

Insurance Reimbursement Guide

Hyperhidrosis is a debilitating condition that can interfere with a patient's everyday life and ability to complete otherwise simple tasks rendered difficult because of uncontrollable incessant sweating. The impacts of this condition are wide-ranging and long-lasting. It is a misunderstood and stigmatized condition whose effects can be controlled with proper and adequate treatment. A sense of normalcy can be attained through maintaining a proper treatment schedule, that can drastically reduce the effects of the condition.

For this reason, your Dermadry may be eligible for a full or partial refund by your insurance provider. This document is meant to provide you with the information you need to facilitate the reimbursement of Dermadry's iontophoresis device by your insurance provider. Depending on your provider and insurance plan, you may be eligible for a full or partial refund. If the cost of the device exceeds the covered amount, you can pay the rest out-of-pocket.

Getting an iontophoresis device covered by your insurance provider may be challenging. We are here to help by guiding you through the first steps you need to take and providing you with all the information and documents you need.

In the following sections you will find:

A Guide outlining the steps you need to take to start the process of getting your Dermadry reimbursed by your insurance provider. We have included all the information about us that you may need to include on your claim form.

Dermadry One Pager: This is a summary of Dermadry's intended use, certifications, and specifications that can be shared with your insurance provider, as well as your primary care physician.

Letter of Medical Necessity Template: To accompany your request, a letter of medical necessity from your doctor will be necessary. We have provided a template that can be shared with your healthcare provider, who can fill in some information and sign it. Some text in the letter will require modifications to fit your case, as well as the addition of personal information.

Letter of Appeal Template: Sometimes your initial claim will be denied by your insurance provider. In many cases, you can appeal the decision by submitting additional documentation and a letter of appeal. We have provided a template as a starting point. Additional documents and information must be provided, including personal information and specifics about your case. You can share this template with your healthcare provider who can help fill out the information and sign it.

Get Started

- As a first step, we suggest getting in touch with your insurance provider directly to find out if your plan and/or provider covers this treatment. Dermadry is a medical device, and we suggest looking through your plan's specifications to see if Class II medical devices are covered.
- You will need to request a claim form from your insurance provider, which you will need to fill out.
- At this time, Dermadry does not bill insurance providers directly, so you will have to purchase our device from us and then submit a claim for reimbursement for the device.

About Dermadry

Dermadry is a home-use iontophoresis device indicated for use by those at least 13 years of age (21+ in the USA) for the treatment of mild to severe palmar, plantar, and axillary hyperhidrosis.

Dermadry is a tap water iontophoresis device, which is a recognized treatment for primary hyperhidrosis. Iontophoresis treatment has been used to treat palmar, plantar, and axillary hyperhidrosis since the 1940s. It is considered a first-line treatment option by dermatologists and The International Hyperhidrosis Society. It is widely recommended and prescribed for hyperhidrosis patients, when traditional antiperspirants fail to manage the effects of excessive sweating. It is a cost-effective, non-surgical, non-invasive, drug-free, and needle-free treatment option that can provide long-lasting results with maintained use. It is often the go-to treatment for hyperhidrosis patients looking to eliminate recurring costs, and those searching for the least invasive long-lasting treatment

Dermadry's range includes Dermadry Hands & Feet, Dermadry Underarms, and Dermadry Total, which treats all three zones most commonly affected by hyperhidrosis. Our devices are FDA cleared. Additionally, Dermadry's devices have a medical device license from Health Canada and the Australian Therapeutic Goods Association.



What You'll Need

A copy of your prescription from your doctor (USA only)

In the USA, iontophoresis machines require a doctor's prescription. You will need to provide them with a copy of your original prescription that you sent to us. If you are not in the USA, this is not applicable.

A letter of medical necessity from your doctor

A letter from your doctor stating the necessity of having an iontophoresis device to treat hyperhidrosis. This may help your claim move forward.

A copy of your Dermadry invoice

You will be asked to provide the receipt showing your total incurred cost of the Dermadry. This will be the sum (complete or partial) that will be reimbursed.

Once you request a claim form, this is the information you may be asked to fill out:

- Provider Name	Dermadry Laboratories Inc.
- Provider Address	2200, Av. Bennett, Montréal, QC, H1V 2T5, Canada
- Provider Phone	1 866 LIVE DRY (548-3379)
- NPI	1396361408
- TAX ID	98-1540630
- HCPCS	For the device: E1399, A9900, A9999
- ICD-10 Diagnosis Codes	ICD-10 Diagnosis Codes L54.510 - Primary focal hyperhidrosis, axilla L74.512 - Primary focal hyperhidrosis, palms L74.513 - Primary focal hyperhidrosis, soles

If you require any additional information about Dermadry, hyperhidrosis, or iontophoresis, please contact our support team at support@dermadry.com or at 1 866 LIVE DRY (548-3379). We are here to help you in every way we can, and we can supply you with information pertaining to our device, medical regulations, clinical studies on hyperhidrosis and iontophoresis and more.

You can visit our website [here](#), and our certifications & compliance page [here](#). The next section of this document is a summary of the key points relating to hyperhidrosis, iontophoresis, and Dermadry.



A simple and effective way to treat excessive sweating!

The Anti-Sweat Device

Dermadry is an iontophoresis device that treats excessive sweating (hyperhidrosis) of the hands, feet, and underarms.

Say goodbye to sweaty hands, feet, and underarms and hello to a dry new you with our 15-20 minute treatment sessions that provide up to 6 weeks of dryness.

Showcased by The International Hyperhidrosis Society

FDA
CLEARED



Clinically Proven

Tap water iontophoresis "effectively reduced sweating in the majority of subjects treated"¹ for hyperhidrosis.



Easy-To-Use

Our device was designed with safety, simplicity, and efficiency in mind. Setup is quick and done at home!



100-Day Guarantee

We offer a 100-day satisfaction guarantee so you can purchase with confidence.



Why choose Dermadry?

Dermadry effectively treats mild to severe palmar, plantar, and axillary hyperhidrosis. Our proprietary technology distinguishes itself through its affordability, intuitive use, and cutting-edge innovation. Our device allows you to treat sweating and get the dryness you deserve from the comfort of your home.

We are a drug-free, needle-free, and non-invasive alternative to other types of treatment on the market. Dermadry is proud to be FDA Cleared and licensed by Health Canada and Australia's Therapeutic Goods Administration (TGA).

¹ FDA (2014), Classification of Iontophoresis Devices Not Labeled for Use with a Specific Drug (21 CFR 890.5525(b)), FDA Executive Summary

Additional Information

Provider Name

Dermadry Laboratories Inc.

Provider Address

2200 Avenue Bennett, Montréal, Québec
H1V 2T5 Canada

Provider Phone

1 866 LIVE DRY (548-3379)

National Provider Identifier (NPI)

1396361408

Tax ID

98-1540630

Healthcare Common Procedure Coding System (HCPCS)

For the device: E1399, A9900, A9999

Diagnosis Codes (ICD-10)

- L74.510 Primary focal hyperhidrosis, axilla
- L74.512 Primary focal hyperhidrosis, palms
- L74.513 Primary focal hyperhidrosis, soles



PRODUCT LINE



Dermadry™
underarms



Dermadry™
hands & feet



Dermadry™
total



Hyperhidrosis

Hyperhidrosis is a common medical condition characterized by excessive sweating that affects approximately 16%² of the global population (365 million people worldwide).

Studies show that hyperhidrosis has a significant impact on quality of life, and can negatively affect an individual's occupational, physical, emotional, and social life. It is often referred to as the "silent handicap".

² Augustin, M., Radtke M.A., Herberger K., Kornek T., Heigel H., Schaefer I. (2013). Prevalence and Disease Burden of Hyperhidrosis in the Adult Population. *Dermatology*, 227, 10-13. <https://doi.org/10.1159/000351292>



DE 3 - 40968



0077847-001

Iontophoresis

Dermadry is a tap water iontophoresis device that treats the three zones most commonly affected by hyperhidrosis (hands, feet, and underarms).

Using pulsed current to maximize efficiency and user comfort, our device directs a mild electrical current through the skin, which neutralizes the connection between the nerves and sweat glands.

In nearly all cases, this drastically reduces excessive sweating!

ATTN _____

Date: ____ / ____ / ____

Insurance Company _____
Name of Health Insurance Company

Insured: _____
Patient First and Last Name

Address: _____

City State ZIP code

Policy Number: _____
Group Number: _____

RE: Letter of Medical Necessity for Iontophoresis Treatment for Hyperhidrosis

Dear _____

I am writing on behalf of my patient _____ to document the medical necessity of Dermadry's FDA cleared iontophoresis device for the treatment of hyperhidrosis. This letter provides information about the effects of hyperhidrosis, my patient's medical history and diagnosis, and a statement summarizing my treatment rationale.

Hyperhidrosis, or excessive sweating, is a medical condition that can have a devastating effect on a patient's quality of life, causing physical discomfort, and secondary skin problems. Excessive sweating can disrupt occupational, social, and daily activities and lead to heightened levels of stress. According to the American Academy of Dermatology, hyperhidrosis patients have a statistically significant higher prevalence of anxiety, depression, and attention deficit disorder than the general public.

The importance of managing the effects of hyperhidrosis cannot be overstated. With iontophoresis treatment, the symptoms of hyperhidrosis can be managed and patients can live with an acceptable quality of life, and reduce their risk of suffering from associated mental and physical conditions. Without treatment, hyperhidrosis patients are at a higher risk of suffering from mental and emotional turmoil, and are predisposed to recurring skin diseases and conditions such as athlete's foot, ingrown toenails, dyshidrotic eczema, and pitted keratolysis, among others.

This has certainly been the case for _____, who has been impacted by hyperhidrosis for _____. Specifically, they have had difficulties with _____.

_____ has been suffering from severe _____ hyperhidrosis since _____. They have had no success with traditional antiperspirants _____.

_____ Iontophoresis is widely regarded by the International Hyperhidrosis Society and medical professionals such as myself as the next line of treatment.

_____ has tried the aforementioned therapies thus far without success and I, therefore, recommend Dermadry's FDA cleared iontophoresis device as the next line of treatment for their hyperhidrosis. It is a safe and effective treatment for [palmar, plantar, and/or axillary] that can be done with a home-use device, and incurs no additional recurring costs or clinic visits. It is a low-cost alternative to other treatments, and is a drug-free, needle-free and non-invasive treatment option that has limited minor side effects, making it the optimal and logical next choice for treatment.

In light of this clinical information, and this patient's condition, Dermadry's iontophoresis machine is medically necessary and warrants coverage. Please contact me at _____ if you require additional information.

Sincerely,

Treatment Provider's Signature

Treatment Provider's Name Printed

Treatment Provider's Phone Number

Note: Appeal letters depend on the coverage included in the insured's plan and the reason it was denied. It needs to be tailored to fit the insured's particular case, and additional documentation needs to be provided.

ATTN _____	Date: ____ / ____ / ____
Insurance Company _____ Name of Health Insurance Company	Insured: _____ Patient First and Last Name
Address: _____ _____ City State ZIP code	Policy Number: _____ Group Number: _____

RE: Dermadry Iontophoresis Machine Claim Denial

Dear _____

I am writing on behalf of my patient _____ to document the medical necessity of Dermadry's FDA cleared iontophoresis device for the treatment of hyperhidrosis. This letter provides information about the effects of hyperhidrosis, my patient's medical history and diagnosis, and a statement summarizing my treatment rationale.

This is a formal letter of appeal for reconsideration of coverage on behalf of my patient, _____, for Dermadry's iontophoresis device, which is indicated for the treatment of _____ hyperhidrosis. _____ has stated that Dermadry's iontophoresis device is not covered because [denial reason]. I am requesting prompt reevaluation of the claim denial for Dermadry's iontophoresis device provided to my patient on _____.

Clinical History _____

Rationale for Dermadry's Iontophoresis Device for the Treatment of Hyperhidrosis

Hyperhidrosis is a debilitating condition that can interfere with a patient's everyday life and ability to complete otherwise simple tasks rendered difficult because of uncontrollable incessant sweating. The impacts of this condition are wide-ranging and long-lasting. It is a misunderstood and stigmatized condition whose effects can be controlled with proper and adequate treatment. A sense of normalcy can be attained through maintaining a proper treatment schedule, that can drastically reduce the effects of the condition.

Dermadry is a home-use tap water iontophoresis device that has been cleared by the FDA for the treatment of mild to severe palmar, plantar, and axillary hyperhidrosis. It is a cost-effective, non-surgical, non-invasive, drug-free, and needle-free treatment option that can provide long-lasting results with maintained use. It is prescribed when traditional antiperspirants have failed to control the sweating, as is the case in [patient name]'s case. It is preferred over riskier, more expensive treatments with recurring costs and clinic visits, such as botulinum toxin injections, prescription drugs, and surgery.

According to the _____, _____ denied this claim because _____. This letter serves to request a formal appeal of claim _____ for _____, with policy number _____.

I have attached documentation pertaining to Dermadry's iontophoresis machine, as well as documentation regarding _____'s medical history, and copies of the documents submitted in the original claim.

Treatment Provider's Signature Treatment Provider's Name Printed Treatment Provider's Phone Number