulmonary function tests that are consistent with obstructive airway disease, |
| 8 | Chronic bronchitis, bronchiectasis, sinus disease or nasal polyposis |
| 9 | Digital clubbing |

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| 10 | Failure to thrive or otherwise unexplained weight loss |
| 11 | Gastrointestinal symptoms including, but not limited to: distal intestinal obstructive |
| 12 | Syndrome, pancreatitis, pancreatic insufficiency, rectal prolapse, focal biliary cirrhosis |
| 13 | Reduced bone mineral content |
| 14 | Pathologic fracture |
| 15 | Kyphoscoliosis |
| 16 | Hypertrophic osteoarthropathy |
| 17 | Nodular skin lesions or purpura |
| 18 | Diabetes mellitus or glucose intolerance |
| 19 | Infertility |
| 20 | Otherwise unexplained recurrent venous thrombosis |

## SOURCES

UpToDate.com was accessed March 5, 2014.


1. Boat TF. Cystic fibrosis. In: Nelson Textbook of Pediatrics. 16th ed. RE Behrman, ed. Philadelphia, PA: W.B. Saunders; 2000:1319.
2. Cystic Fibrosis Foundation, Borowitz D, Parad RB, et al. Cystic Fibrosis Foundation practice guidelines for the management of infants with cystic fibrosis transmembrane conductance regulator-related metabolic syndrome during the first two years of life and beyond. J Pediatr 2009; 155:S106.
3. De Boeck K, Wilschanski M, Castellani C, et al. Cystic fibrosis: terminology and diagnostic algorithms. Thorax 2006; 61:627.
4. Farrell PM, Rosenstein BJ, White TB, et al. Guidelines for diagnosis of cystic fibrosis in newborns through older adults: Cystic Fibrosis Foundation consensus report. J Pediatr 2008; 153:S4.
5. Ratjen F, Döring G. Cystic fibrosis. Lancet 2003; 361:681.

6. Thompson MM, Marshik P. Cystic fibrosis. In: Conn's Current Therapy. 52nd ed. RE Rakel, ed. Philadelphia, PA: W.B. Saunders; 2000:176.

## Code Reference (This may not be a comprehensive list of codes to apply to this policy.)

CPT 89230, 97033

## POLICY HISTORY/REVISION INFORMATION

| Date | Action/Description |
|---|---|
| 02/26/2015 | Reviewed by UM Committee |
| 03/20/2015 | Annual review and approval by UM Committee |
| 12/16/2015 | Annual review and approval by UM Committee |
| 12/14/2016 | Annual review and approval by UM Committee |
| 12/13/2017 | Annual review and approval by UM Committee |
| 12/13/2018 | Annual review and approval by UM Committee |
| 12/12/2019 | Annual review and approval by UM Committee |
| 12/10/2020 | Annual review and approval by UM Committee |
| 12/10/2021 | Annual review and approval by UM Committee |
| 12/21/2022 | Annual review and approval by UM Committee |
| 12/20/2023 | Annual review and approval by UM/QM Committee |
| 12/23/2024 | Annual review and approval by UM/QM Committee |