

Clinical Policy: Liposuction for Lipedema

Reference Number: CP.MP.244

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Description

Lipedema is a chronic, progressive disease characterized by abnormal adipose tissue distribution, resulting in pain and functional impairment.¹⁻² Surgical intervention through liposuction has shown to have positive outcomes in individuals with lipedema by improving functionality, pain, swelling, and quality of life.

Policy/Criteria

- I. It is the policy of health plans affiliated with Centene Corporation® that liposuction for the treatment of lipedema is considered medically necessary when meeting all of the following criteria:
 - A. Physical functional impairment (i.e. difficulty ambulating or performing activities of daily living);
 - B. Pain and tenderness on palpation in affected areas;
 - C. Negative Stemmer sign unless the individual has coexisting lymphedema (Stemmer sign is negative if the skin can be lifted up at the base of the second toe or second finger);
 - D. Absence of pitting edema unless the individual has coexisting lymphedema;
 - E. Failure to respond to three consecutive months of conservative treatment including compression therapy, manual lymphatic drainage, documented history of participation in a physician-supervised weight loss program, and psychosocial support based on assessed need;
 - F. Medical records and photographs documenting at least one of the following chronic and persistent complications that remains refractory to conservative therapy:
 1. Bilateral and symmetrical manifestation of fat accumulation in affected areas;
 2. Disproportionate proliferation of fatty tissue on the limbs but not on the hands or feet (“cuff” phenomenon);
 3. Disproportionate adipose hypertrophy of the lower extremities in relationship to the trunk;
 - G. Lack of improvement in swelling from elevation of limbs in lipedema-affected areas;
 - H. Tendency to bruise easily in lipedema-affected areas without apparent cause.
- II. It is the policy of health plans affiliated with Centene Corporation that liposuction for lipedema is not medically necessary for any indications other than those specified above.

Background

Lipedema is a chronic disorder in which adipose tissue accumulates bilaterally on the extremities, causing pain in the affected areas.³ Fat deposition in lipedema is often symmetrical, accumulating in the legs, hips, buttocks, and in some cases, the arms, but does not involve the hands or feet.^{1,4} Lipedema primarily affects women, impacting an estimated 10% of the overall female population, and develops during times of hormonal changes, such as puberty, pregnancy,

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and menopause.² The pathophysiology of lipedema is unknown, and diagnosis is based on clinical findings and ruling out other possible diagnoses.^{5,6}

Lipedema is frequently unrecognized or misdiagnosed as lymphedema or obesity.⁷ Lymphedema is the abnormal accumulation of interstitial fluid and fibroadipose tissues due to disruption in the lymphatic system.⁸ Distinguishing lipedema from lymphedema proves challenging because the two conditions may coexist in advanced stages of lipedema.¹ Individuals with lipedema typically have adequate lymphatic function as opposed to those with lymphedema.⁸ Common characteristics of lymphedema that differ from lipedema include positive Stemmer sign, unilateral swelling of the extremities that does not spare the hands or feet, asymmetric limb measurement, and nonpitting edema, although pitting edema can be seen in earlier stages of lymphedema.^{1,8}

Although lipedema can also occur with obesity, there are distinguishing characteristics in lipedema not present with obesity, such as painful adipose tissue, especially when palpated.⁷ The adipose tissue in lipedema is also unresponsive to weight loss interventions through diet and exercise or bariatric surgery.^{2,7} Additional characteristics of lipedema that differ from obesity include excessive fat deposits that primarily target the bilateral lower extremities and do not affect the hands or feet, easy bruising in affected areas, a feeling of heaviness in the affected extremities, and tissue inflammation causing pain and, in some cases, numbness.^{1-2,5,7} Pain in the affected areas can cause functional mobility to deteriorate, which impacts activities of daily living and overall quality of life.^{7,9}

Currently there is no known cure for lipedema, and the primary focus of treatment is to reduce symptoms and functional limitations to improve quality of life and prevent disease progression and secondary complications.⁷ Treatment options for lipedema include conservative therapy and surgical intervention.^{1-2,5-7,10} Conservative treatment consists of promoting a healthy lifestyle through diet and exercise tailored to the individual, complex decongestive therapy (CDT), psychosocial support, and education on self-management.⁵ CDT encompasses manual lymph drainage therapy, compression therapy, skin care, and therapeutic exercise to help control symptoms and pain.^{5,7} While studies have shown a five to 10% reduction in tissue volume through conservative therapy and temporary improvement in symptoms, repeat treatment is typically required within days.^{5,7} There is also a lack of evidence for the efficacy of conservative therapy, especially in preventing the progression of lipedema.⁵

Surgical intervention through liposuction should be evaluated in individuals unresponsive to conservative therapy whose lipedema symptoms persist and impair functional mobility and quality of life.⁵ Liposuction is the most common surgical intervention for lipedema and typically includes tumescent anesthesia liposuction and water assisted liposuction.^{6,7} Liposuction is not considered a cure for lipedema, and multiple sessions may be required.⁵ Studies have evaluated the effectiveness of liposuction in the treatment of lipedema in patients unresponsive to conservative treatment.^{2,5}

Multiple studies evaluating the effectiveness of liposuction in the treatment of lipedema have demonstrated improvement in reduction of subcutaneous adipose tissue, pain, functional impairment, bruising, and quality of life.^{5,11-15} A notable single center study was performed on 85

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patients with lipedema that were previously evaluated four years after liposuction.⁴⁻⁵ A questionnaire was provided eight years after liposuction to compare current state to the previous results. Results concluded that improvement in pain, sensitivity to palpation, swelling, bruising, mobility, and quality of life remained consistent four years after surgery. Additionally, the reduced need for conservative treatment eight years after liposuction was comparable to that observed four years after surgery.⁴ Results from this study are notable since they demonstrate the first long-lasting positive effects that liposuction can offer to patients with lipedema.⁴ Study limitations include study designs and high attrition, and currently there is not a published randomized controlled trial evaluating the effectiveness and long term impacts of liposuction in the treatment of lipedema.^{5,9}

International Congress on Lipedema

In June 2017 the First International Consensus Conference on Lipedema was held, and current European literature and guidelines regarding liposuction for lipedema with tumescent local anesthesia were reviewed. International experts convened and reviewed multiple studies from Germany that demonstrate long-term benefits up to eight years after liposuction for lipedema using tumescent local anesthesia. A consensus statement from this conference concluded that lymph-sparing liposuction using tumescent local anesthesia is the only effective treatment for patients with lipedema.^{6,10} Results from the 2023 Lipedema World Congress also continue to support liposuction for treating lipedema, stating that “although conservative treatment can alleviate lipedema symptoms, it does not achieve long-lasting benefits and cannot prevent the progression of the disease. Lipedema reduction surgery, or liposuction, is currently the only technique for removing abnormal lipedema tissues and slowing a potential progression of the disease.”²²

German Society of Phlebology

According to the German Society of Phlebology, liposuction is considered a therapeutic option for lipedema and is indicated if symptoms persist or if disease progression occurs despite conservative treatment.^{6,16} The recommendations are based on a systematic literature search and the consensus of eight medical societies and working groups.¹⁶ The guidelines conclude that treatment of lipedema consists of four therapeutic mainstays, which include CDT, liposuction, diet, and physical activity.¹⁶ Guidelines also state that treatment should also include psychotherapy, if necessary, and therapeutic intervention for morbid obesity should be initiated prior to liposuction.^{6,16}

In 2024, the new S2K guideline was developed under the German Society of Phlebology and Lymphology (DGPL) leadership with multiple participating societies. The lipedema guideline consolidates current national and international evidence alongside German expert consensus, providing a series of recommendations to guide optimal treatment for patients with lipedema. A notable update in the S2K guideline with 100% strong consensus agreement includes Recommendation 2.5, which states, “Given the lack of validity, the criterium of “nodular” adipose tissue, frequently used in the past, shall not be used for the diagnosis.”^{21p1305}

The guideline also recommends evaluating psychological factors that may contribute to lipedema, with strong consensus (94.1% agreement). The guideline further emphasizes, with strong consensus (100% agreement), that psychosocial factors should be incorporated into the diagnostic evaluation of lipedema-associated pain in addition to medical considerations. Overall,

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sixty recommendations were developed and reached by consensus across diagnostics, conservative and surgical treatment approaches, as well as psychosocial factors and self-management. The guideline is designed to reflect current national scientific knowledge and to serve as a widely used resource for diagnostic and treatment recommendations for patients with lipedema.²¹

Dutch Society of Dermatology and Venereology

In 2011, the Dutch Society of Dermatology and Venereology assembled a task force and created guidelines on lipedema, recommending tumescent anesthesia liposuction as a treatment of choice for patients with a suitable health profile who have inadequately responded to conservative treatment.^{6,17} The task force concluded that lipedema is likely frequently misdiagnosed as an aesthetic issue and therefore mistreated.¹⁷

National Institute of Health and Care Excellence (NICE)

According to NICE, concerns for the safety of liposuction for chronic lipedema include major adverse events such as fluid imbalance, fat embolism, deep vein thrombosis, and toxicity from local anesthetic agents. Per NICE, “Evidence on the efficacy is also inadequate, based mainly on retrospective studies with methodological limitations. Therefore, this procedure should only be used in the context of research.”⁹ There is currently a randomized controlled trial in progress in Germany, and NICE will review this guidance once the trial is published.^{6,9}

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity

Reviews, Revisions, and Approvals	Revision Date	Approval Date
New policy.	05/22	05/22
Annual review. Removed Criteria I.H. Added clarifying language to Criteria I.J. Minor rewording to Background with no impact on criteria. Removed ICD-10 codes. References reviewed and updated.	05/23	05/23
Annual review. Background updated with no impact on criteria. References reviewed and updated. Reviewed by external specialist.	05/24	05/24

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Annual review. Removed requirement for mandatory secondary review in policy statement I. Updated conservative treatment requirement in I.F. from six months to three months. References reviewed and updated.	04/25	04/25
Annual review. Removed Criteria I.C. regarding subcutaneous nodules of adipose tissue. Updated Criteria I.F. regarding conservative treatment to include “psychosocial support based on assessed need.” Removed “for at least six consecutive months” in Criteria I.G. Background updated to align with criteria updates. Coding and descriptions reviewed. References reviewed and updated. Reviewed by external specialist.	04/26	05/26

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

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Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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