



Medical Policies



Policy Number:	S-9008		
Policy Name:	Lipedema		
Policy Type:	Medical	Policy Subtype:	Surgery
Effective Date:	09-15-2025	End Date:	11-02-2025

Description

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 (1) side of the body). Untreated, lipedema can cause pain, swelling, and easy bruising and can affect the individual'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 individuals with lipedema refractory to weight loss and physical therapy.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

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 in a physical examination in an office setting:

1.
 - 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 three (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:
 - Pressure induces pain or tenderness on palpation
 - Photo documentation of bilateral symmetric adiposity in affected extremities
 - Disproportionate adipocyte hypertrophy of the lower extremities in relationship to the trunk
 - Negative Stemmer Sign
 - 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:
 - For members eligible for bariatric surgery (See Bariatric Surgery [All Lines of Business Except Medicare] 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 six (6) months; **and**
 - For members treated with another type of weight loss program, lipedema symptoms are still present after six (6) months of successful weight loss treatment; **and**
 - f. The area to be treated with liposuction has not previously been treated with liposuction.

Liposuction or lipectomy for the treatment of lipedema is considered **not medically necessary** when criteria is not met, including but not limited to liposuction of the trunk, head, and arms.

Lymphedema: Suction assisted protein lipectomy (also known as suction lipectomy and liposuction) is **considered experimental, investigational and/or unproven** for lymphedema, including but not limited to lymphedema resulting from the treatment for melanoma.

Surgery for prevention or treatment of lymphedema (e.g., microsurgical lymphovenous anastomoses or vascularized lymph node transfer) is **considered experimental, investigational and/or unproven**.

Reverse lymphatic mapping is **considered experimental, investigational and/or unproven**.

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
- Colored Photos

POLICY GUIDELINES

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)

Metric BMI Formula: BMI= weight (kg) ÷ height ² (m ²)

Imperial BMI Formula: BMI= weight (lb.) ÷ height ² (in ²) x 703

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

Procedure Codes

15832	15833	15834	15835	15839	15847	15879
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Non-covered Procedure Codes

15836	15837	15838	15876	15877	15878
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Professional Statements and Societal Positions Guidelines

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 individuals. 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 (4) 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.'

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. Tumescant liposuction is the treatment of choice for individuals with a suitable health profile and/or inadequate response to conservative and supportive measures.

Diagnosis Codes

Not Applicable

CURRENT CODING

CPT:

15832	EXCISION EXCESSIVE SKIN & SUBQ TISSUE THIGH	Medicaid Expansion
15833	EXCISION EXCESSIVE SKIN & SUBQ TISSUE LEG	Medicaid Expansion
15834	EXCISION EXCESSIVE SKIN & SUBQ TISSUE HIP	Medicaid Expansion
15835	EXCISION EXCESSIVE SKIN & SUBQ TISSUE BUTTOCK	Medicaid Expansion
15836	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ARM	Medicaid Expansion
15837	EXC EXCESSIVE SKIN & SUBQ TISSUE FOREARM/HAND	Medicaid Expansion
15838	EXC EXCSV SKIN & SUBQ TISSUE SUBMENTAL FAT PAD	Medicaid Expansion
15839	EXCISION EXCESSIVE SKIN & SUBQ TISSUE OTHER AREA	Medicaid Expansion

15847	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ABDOMEN	Medicaid Expansion
15876	SUCTION ASSISTED LIPECTOMY HEAD & NECK	Medicaid Expansion
15877	SUCTION ASSISTED LIPECTOMY TRUNK	Medicaid Expansion
15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	Medicaid Expansion
15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	Medicaid Expansion
15832	EXCISION EXCESSIVE SKIN & SUBQ TISSUE THIGH	Commercial
15833	EXCISION EXCESSIVE SKIN & SUBQ TISSUE LEG	Commercial
15834	EXCISION EXCESSIVE SKIN & SUBQ TISSUE HIP	Commercial
15835	EXCISION EXCESSIVE SKIN & SUBQ TISSUE BUTTOCK	Commercial
15836	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ARM	Commercial
15837	EXC EXCESSIVE SKIN & SUBQ TISSUE FOREARM/HAND	Commercial
15838	EXC EXCSV SKIN & SUBQ TISSUE SUBMENTAL FAT PAD	Commercial
15839	EXCISION EXCESSIVE SKIN & SUBQ TISSUE OTHER AREA	Commercial
15847	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ABDOMEN	Commercial
15876	SUCTION ASSISTED LIPECTOMY HEAD & NECK	Commercial
15877	SUCTION ASSISTED LIPECTOMY TRUNK	Commercial
15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	Commercial
15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	Commercial

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ND Committee Review

Internal Medical Policy Committee 3-23-2023 Adoption - Effective May 01, 2023

Internal Medical Policy Committee 7-16-2024 Annual Review - no changes in criteria

- **Added** Policy Application

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.