

Medical Policy

Policy: 202103

Effective Date: 02/11/2025

SUBJECT: Liposuction for Lipedema

Annual Review Date: 01/20/2025

Last Revised Date: 01/20/2025

Prior approval is required for some or all procedure codes listed in this Corporate Medical Policy.

Definition: Lipedema is a chronic condition that is characterized by symmetrical swelling, pain, and bruising in the lower extremities, and primarily affects women. Lipedemous limbs may be disproportionately large compared with the size of the upper body, and hands and feet are not typically involved. Symptoms may include increased swelling, sensitivity to pain, and easy bruising. Initial signs of the condition may appear during phases of hormonal change, such as puberty, pregnancy, or menopause.

Severe forms of lipedema may lead to decompensation of the lymphatic system and subsequent development of lymphedema, when left untreated. While lipedema may be confounded with lymphedema, differences include the following: lipedema is always bilateral (lymphedema may be unilateral or bilateral); feet are unaffected with lipedema but are often impacted by lymphedema; lipedema can be painful while lymphedema is usually painless; and patients with lipedema may be easily bruised.

Conservative therapy for lipedema may rely on decongestive lymphatic therapy, which includes manual lymph drainage, physical exercise, and skin care. Surgery may be used for more severe forms of the condition. Two types of liposuction have been used to treat lipedema, including tumescent liposuction, in which large amounts of fluid are infiltrated into the subcutaneous tissue and removed by canula along with fat cells, and water jet assisted liposuction, which uses a pressurized stream of fluid to dislodge and remove fat cells. Both approaches rely on local anesthetics in the tumescent fluid and do not require general anesthesia.

Medical Necessity: The Company considers liposuction for treatment of lipedema (**CPT Codes 15877, 15878, 15879, relevant ICD-10 procedure codes[†]**) to be **medically necessary** and eligible for reimbursement providing that *all* of the following medical criteria are met:

- Significant functional impairment (such as with ambulation or activities of daily living) or significant medical complication (e.g., recurrent or refractory cellulitis); and
- Patient has not responded to 3 or more months of conservative medical management (e.g., manual therapy, compression therapy); and
- History of easy or spontaneous bruising in affected areas without apparent cause; and
- Pain and/or hypersensitivity to touch in affected areas; and
- Relative lack of effect of weight loss on affected areas; and
- Limb elevation does not reduce swelling; and
- Liposuction is reasonably expected to improve the functional impairment or medical complication; and

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- Physical examination findings, including disproportional fat distribution^{††}, thickened subcutaneous fat in affected areas, and nodularity of fat deposits (dimpled or orange peel texture) **must** be documented with photographs; and
- Liposuction should be carried out by a surgeon* with appropriate qualifications to treat patients with lipedema, who works as part of a multidisciplinary team; and
- Documentation is provided that specifies this request is not for re-treatment of a previously treated area; and
- Postoperative plan of care is to wear compression garments for a minimum of 3 months postoperatively, or as instructed by the treating provider.

[†]When a relevant ICD-10 procedure code is determined to be liposuction for treatment of lipedema.

^{††}Disproportional fat distribution may not be apparent in some patients; this requirement may be waived for patients who meet all other listed criteria.

*The treating provider **must** perform an in-person physical examination of the patient prior to surgery.

NOTE: The Company considers liposuction (i.e., suction-assisted lipectomy) to be cosmetic in nature for all other indications. Please see Corporate Medical Policy 201929, Cosmetic Procedures, for more information.

NOTE: Requests for panniculectomy following liposuction for lipedema are subject to medical necessity criteria detailed in the MCG™ Care Guideline® A-498, Panniculectomy. Other requests for removal of excess skin and tissue following liposuction for lipedema are subject to the terms of Corporate Medical Policy 201929, Cosmetic Procedures.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

NOTE: After reviewing the relevant documentation, the Company reserves the right to apply this policy to the service, or procedure, supply, product, or accommodation performed or furnished regardless of how the service, or procedure, supply, product, or accommodation was coded by the Provider.

Approval or clearance by the U.S. Food and Drug Administration alone is not a basis for coverage.

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Coverage may differ for Medicare Advantage plan members; please see any applicable national and/or local coverage determinations for details. This information may be available at the Centers for Medicare & Medicaid Services (CMS) website.

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Sources of Information:

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Applicable Code(s):	
CPT:	15877, 15878, 15879
HCPCS:	N/A
ICD10 Procedure Codes:	0JBD3ZZ, 0JBF3ZZ, 0JBG3ZZ, 0JBH3ZZ, 0JD73ZZ, 0JDD3ZZ, 0JDF3ZZ, 0JDG3ZZ, 0JDH3ZZ, 0JDB3ZZ, 0JDC3ZZ, 0JD93ZZ, 0JDL3ZZ, 0JDM3ZZ, 0JDN3ZZ, 0JDP3ZZ, 0JDQ3ZZ, 0JDR3ZZ, 0J073ZZ, 0J0D3ZZ, 0J0F3ZZ, 0J0G3ZZ, 0J0H3ZZ, 0J0L3ZZ, 0J0M3ZZ, 0J0N3ZZ, 0J0P3ZZ, 0J093ZZ