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Clinical Policy for Medical Necessity Criteria for Surgical Treatment for Lipedema

Department: Plastic Surgery **Effective:** 12/30/2025

Policy #: NCP 111 *(was NCP 11 until 8/4/26)* **Last Reviewed:** 12/30/2025

Overview/Definitions

Medical necessity criteria and policy are applied only after member eligibility and benefit coverage is determined. Questions concerning member eligibility and benefit coverage need to be directed to Membership Services.

Stemmer sign is a clinical indicator used to assess the presence of lymphedema in the extremities. It involves attempting to pinch and lift the skin at the base of the fingers or toes. Inability to pinch and lift the skin indicates a positive sign.

Coverage Determinations

Contractor	Determination Name/Number	Revision Date
For Medicare Mbrs		
NCD	None-	
LCD	See the Plastic Surgery LCD (L35163) for criteria associated with abdominal lipectomy and/or suction-assisted lipectomy. If the request is for any other surgical treatment of lipedema, use the KP criteria below.	10/16/2025

For Medicaid Mbrs	
OR Medicaid	This policy does not apply. Check Linefinder.
WA Medicaid	This policy does not apply
Commercial and Self-Funded Plans	
OR Commercial	This policy applies
WA Commercial	This policy applies
Self-Funded Plans	This policy applies

Clinical Indications for Non-Medicare Members

Tumescent liposuction, water jet-assisted liposuction or lipectomy are considered medically necessary for the treatment of lipedema in extremities when ALL the following criteria are met:

- Surgical interventions are performed by a hospital accredited, board certified plastic surgeon; and
- The patient has a physician diagnosis of lipedema meeting ALL the following criteria:

    - Bilateral symmetric adiposity that is disproportionately affecting the extremities with minimal involvement of the hands and feet; and
    - Non-pitting edema in the affected area unless the patient has co-existing lymphedema; and
    - Pain, tenderness and hypersensitivity to palpation of the affected area disproportionate to the amount of pressure applied; and
    - Negative Stemmer sign unless the patient has co-existing lymphedema; and
    - Easy bruising or bruising without apparent cause and/or hematoma formation in the affected area; and
    - Disproportionate fat distribution (upper body vs lower body); and
    - Limb circumference that does not meaningfully change with weight reduction
- BMI is less than 35 kg/m2; and
- Nodularity of fat deposits in affected areas; and
- The patient has completed at least 180 days of optimal medical management, including ALL the following:
    - Weight loss through calorie restriction and an adequate trial of covered medications; and
    - Compression therapy, fitted by a qualified Physical Therapist; and
    - Regular use of lymphatic drainage techniques (manual or pneumatic assisted)
- There is a documented complication as a direct result of lipedema, determined by EITHER of the following with the expectation that surgical intervention is expected to improve the complication:
    - Meaningful functional deficits such as difficulty ambulating or performing other activities of daily living, or
    - Severe pain, maceration, recurrent skin infections or demonstrated venous insufficiency that are BOTH:
        - Not improved with nonoperative management, and
        - Significant enough to warrant surgical intervention
- Photographic documentation in the record that is consistent with known and accepted patterns of lipedema (i.e. is not compatible with patterns of simple obesity, lymphedema, chronic venous insufficiency, or other recognized diagnosis); and
- The area requested to be treated has not been previously treated with liposuction or lipectomy; and
- The surgical plan indicates a maximum of 5 liters of materials to be removed with no more than 5 procedures done in a lifetime; and

- The plan of care postoperatively is to wear compression garments as instructed to maintain the benefits of treatment

Table 1.

Stages of Lipedema	**Description**
Stage 1	Even smooth skin surface with enlarged subcutaneous fat tissue Fat buildup around pelvis, buttocks, and hips. Fat buildup from buttocks to knees, with folds of fat around the inner side of the knee. Fat buildup from buttocks to ankles
Stage 2	Uneven skin pattern with the development of nodular elevations or mass-like appearance and indentations of subcutaneous fat, lipomas and/or angiolipomas Fat buildup around pelvis, buttocks, and hips. Fat buildup from buttocks to knees, with folds of fat around the inner side of the knee Fat buildup from buttocks to ankles.
Stage 3	Large deforming growths of nodular fat or hanging flaps of the thighs and around the knees causing severe contour deformity of the thighs and around the knee Large extrusions of fat tissue cause buildup from buttocks to knees, with folds of fat around the inner side of the knee. Large extrusions of fat tissue causing buildup from buttocks to ankles

Stage 4	Development of lipolymphedema where both lipedema and lymphedema are present in the body. This is characterized by large overhangs of tissue, dysfunctional lymphatics, and large extrusion of fat tissue on legs with progression to lipolymphedema

Table 2.

Types of Lipedema	**Part of the body where adipose tissue builds up**
Type 1	Pelvis to buttocks (saddle bag phenomenon)
Type 2	Buttocks to knees with formation of folds of fat around the inner side of the knee
Type 3	Buttocks to ankles
Type 4	Arms
Type 5	Isolated lower leg

Exclusions

Liposuction and/or lipectomy for lipedema is not considered medically necessary and is not a covered benefit for the following procedures which are considered to be experimental or investigational such as:

- Liposuction or lipectomy to treat lipedema for areas other than extremities (e.g. trunk or back)
- Lymphatic physiologic surgery with or without a microscope to treat lymphedema (including, but not limited to, lymphatico-lymphatic bypass, lymphatic-venous-lymphaticplasty, lymphovenous bypass, lymphaticovenous anastomosis, autologous lymph node transplantation, lysis of vein adhesions, and vascularized lymph node, omental, or other tissue transfer) is considered investigational
- Lymphatic physiologic surgery with or without microscope performed during nodal dissection (e.g. axillary or groin) or breast reconstruction to prevent lymphedema (including, but not limited to, the Lymphatic Microsurgical Prevention Healing Approach) in individuals who are being treated for breast cancer is considered investigational

- Liposuction or lipectomy to treat lymphedema (including, but not limited to, lipectomy, suction-assisted protein lipectomy, liposuction, and lymph-sparing liposuction) is considered investigational
- MITESE: minimally invasive tissue excision with possible redundant skin excision
- EST: extracorporeal shock wave therapies
- Reverse lymphatic mapping (Used for prep for non-covered procedures)
- Lymphatic reconstruction

Coding

CPT Codes	Description
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity

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History Details

Type	Action	Date
Review/Revised	Reviewed at UM Quality Oversight Committee	12/16/2025
Changed NCP #	NCP # changed from 11 to 111	8/4/26