

Liposuction for Lipedema

MEDICAL POLICY NUMBER: 346

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INSTRUCTIONS FOR USE: Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

SCOPE: Providence Health Plan, Providence Health Assurance and Providence Plan Partners as applicable (referred to individually as "Company" and collectively as "Companies").

## PLAN PRODUCT AND BENEFIT APPLICATION

Commercial

Medicaid/OHP\*

Medicare\*\*

### \*Medicaid/OHP Members

*Oregon:* Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

Notice to Medicaid Policy Readers: For comprehensive rules and guidelines pertaining to this policy, readers are advised to consult the Oregon Health Authority. It is essential to ensure full understanding and compliance with the state's regulations and directives. Please refer to the Oregon Administrative OARS 410-120-1200 and 410-141-3820 through 3830 for coverage of Lipedema Treatment.

### \*\*Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered “**not medically necessary**” for Medicare members.

## COVERAGE CRITERIA

- I. Liposuction or lipectomy for the treatment of lipedema of the lower extremities may be considered **medically necessary** when all of the following criteria are met (A.-G.):
  - A. There is significant functional impairment (e.g., difficulty ambulating or performing activities of daily living) shown to be caused by lipedema; and
  - B. Member has not responded to at least 3 consecutive months of conservative medical management (e.g., compression stockings and manual lymph drainage); and
  - C. Previous weight loss has not decreased symptoms or weight in area affected; and
  - D. A diagnosis of lipedema meets all of the following criteria:
    1. Pressure induces pain or tenderness on palpation
    2. Photo documentation of bilateral symmetric adiposity in affected extremities
    3. Disproportionate adipocyte hypertrophy of the lower extremities in relationship to the trunk
    4. Negative [Stemmer Sign](#)
    5. No pitting edema; and
  - E. In members with Class II or III Obesity (See [Policy Guidelines](#) for definitions), weight loss treatments have been implemented and there has been a failure of the limb adipose hypertrophy to respond to treatment:
    1. For members eligible for bariatric surgery (See [Company](#) policy for criteria), at least 18 months have passed after successful bariatric surgery with appropriate

- weight loss and clinical documents indicate the member's weight has remained stable in the most recent 6 months; and
2. For members treated with another type of weight loss program, lipedema symptoms are still present after 6 months of successful weight loss treatment; and
    - F. The area to be treated with liposuction has not previously been treated with liposuction; **and**
    - G. The procedure is performed by a plastic surgeon certified by the American Board of Plastic Surgery.
- II. Liposuction or lipectomy for the treatment of lipedema is considered **not medically necessary** when criterion I. is not met, including but not limited to liposuction of the trunk, head, and arms.
- Link to [Evidence Summary](#)

## POLICY CROSS REFERENCES

- [Bariatric Surgery](#), MP41
- [Cosmetic and Reconstructive Procedures](#), MP98

The full Company portfolio of current Medical Policies is available online and can be [accessed here](#).

## POLICY GUIDELINES

### DOCUMENTATION REQUIREMENTS

In order to determine the medical necessity of the request, the following documentation must be provided at the time of the request. Medical records to include documentation of all of the following:

- All medical records and chart notes pertinent to the request. This includes:
  - History
  - Physical examination
  - Treatment plan

### DEFINITIONS

Lipedema is a condition that occurs in the lower extremities. Liposuction in the trunk, head, arms, and areas other than the thighs, legs, and buttocks are considered not medically necessary.

**Stemmer Sign:** Stemmer sign is a clinical diagnostic means of detecting lymphedema. If examiner cannot pinch the skin of the dorsum of the foot or hand then this a positive Stemmer Sign that suggests lymphedema is present.

### Body Mass Index (BMI)<sup>1</sup>

*Metric BMI Formula:* BMI= weight (kg) ÷ height<sup>2</sup> (m<sup>2</sup>)

*Imperial BMI Formula:* BMI= weight (lb) ÷ height<sup>2</sup> (in<sup>2</sup>) x 703

- Obesity is defined as a BMI of 30.0 kg/m<sup>2</sup> or higher.
- Obesity is frequently divided into categories:
  - Class I: BMI of 30 kg/m<sup>2</sup> to < 35 kg/m<sup>2</sup>
  - Class II: BMI of 35 kg/m<sup>2</sup> to < 40 kg/m<sup>2</sup>
  - Class III: BMI of 40 kg/m<sup>2</sup> or higher.
    - A BMI of 40-49.9 kg/m<sup>2</sup> is considered morbidly obese.
    - A BMI of 50 kg/m<sup>2</sup> or more is considered superobesity or super morbid obesity.

## BACKGROUND

### Lipedema

Lipedema is a chronic and progressive disorder characterized by adipose (fat) tissue buildup in the legs, thighs, and buttocks. According to the National Center for Advancing Translational Sciences, lipedema occurs most commonly in women and appears during puberty, pregnancy, or menopause. Lipedema's exact cause remains unknown; however, lipedema is associated with hormonal and hereditary influences. Lipedema is often misdiagnosed as obesity (fat throughout the body) or lymphedema (swelling affecting one side of the body). Untreated, lipedema can cause pain, swelling, and easy bruising and can affect the patient's mental health and quality of life.

### Liposuction

Liposuction is a surgical procedure used to remove excess body fat. In the case of lipedema, liposuction is intended to minimize symptoms, prevent progression, and improve physical and psychological function in the patients with lipedema refractory to weight loss and physical therapy.<sup>2</sup>

## REGULATORY STATUS

### U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Approval or clearance by the Food and Drug Administration (FDA) does not in itself establish medical necessity or serve as a basis for coverage. Therefore, this section is provided for informational purposes only.

## CLINICAL EVIDENCE AND LITERATURE REVIEW

### EVIDENCE REVIEW

A review of the ECRI, Hayes, Cochrane, and PubMed databases was conducted regarding the use of liposuction as a treatment for lipedema. Below is a summary of the available evidence identified through July 2023.

- In 2020, ECRI published a clinical evidence assessment on liposuction for lipedema. One systematic review and one pre-post study were included in the analysis.<sup>2</sup> The systematic review consisted of 4 before- and after-treatment studies (n=281) and reported on postoperative adverse events, mobility, pain, and quality of life (QOL). The systematic review found that extremity sizes were reduced, restricted mobility was improved, pain, swelling, bruising, and sensitivity to pressure were reduced, as well as improved QOL overall. Adverse events included methemoglobinemia, postoperative wound infections, bruising, temporary burning sensations, mild arm-vein phlebitis, postsurgical anemia requiring blood transfusion, and microscopic pulmonary fat embolism. The studies included in the systematic review as well as the pre-post study has a number of limitations, including high risk of bias due to small sample size, no comparator groups, single-center focus, no randomization, use of nonvalidated questionnaires to assess symptoms, high attrition, and lack of control groups. There was also high heterogeneity among the patient groups. ECRI concluded that the evidence supporting liposuction for treating lipedema is inconclusive.
- In 2021, Baumgartner and colleagues published the 12-year results of a single-center observational study on liposuction for treating lipedema among 60 patients.<sup>3</sup> This publication was a follow up to the results of a 4- and 8- year follow up published in 2016. The initial cohort consisted of 112 female participants and only participants that participated in the earlier report were included in this analysis. Patients had either stage I or II lipedema. The authors found significant improvement in measures of pain, QOL, impairment at 12 years follow up. This study has a number of limitations, including high levels of attrition, no representation of stage III lipedema, no comparator groups and lack of randomization. The authors conclude that liposuction for lipedema leads to permanent reduction of symptom severity and need for conservative therapy but acknowledge that the lack of stage III patients and assessment of only subjective results may be limitation of the study.

## **CLINICAL PRACTICE GUIDELINES**

### American Association of Clinical Endocrinologists, Obesity Society, American Society for Metabolic & Bariatric Surgery

In 2013, the American Association of Clinical Endocrinologists, Obesity Society, and American Society for Metabolic & Bariatric Surgery updated a co-sponsored guideline regarding perioperative support of bariatric surgery patients.<sup>4</sup> The group stated that adequate healing time from bariatric surgery takes 12 to 18 months.

### German Society of Phlebology (DPG)

In 2017, the German Society of Phlebology published guidelines on lipedema diagnosis and treatment. The guidelines state:

“Treatment consists of four therapeutic mainstays that should be combined as necessary and address current clinical symptoms: complex physical therapy (manual lymphatic drainage, compression therapy, exercise therapy, and skin care), liposuction and plastic surgery, diet, and physical activity, as well as psychotherapy if necessary. Surgical procedures are indicated if – despite thorough conservative treatment – symptoms persist, or if there is progression of

clinical findings and/or symptoms. If present, morbid obesity should be therapeutically addressed prior to liposuction.”<sup>5</sup>

Dutch Society of Dermatology and Venereology

In 2016, the Dutch Society of Dermatology and Venereology published guidelines on lipedema. The guidelines found that there is inconsistent information concerning diagnosis and treatment of lipedema in the literature, and that the condition is likely frequently misdiagnosed or wrongfully diagnosed as only an aesthetic problem, leading to poor treatment. The guidelines recommend the following:

“To ensure early detection and an individually outlined follow-up, the committee advises the use of a minimum data set of (repeated) measurements of waist circumference, circumference of involved limbs, body mass index and scoring of the level of daily practice and psychosocial distress. Promotion of a healthy lifestyle with individually adjusted weight control measures, graded activity training programs, edema reduction, and other supportive measures are pillars of conservative therapy. Tumescence liposuction is the treatment of choice for patients with a suitable health profile and/or inadequate response to conservative and supportive measures.”<sup>6</sup>

**BILLING GUIDELINES AND CODING**

CODES*		
CPT	15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
	15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
	15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
	15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
	15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
	15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
	15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
	15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
	15876	Suction assisted lipectomy; head and neck
	15877	Suction assisted lipectomy; trunk
	15878	Suction assisted lipectomy; upper extremity
	15879	Suction assisted lipectomy; lower extremity
HCPCS	None	

**\*Coding Notes:**

- The above code list is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted

code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended.**

- See the non-covered and prior authorization lists on the Company [Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website](#) for additional information.
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

## REFERENCES

1. Centers for Disease Control and Prevention (CDC). Body Mass Index (BMI). <https://www.cdc.gov/obesity/adult/defining.html>. Accessed 7/12/2023.
2. ECRI. Liposuction for Treating Lipedema. Published 3/12/20202. <https://www.ecri.org/components/Hotline/Pages/28501.aspx?tab=2>. Accessed 7/12/2023.
3. Baumgartner A, Hueppe M, Meier-Vollrath I, Schmeller W. Improvements in patients with lipedema 4, 8 and 12 years after liposuction. *Phlebology*. 2021;36(2):152-159. <https://journals.sagepub.com/doi/abs/10.1177/0268355520949775>.
4. Mechanick JI, Youdim A, Jones DB, et al. Clinical practice guidelines for the perioperative nutritional, metabolic, and nonsurgical support of the bariatric surgery patient--2013 update: cosponsored by American Association of Clinical Endocrinologists, The Obesity Society, and American Society for Metabolic & Bariatric Surgery. *Obesity (Silver Spring)*. 2013;21 Suppl 1(0 1):S1-27
5. Reich-Schupke S, Schmeller W, Brauer WJ, et al. S1 guidelines: Lipedema. *JDDG: Journal der Deutschen Dermatologischen Gesellschaft*. 2017;15(7):758-767. <https://onlinelibrary.wiley.com/doi/abs/10.1111/ddg.13036>.
6. Halk AB, Damstra RJ. First Dutch guidelines on lipedema using the international classification of functioning, disability and health. *Phlebology*. 2017;32(3):152-159. <https://journals.sagepub.com/doi/abs/10.1177/0268355516639421>.

## POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Converted to new policy template.
9/2023	Annual update. No changes to criteria or coding.
1/2024	Interim update. Add criterion addressing provider requirements.