Lipedema Treatment

LOB(s):	State(s):
☒ *Commercial* ☒ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☒ *Medicaid*	☒ *Oregon*

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Lipedema is a painful, chronic, incurable disease that almost exclusively affects women after puberty and is characterized by abnormal bilateral enlargement of subcutaneous adipose tissue of the legs or arms but with normal hands and feet. Symptoms include painful sensation in the involved limbs, impaired mobility, and disfigurement with lumps under the skin.

Treatment for lipedema is focused on managing the symptoms by reducing volume, inflammation, pain, and restoring or maintaining mobility and slowing disease progression. First line treatment is conservative therapy such as manual lymph drainage, compression garments, and physical mobilization. When symptoms persist and worsen, surgical options such as lipectomy or liposuction may be considered.

Criteria

Commercial

Prior authorization is required

A. Lipectomy/Liposuction

PacificSource may consider lipectomy and/or liposuction for the treatment of lipedema to be medically necessary when **ALL** of the following criteria is met:

1. Documentation supports significant functional impairment (e.g., difficulty performing activities of daily living) or medical complication (e.g., recurrent cellulitis)
2. When lipectomy and/or liposuction is expected to improve the functional impairment
3. Condition has failed to respond to at least 3 consecutive months of medical management (e.g., conservative treatment with compression garments, manual lymph drainage)

Medicaid

PacificSource Community Solutions follows the criteria hierarchy described in the Clinical Criteria Used in UM Decisions policy for coverage of lipedema treatment and considers services medically necessary when:

- The condition and service(s) pair on a funded line of the HERC Prioritized List of Health Services, and
- Any relevant Guideline criteria is met, and
- Service(s) are medically necessary and appropriate for the specific member.
- None of the limitations or exclusions outlined in OARs 410-141-3825 and 410-120-1200 apply.

Additional coverage options for unfunded conditions and services are provided as described in Covered Services OAR 410-141-3820.

PacificSource follows the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) policy for EPSDT Beneficiaries. A case-by-case review for EPSDT Medical Necessity and EPSDT Medical Appropriateness, as defined in OAR 410-151-0001, is required prior to denying any service(s). Relevant Guideline Note(s) may be used to assist in informing a determination of medical necessity and medical appropriateness during the individual case review.

Medicare

PacificSource Medicare follows Local Coverage Determination for Plastic Surgery L37020

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

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

15839 Excision, excessive skin, and subcutaneous tissue (includes lipectomy), other area

15877 Suction assisted lipectomy; trunk

15878 Suction assisted lipectomy; upper extremity

15879 Suction assisted lipectomy; lower extremity

Definitions

Cellulitis: An infection that spreads to deep tissues of the skin and muscle, which may cause warmth, tenderness, fever, chills, swollen lymph nodes, and blisters.

Functional/Physical Impairment: An impairment which causes deviation from the normal function of a tissue or organ resulting in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities.

Lipedema: A chronic disease affecting almost exclusively women after puberty, characterized by painful abnormal enlargement of subcutaneous adipose tissue of the arms and legs.

Lipectomy: Lipectomy is a surgical technique that involves the surgical removal of excess subcutaneous adipose tissue that can accumulate as a result of lipedema.

Liposuction: Formally known as suction-assisted lipectomy, is a surgical suction procedure performed to recontour the individual's body by removing excess fat deposits that have been resistant to reduction by diet or exercise.

References

Bauer, A. T., von Lukowicz, D., Lossagk, K., Aitzetmueller, M., Moog, P., Cerny, M., Erne, H., Schmauss, D., Duscher, D., & Machens, H. G. (2019). New Insights on Lipedema: The Enigmatic Disease of the Peripheral Fat. *Plastic and reconstructive surgery*, *144*(6), 1475–1484. https://doi.org/10.1097/PRS.0000000000006280

Dadras, M., Mallinger, P. J., Corterier, C. C., Theodosiadi, S., & Ghods, M. (2017). Liposuction in the Treatment of Lipedema: A Longitudinal Study. *Archives of plastic surgery*, *44*(4), 324–331. https://doi.org/10.5999/aps.2017.44.4.324

Halk, A. B., & Damstra, R. J. (2017). First Dutch guidelines on lipedema using the international classification of functioning, disability, and health. *Phlebology*, *32*(3), 152–159. https://doi.org/10.1177/0268355516639421

Lamprou, D. A., Voesten, H. G., Damstra, R. J., & Wikkeling, O. R. (2017). Circumferential suction-assisted lipectomy in the treatment of primary and secondary end-stage lymphoedema of the leg. *The British journal of surgery*, *104*(1), 84–89. https://doi.org/10.1002/bjs.10325

National Institutes of Health. (February 12, 2021). National Center for advancing translational sciences. Lipedema. Available at: https://rarediseases.info.nih.gov/diseases/10542/lipedema.

National Lymphedema Network (NLN). National Lymphedema position papers. Available at: https://lymphnet.org/position-papers/.

Oregon Health Authority. Oregon Administrative Rules (OARs). Health Systems: Medical Assistance Programs – Chapter 410
https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=87

Peprah, K., & MacDougall, D. (2019). *Liposuction for the Treatment of Lipedema: A Review of Clinical Effectiveness and Guidelines*. Canadian Agency for Drugs and Technologies in Health.

Witte, T., Dadras, M., Heck, F. C., Heck, M., Habermalz, B., Welss, S., Lehnhardt, M., & Behr, B. (2020). Water-jet-assisted liposuction for the treatment of lipedema: Standardized treatment protocol and results of 63 patients. *Journal of plastic, reconstructive & aesthetic surgery : JPRAS*, *73*(9), 1637–1644. https://doi.org/10.1016/j.bjps.2020.03.002

Wollina, U., & Heinig, B. (2019). Treatment of lipedema by low-volume micro-cannular liposuction in tumescent anesthesia: Results in 111 patients. *Dermatologic therapy*, *32*(2), e12820. https://doi.org/10.1111/dth.12820

Related Policies

Clinical Criteria Used in UM Decisions

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Appendix

Policy Number:

Effective: 11/01/2022 **Next review:** 12/1/2026

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): OAR 410-120-1200, 410-141-3820 through 3830, 410-151-0001, 410-151-0002, 410-151-0003.

Commercial OPs: 10/2025

Government OPs: 10/2025