



## Kaiser Foundation Health Plan

### Clinical Policy for Medical Necessity Criteria for Surgical Treatment for Lipedema

**Department:** Plastic Surgery

**Effective:** 11/19/2025

**Policy #:** NUM 11.1

**Last Reviewed:** 11/19/2025

#### 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               | None. For Medicare lines of business, use the KP criteria |               |

| 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 with 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/m<sup>2</sup>; 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.**

| <b>Stages of Lipedema</b> | <b>Description</b>  |
|---------------------------|---|
| Stage 1                   | <p>Even smooth skin surface with enlarged subcutaneous fat tissue</p> <p>Fat buildup around pelvis, buttocks, and hips.</p> <p>Fat buildup from buttocks to knees, with folds of fat around the inner side of the knee.</p> <p>Fat buildup from buttocks to ankles</p>  |
| Stage 2                   | <p>Uneven skin pattern with the development of nodular elevations or mass-like appearance and indentations of subcutaneous fat, lipomas and/or angioliomas</p> <p>Fat buildup around pelvis, buttocks, and hips.</p> <p>Fat buildup from buttocks to knees, with folds of fat around the inner side of the knee</p> <p>Fat buildup from buttocks to ankles.</p>                     |
| Stage 3                   | <p>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</p> <p>Large extrusions of fat tissue cause buildup from buttocks to knees, with folds of fat around the inner side of the knee.</p> <p>Large extrusions of fat tissue causing buildup from buttocks to ankles</p> |

|         |  |
|---------|--|
| 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.**

| <b>Types of Lipedema</b> | <b>Part of the body where adipose tissue builds up</b>                             |
|--------------------------|--|
| 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                                 |
|--------------|---|
| <b>15876</b> | Suction assisted lipectomy; head and neck   |
| <b>15877</b> | Suction assisted lipectomy; trunk           |
| <b>15878</b> | Suction assisted lipectomy; upper extremity |
| <b>15879</b> | Suction assisted lipectomy; lower extremity |

## References

International Society of Lymphology Executive Committee. "The diagnosis and treatment of Peripheral Lymphedema: 2020 Consensus document of the International Society of Lymphology." *Lymphology* 53(1), p.3-19. PMID 32521126.  
<https://doi.org/10.2458/lymph.4649>

Herbst K. L. (2012). Rare adipose disorders (RADs) masquerading as obesity. *Acta pharmacologica Sinica*, 33(2), 155–172. <https://doi.org/10.1038/aps.2011.153>

Maastricht University Medical Center and ZonMw: The Netherlands Organization for Health Research and Development. Improving Quality of Survivorship for Breast Cancer-related Lymphedema by Lymphaticovenous Anastomosis: A Randomized Controlled Trial. NCT02790021.  
<https://www.clinicaltrials.gov/ct2/show/NCT02790021?term=NCT02790021&rank=1>

M.D. Anderson Cancer Center and National Cancer Institute (NCI). Lymphovenous Bypass Procedure Before Underarm Lymph Node Surgery in Preventing Lymphedema in Patients with Inflammatory or Locally Advanced Non-inflammatory Breast Cancer. NCT03941756.  
<https://www.clinicaltrials.gov/ct2/show/NCT03941756?term=NCT03941756&draw=2&rank=1>

Mayo Clinic. Preventing Lymphedema in Axillary Lymph Node Dissection. NCT03428581. <https://www.clinicaltrials.gov/ct2/show/NCT03428581?term=NCT03428581&rank=1>

Hautklinik Darmstadt and The Clinical Trials Centre Cologne. Multicenter, Controlled, Randomized, Investigator-blinded Clinical Study on Efficacy and Safety of Surgical Therapy of Lipedema Compared to Complex Physical Decongestive. NCT04272827. <https://www.clinicaltrials.gov/ct2/show/NCT04272827?term=NCT04272827&draw=2&rank=1>

DiSipio, T., Rye, S., Newman, B., & Hayes, S. (2013). Incidence of unilateral arm lymphoedema after breast cancer: a systematic review and meta-analysis. *The Lancet Oncology*, 14(6), 500–515. [https://doi.org/10.1016/S1470-2045\(13\)0076-7](https://doi.org/10.1016/S1470-2045(13)0076-7)

National Lymphedema Network Medical Advisory Committee. The Diagnosis and Treatment of Lymphedema. Position Statement of the National Lymphedema Network 2011. <https://lymphnet.org/position-papers>

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. <https://www.cadth.ca/liposuction-treatment-lipedema-review-clinical-effectiveness-and-guidelines>

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>

Cau, N., Cimolin, V., Aspesi, V., Galli, M., Postiglione, F., Todisco, A., Tacchini, E., Darno, D., & Capodaglio, P. (2019). Preliminary evidence of effectiveness of TECAR in Lymphedema. *Lymphology*, 52(1), 35–43. <https://pubmed.ncbi.nlm.nih.gov/31119913/>

Herbst, K et al. Lipedema Fat and Signs and Symptoms of Illness, Increase with Advancing Stage. *IMedPub Journals. Archives of Medicine* 2015 Vol. 7 No. 4:10. <https://www.lipoedema.co.uk/wp-content/uploads/2016/01/lipedema-fat-and-signs-and-symptoms-of-illnessincrease-with-advancing-stage.pdf>

Van de Pas, C. B., Boonen, R. S., Stevens, S., Willemsen, S., Valkema, R., & Neumann, M. (2020). Does tumescent liposuction damage the lymph vessels in lipoedema patients?. *Phlebology*, 35(4), 231–236. <https://doi.org/10.1177/0268355519885217>

Ciudad, P., Sabbagh, M. D., Agko, M., Huang, T., Manrique, O. J., L, C. R., Reynaga, C., Delgado, R., Maruccia, M., & Chen, H. C. (2019). Surgical Management of Lower Extremity Lymphedema: A Comprehensive Review. *Indian journal of plastic surgery*, 52(1), 81–92. <https://doi.org/10.1055/s-0039-1688537>

Winters, H., Tielemans, H., Hameeteman, M., Paulus, V., Beurskens, C. H., Slater, N. J., & Ulrich, D. (2017). The efficacy of lymphaticovenular anastomosis in breast cancer-related lymphedema. *Breast cancer research and treatment*, 165(2), 321– 327. <https://doi.org/10.1007/s10549-017-4335-0>

Chen, S. H., Cem Yildirim, M. E., Mousavi, S. A., & Chen, H. C. (2021). Long-term functional outcomes upon application of split-thickness skin graft around major joints in HCC-modified Charles' procedure for advanced lymphedema. *Asian journal of surgery*, 44(1), 169–173. <https://doi.org/10.1016/j.asjsur.2020.05.001>

Greene, A. K., & Goss, J. A. (2018). Diagnosis and Staging of Lymphedema. *Seminars in plastic surgery*, 32(1), 12–16. <https://doi.org/10.1055/s-0038-1635117>

Kruppa, P., Georgiou, I., Schmidt, J., Infanger, M., & Ghods, M. (2022). A 10-Year Retrospective before-and-after Study of Lipedema Surgery: Patient-Reported Lipedema-Associated Symptom Improvement after Multistage Liposuction. *Plastic and reconstructive surgery*, 149(3), 529e–541e. <https://doi.org/10.1097/PRS.0000000000008880>

National Institute for Health and Care Excellence (NICE). Liposuction for chronic lymphoedema. <https://www.nice.org.uk/guidance/IPG588>

National Institute for Health and Care Excellence (NICE). NICE guidelines <https://www.nice.org.uk/guidance/ipg721>

Wounds UK. Best Practice Guidelines: The Management of Lipoedema. London: Wounds UK, 2017.

Chang, D. W., Dayan, J., Greene, A. K., MacDonald, J. K., Masia, J., Mehrara, B., Neligan, P. C., & Nguyen, D. (2021). Surgical Treatment of Lymphedema: A Systematic Review and Meta-Analysis of Controlled Trials. *Plastic and reconstructive surgery*, 147(4), 975–993. <https://doi.org/10.1097/PRS.0000000000007783>

National Cancer Institute (NCI). Side Effects of Cancer treatment. Lymphedema. 2024. [https://www.cancer.gov/about-cancer/treatment/side-effects/lymphedema/lymphedema-hp-pdq#\\_75](https://www.cancer.gov/about-cancer/treatment/side-effects/lymphedema/lymphedema-hp-pdq#_75)

Deldar, R., Spoer, D., Gupta, N., Towfighi, P., Boisvert, M., Wehner, P., Greenwalt, I. T., Wisotzky, E. M., Power, K., Fan, K. L., & Tom, L. K. (2023). Prophylactic Lymphovenous Bypass at the Time of Axillary Lymph Node Dissection Decreases Rates of Lymphedema. *Annals of surgery open*, 4(2), e278. <https://doi.org/10.1097/AS9.0000000000000278>

Wijaya, W. A., Peng, J., He, Y., Chen, J., & Cen, Y. (2020). Clinical application of axillary reverse mapping in patients with breast cancer: A systematic review and meta-analysis. *Breast (Edinburgh, Scotland)*, 53, 189–200. <https://doi.org/10.1016/j.breast.2020.08.007>

Finnane, A., Janda, M., & Hayes, S. C. (2015). Review of the evidence of lymphedema treatment effect. *American journal of physical medicine & rehabilitation*, 94(6), 483-498. <https://doi.org/10.1097/PHM.0000000000000246>

van Gent, W. B., Catarinella, F. S., Lam, Y. L., Nieman, F. H., Toonder, I. M., van der Ham, A. C., & Wittens, C. H. (2015). Conservative versus surgical treatment of venous leg ulcers: 10-year follow up of a randomized, multicenter trial. *Phlebology*, 30(1 Suppl), 35-41. <https://doi.org/10.1177/026835514568848>

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### History Details

| Type           | Action       | Date       |
|----------------|--------------|------------|
| Review/Revised | KPNW adopted | 12/16/2025 |