

Liposuction for Lipedema and Lymphedema

Policy Number: 081

	Commercial and Qualified Health Plans	MassHealth	Medicare Advantage
Authorization Required	X		X
No Prior Authorization			
Not covered		X*	

*This procedure is covered with prior authorization for only patients meeting the requirements in the MassHealth variation section below. This service is **not covered** for any other patients.

Overview

Lymphedema is a chronic disorder of lymphatic drainage that results in swelling and pain in the affected limbs. Lipedema is a chronic disorder of abnormal fat deposition that also results in limb swelling and pain. Limb debulking via suction lipectomy, or liposuction, is a surgical procedure to remove excess fat that can be effective for the treatment of both conditions.

Coverage Criteria for Liposuction for the Treatment of Lipedema

Liposuction for the treatment of lipedema may be considered medically necessary when the following criteria are met:

1. Diagnosis of lipedema in the limbs as evidenced by all of the following:
 - a. Bilateral and symmetrical fatty tissue hypertrophy on the limbs; and
 - b. Evidence of “cuffing”: disproportionate proliferation of fatty tissue on limbs that does not include hands (if upper limbs are affected) or feet (if lower limbs are affected); and
 - c. Absence of pitting edema (unless there is comorbid lymphedema); and
 - d. Negative Stemmer sign (unless there is comorbid lymphedema); and
 - e. Lack of effect of limb elevation on reducing swelling; and
2. Documented severe physical functional impairment, e.g., difficulty ambulating or performing activities of daily living, or medical complications such as recurrent cellulitis or skin ulcerations; and
3. If member had been diagnosed with class II or III obesity, failure of limb adipose hypertrophy to respond to recommended bariatric surgery or other medically supervised weight loss measures; and
4. Member has not had improvement following at least six consecutive months of conservative medical management, e.g., compression therapy or manual therapy); and
5. Documentation from referring medical provider and vascular/endocrine specialist or surgeon performing the procedure that confirms member’s functional impairment is caused by the lipedema and liposuction treatment will restore the member’s function.

Liposuction for the treatment for lipedema that needs to be completed in stages is medically necessary when all of the above criteria are met as well as the following criteria:

6. The total volume of liposuction exceeds clinical standards of 5000 cc total aspirate during the initial procedure; and
7. All stages are expected to be completed within a 12-month period.

Coverage Criteria for Liposuction for the Treatment of Lymphedema

Debulking via liposuction of a limb impacted by lymphedema may be medically necessary when the following criteria are met:



1. Member meets the following diagnostic criteria:
 - a. Signs and symptoms consistent with lymphedema are confirmed by a certified lymphedema therapist and documents the member has stage \geq II lymphedema (ISL); and
 - b. Member meets one of the following diagnostic measures:
 - i. Unilateral disease
 - 1) Volumetry differential (circumferential measurements and/or perometry differential) greater than 10% for affected dominant extremity or greater than 7% for affected non-dominant extremity; and
 - 2) One of the following:
 - History of surgery affecting lymphatic drainage; or
 - Lymphoscintigraphy findings show a minimum of a one-hour delayed transit time to first-level lymph nodes, axillary lymph nodes (upper extremity lymphedema) or inguinal lymph nodes (lower extremity lymphedema) or dermal back flow; or
 - ii. Bilateral disease
 - 1) Lymphoscintigraphy findings show a minimum of a one-hour delayed transit time to first-level lymph nodes, axillary lymph nodes (upper extremity lymphedema) or inguinal lymph nodes (lower extremity lymphedema) or dermal back flow; and
2. Member meets the following eligibility criteria:
 - a. BMI \leq 35kg/m² (or BMI \leq 40kg/m² if member has history of surgery affecting lymphatic drainage); and
 - b. Member failed to respond to at least six consecutive months of conservative treatment, including compression therapy, lymphedema-specific manual lymphatic drainage, skin care, physical therapy, and exercises for lymphedema; and
 - c. One or more of the following have been documented in the member's medical record:
 - i. Pain or feeling of heaviness or discomfort in affected limb; or
 - ii. Restricted range of motion and functional limitation in the affected limb; or
 - iii. Recurrent episodes of infection and/or cellulitis; and
 - d. The post-operative plan of care includes continued compression therapy and physical therapy sessions to maintain the benefits of surgery; and
3. Surgery will be performed at a Lymphatic Education and Research Network (LE&RN) Center of Excellence or Network of Excellence.

Exclusions

Liposuction is not considered medically necessary when member has any one of the following:

1. Any of the following uncontrolled comorbidities:
 - a. Venous occlusive disease; or
 - b. Active infection of the affected extremity; or
 - c. Congestive heart failure; or
 - d. Medication-induced swelling; or
 - e. Liver disease; or
 - f. Neuropathy including end-stage renal disease; or
2. Transient lymphedema; or
3. Lymphatic obstruction secondary to direct tumor effect; or
4. Pregnancy; or
5. Dye anaphylaxis; and



MassHealth Variation

Per MassHealth’s Physician Manual: Subchapter 6, suction lipectomy is covered only for patients who are diagnosed with lipodystrophy associated with, or secondary to, HIV only or as a gender affirming care service. Suction lipectomy is not covered for other indications.

Medicare Variation

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan’s medical policies are used for coverage determinations. At the time of Mass General Brigham Health Plan’s most recent policy review, Medicare has no NCDs, LCDs, or LCAs for liposuction for the treatment of either lipedema or lymphedema.

Exclusions

Liposuction for the treatment of lipedema is considered not medically necessary in the following cases:

- Repeat treatment in areas that have been fully treated
- Cosmetic reasons
- Preventative treatment

Liposuction for the treatment of lymphedema is considered not medically necessary if the above criteria are not met.

Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

This list of codes applies to Commercial and MassHealth lines of business

Authorized Code	Code Description
15878	Suction lipectomy upper extremity
15879	Suction lipectomy lower extremity

Effective

October 2024: Effective date.

References

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