

Medical Policy

Liposuction for the Treatment of Lipedema and Lymphedema

Policy Number: 081

	Commercial and Qualified Health Plans	Mass General Brigham ACO	Medicare Advantage	OneCare	Senior Care Options (SCO)
Authorization Required	X		X	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. A custom subset (“Liposuction for Lipedema and Lymphedema (Custom) - MGB”) based on the criteria below can be found in InterQual®.

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. $BMI \leq 35\text{kg/m}^2$ (or $BMI \leq 40\text{kg/m}^2$ 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; or
6. Repeat treatment in areas that have been fully treated; or
7. Cosmetic reasons; or
8. Preventative treatment.

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

Medicare Variation

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for medical necessity 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 medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity 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.**

MassHealth Variation

Mass General Brigham Health Plan uses guidance from MassHealth for medical necessity determinations for its Mass General Brigham ACO members. When there is no guidance from MassHealth for the requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan's most recent policy review, [MassHealth's Physician Manual: Subchapter 6](#) considered suction lipectomy payable only for patients who are diagnosed with lipodystrophy associated with, or secondary to, HIV or as a gender affirming care service. Suction lipectomy is not payable for other indications.**

OneCare and SCO Variation



Mass General Brigham Health Plan uses guidance from CMS for medical necessity determinations for its OneCare and SCO plan members. NCDs, LCDs, LCAs, and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. When there is no guidance from CMS or from MassHealth, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations.

Codes

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

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

Summary of Evidence

Liposuction for lipedema

The best available evidence on liposuction for the management of lipedema consists of nonrandomized cohort studies. Baumgartner et al. (2016) used serial patient surveys to evaluate a cohort of patients with lipedema who were treated with liposuction. Patients reported improvements in spontaneous pain, sensitivity to pressure, bruising, quality of life, cosmesis, and movement, and these improvements were sustained at 4 and 8 years after surgery. Dadras et al. (2017) employed a similar study design and reported similar findings. Wollina and Heinig (2019) also reported improvements in patient-reported outcomes related to lipedema following small-volume micro-cannular liposuction.

More recent reports on liposuction for lipedema raise substantial methodologic concerns. Kirstein et al. (2023) used a patient survey to evaluate prospectively a cohort of patients with stage 2-3 lipedema who were treated with liposuction at a single surgical center; patients reported improvements in pain, quality of life, ability to walk, and depressive symptoms. However, the much smaller postoperative patient population and the low postoperative survey response rate compared with the preoperative patient population raise concern for selection bias skewing the results. Selection bias, recall bias, and other forms of bias likely confound a study by Seefeldt et al. (2023), who conducted a survey using SurveyMonkey of lipedema patients identified via social media (Facebook, Instagram) who reported improvements in pain following liposuction for lipedema.

Several reviews, including those by Buso et al. (2019), Kruppa et al. (2020) and Van La Parra et al. (2023), highlighted knowledge gaps in the diagnosis and management of lipedema, including frequent underdiagnosis and misdiagnosis. An American consensus guideline Herbst et al. (2021) and a Dutch guideline by Halk and Damstra (2017), but not an international consensus conference statement by Sandhofer et al. (2019), recommend surgical management only after failure of conservative therapies including lifestyle changes, manual compression therapies, and compression garments. Some experts recommend liposuction for lipedema in individuals with morbid obesity only after weight loss is attained (Greene 2023).

Because the quality of evidence is overall quite low, MGB Health Plan relies primarily on the consensus guidelines described above to determine when liposuction is considered medically necessary for the treatment of lipedema. Based on those guidelines, MGB Health Plan considers this therapy to be necessary for treatment of lipedema in the upper and lower limbs when diagnostic criteria are met, when the lipedema is causing functional deficits that are likely to be improved by the treatment, and when symptoms persist despite an adequate trial of conservative management.



Liposuction for lymphedema

Most of the studies on liposuction for the management of lymphedema consists of observational and cohort studies. Karlsson et al. (2024) presented a prospective, single-arm study of 59 patients with primary or secondary lymphedema of the arm or leg who were treated with liposuction in a multidisciplinary clinic. In that study, the volume of lymphedematous arms dramatically decreased following treatment and approximated the volume of the contralateral limb, and the benefit was sustained to 5 years. The volume of lymphedematous legs also dramatically decreased at 1-year follow-up, but some recurrence was observed by 5-year follow-up. Chen et al. (2023) also prospectively studied patients with lymphedema of the arm, thigh, and/or leg who underwent liposuction and excision of redundant skin; in mean 10 months of follow-up, mean limb volume reduction was 32% and all patients reported relief of symptoms associated with lymphedema and improvements on a quality-of-life questionnaire.

Chen et al. (2023) used preoperative and postoperative indocyanine green lymphangiography (ICGL) to evaluate lymphatic drainage in the treated limbs; this showed improved lymphatic drainage in all treated patients.

Gallagher, Marulanda, and Grey (2018) and Mehara (2024) reviewed current recommendations for the management of lymphedema, which include complex decongestive therapy and/or lymphatic surgeries (including lymphovenous shunts and lymph node transplantation) for stage 1 or 2 disease, and liposuction or surgical excision for stage 2 or 3 disease. Schaverein, Munnoch, and Brorson (2018) reviewed the surgical technique of liposuction for treatment of lymphedema and emphasized the need for the constant use of postoperative compression garments to prevent recurrence.

Bloom et al. (2022) performed a cost-effectiveness analysis and reported that liposuction was cost-effective for management of postsurgical lymphedema when compared with conservative therapy, which was associated with much higher costs.

Based on the cohort studies and consensus recommendations above, MGB Health Plan considers liposuction to be medically necessary for the management of symptomatic lymphedema when the diagnosis is confirmed with lymphoscintigraphy or a surgical history, and when it has failed to respond to conservative management.

Effective

January 2026: Ad hoc update. Updated prior authorization table and added variation for OneCare and SCO members. Fixed code disclaimer, formatting, and policy title.

March 2025: Ad hoc update. Summary of evidence added. Reference to custom InterQual® subset added. References updated.

October 2024: Effective date.

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