

Treatment for lipedema (Lipectomy/Liposuction)

Date of Origin: 08/2025

Last Review Date: 09/24/2025

Effective Date: 12/1/2025

Dates Reviewed: 09/25

Developed By: Medical Necessity Criteria Committee.

I. Description

Lipedema is a chronic disorder primarily affecting women, characterized by abnormal fat deposition in the extremities, leading to pain, mobility issues, and psychological distress. These fat deposits are clear-cut and spare hands and feet. Often misdiagnosed as lymphedema, its prevalence remains uncertain due to a lack of universally accepted diagnostic criteria and difficulty in differentiating it from obesity or lymphedema. Secondary lymphatic dysfunction and comorbid lymphedema are common among those affected, compounding the burden of the disease on patients' quality of life.

The onset of lipedema may be appreciated by some patients as beginning during puberty, although the onset can occur later. Individuals commonly state that they experienced normal or slightly increased weight, and their lower extremities became painful, enlarged, and disproportionate with the rest of their body.

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.

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 it's a positive Stemmer Sign that suggests lymphedema is present.

Body Mass Index (BMI)

Metric BMI Formula: $BMI = \text{weight (kg)} \div \text{height}^2 (\text{m}^2)$

Imperial BMI Formula: $BMI = \text{weight (lb)} \div \text{height}^2 (\text{in}^2) \times 703$

- Obesity is defined as a BMI of 30.0 kg/m² or higher.
- Obesity is frequently divided into categories:
 - Class I: BMI of 30 kg/m² to < 35 kg/m²
 - Class II: BMI of 35 kg/m² to < 40 kg/m²
 - Class III: BMI of 40 kg/m² or higher.
 - A BMI of 40-49.9 kg/m² is considered morbidly obese.
 - A BMI of 50 kg/m² or more is considered superobesity or super morbid obesity.

II. Criteria: CWQI HCS

- A. Moda Health will consider treatment of lipedema medically necessary when one or more of the following requirements are met:
- a. Liposuction or lipectomy as a treatment for lipedema is considered medically necessary in members with pain and disability as a result of lipedema when ALL of the following criteria are met:
 - i. For diagnosis of lipedema, the member displays the following clinical exam findings;
 1. Bilateral symmetric adiposity that is disproportionately affecting the extremities with minimal involvement of hands and feet
 2. History of easy bruising or bruising without apparent cause in affected areas
 3. Negative stemmer sign (skin proximal to the second toe can be pinched indicating normal lymphatic function)
 4. No pitting edema
 5. Affected areas are soft to palpation
 6. Tenderness and nodularity of fat deposits in lipedema affected areas
 - ii. Failure to respond to 3 or more consecutive months of conservative management (compression or manual therapy)
 - iii. There is documentation of significant physical impairment (such as performing MRDALS, difficulty ambulating etc)
 - iv. For individuals with BMI greater than 35 kg/m², there has been a lack of effect on lipedema-affected areas of weight loss measures as documented in the medical records through nutrition and/or medical interventions with clinic visits over three consecutive months
 - b. The plan of care postoperatively is to continue to wear compression garments as instructed to maintain the benefits of treatment
 - c. Liposuction or lipectomy to treat lipedema in other areas other than extremities (trunk or back) or when criterion is unmet is considered not medically necessary
 - d. Repeated treatment of a previously treated area using the same procedure is considered not medically necessary
 - e. Suction lipectomy is considered cosmetic for all other indications other than lipedema

III. Information Submitted with the Prior Authorization Request:

1. Clinical chart notes
2. Submission of photographs document the affected extremities requested for treatment and are consistent with the diagnosis of lipedema

IV. CPT or HCPC codes covered:

Codes	Description
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
38999	Unlisted procedure, hemic or lymphatic system
76499	Unlisted diagnostic radiographic procedure

V. CPT or HCPC codes NOT covered:

Codes	Description

V. Annual Review History

Review Date	Revisions	Effective Date
9/24/2025	New Policy	12/01/2025

VI. References

1. Russell LA, Eric IC, Babak M., 2025. Pathophysiology, classification, and causes of lymphedema. Retrieved from <https://www.uptodate.com/contents/pathophysiology-classification-and-causes-of-lymphedema>
2. Rafael Carvalho 2024. Lipedema: A common though often unrecognized condition. Retrieved from <https://www.sciencedirect.com/science/article/pii/S2096691124000608>
3. Rudkin GH, Miller TA 1994: Lipedema: a clinical entity distinct from lymphedema.
4. American Society of Plastic Surgeon, 2019. Treating Lipedema With Liposuction May Help Women With 'Painful Fat' Disease. Survey in Plastic And Reconstructive Surgery Offers New Insights into Lipedema. <https://www.plasticsurgery.org/news/press-releases/treating-lipedema-with-liposuction-may-help-women-with-painful-fat-disease>
5. Herbst KL et al 2021: Standard of care for lipedema in the United States. Retrieved from <https://pmc.ncbi.nlm.nih.gov/articles/PMC8652358/>

Appendix 1 – Applicable Diagnosis Codes:

Codes	Description
E65	Localized adiposity
E88.2	Lipomatosis, not elsewhere classified

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):

NCD/LCD Document (s):

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC