



Kaiser Foundation Health Plan of Washington

Clinical Review Criteria Surgical Treatment for Lipedema

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Criteria

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.

For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	Plastic Surgery (L35163)
Local Coverage Article (LCA)	Billing and Coding: Plastic Surgery (A57221)

For Non-Medicare Members

Effective until June 1st, 2026

Liposuction for Lipedema

1. Liposuction or lipectomy to treat lipedema of the extremities may be considered medically necessary when all of the following are met (A.-G.):
 - a. Surgical interventions are performed by hospital credentialed, board certified plastic surgeon; and
 - b. The individual has a diagnosis of lipedema including all of the following clinical exam findings:
 - i. Bilateral symmetric adiposity that is disproportionately affecting the extremities with minimal involvement of the hands and feet; **and**
 - ii. Non-pitting edema; **and**
 - iii. Pain and tenderness on palpation of the affected areas; **and**
 - iv. Negative Stemmer sign; **and**
 - v. Submission of photographs documenting the affected extremities requested for treatment and are consistent with the diagnosis of lipedema; **and**
 - c. There is documentation of significant physical **functional impairment** (e.g., difficulty ambulating or performing activities of daily living); **and**
 - d. The individual has not responded to at least three consecutive months of optimal medical management including complex decongestive therapy and compression therapy; **and**
 - e. 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; **and**
 - f. The plan of care postoperatively is to wear compression garments as instructed to maintain the benefits of treatment; **and**
 - g. The area requested to be treated has not previously been treated with liposuction or lipectomy.

2. Liposuction or lipectomy to treat lipedema for areas other than extremities (e.g., trunk or back) or when Criterion I. is not met is considered investigational.
3. 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.
4. Lymphatic physiologic surgery with or without a microscope performed during nodal dissection (e.g. axillary or groin) or breast reconstruction to prevent lymphedema (including, but not limited to, the Lymphatic Microsurgical Preventing Healing Approach) in individuals who are being treated for breast cancer is considered investigational.
5. Liposuction or lipectomy to treat lymphedema (including, but not limited to, lipectomy, suction-assisted protein lipectomy, liposuction, and lymph-sparing liposuction) is considered investigational.

Effective June 1st, 2026

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/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; 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
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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 angioliipomas</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	<p>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</p>

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

If requesting this service (or these services), please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider &/or specialist

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

Lipedema is a chronic, progressive disorder characterized by disproportionate subcutaneous fat accumulation—typically in the lower extremities—that is resistant to conventional weight loss methods and diet. Conservative therapies, including complex decongestive therapy (CDT), compression garments, manual lymphatic drainage, exercise, and nutritional support, have traditionally been the first-line management strategy to alleviate symptoms such as pain, swelling, and impaired mobility.

Evidence

Liposuction for Lipedema

April 27, 2020: INTC Review

Evidence Conclusion: There is insufficient evidence regarding the efficacy and safety of liposuction compared to conventional treatments (compression therapy, exercise, or massage) for lipedema. The existing evidence is of insufficient quantity and quality.

The existing body of evidence on the surgical management of lipedema is sparse and limited to six low-quality observational studies, a majority of which were conducted in Germany, among 575 patients and included in two technology assessments. The low-quality evidence reported positive improvements in pain, mobility, bruising, sensitivity to pressure, appearance and quality of life with no report of major complications following liposuction. The diagnostic criteria for the condition is contested and remains unclear.

Articles: [Liposuction for Lipedema: Technology Assessment \(kp.org\)](#)

Liposuction for the Treatment of Lipedema

April 19, 2022: Hayes Technology Assessment

Clinical studies: A review of full-text clinical studies suggests minimal support for using liposuction for lipedema.
systematic reviews: A review of full-text systematic reviews suggests no/unclear support for using liposuction for lipedema.

Insights

Evidence from 3 very poor-quality studies suggests that liposuction leads to clinically significant improvements in quality of life, disability, and pain and reduced need for conservative treatment in women with lipedema at 2 to 3 years of follow-up. Patients enrolled sought treatment at specialized healthcare centers, increasing risk of selection bias in cases reported. No other treatments for lipedema were identified in the literature beyond traditional conservative care with congestive therapy. Nonserious complications were common (e.g., bruising and postoperative bleeding). All 3 studies in this report are retrospective in design and do not compare liposuction treatment to any other intervention. One clinical study comparing the efficacy and safety of liposuction with conservative care is in progress. Clinical practice guidelines and payer policies appear generally supportive of the use of liposuction to treat lipedema.

Hayes. Hayes Technology Assessment. Liposuction for the Treatment of Lipedema. Dallas, TX: Hayes; April 19, 2022. Retrieved September 5, 2024, from <https://evidence.hayesinc.com/report/eer.liposuction4059>

Codes

Medicare - Considered Medically Necessary when criteria in the applicable policy statements listed above are met

Non-Medicare - Considered Medically Necessary

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

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

**To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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Date Created	Date Reviewed	Date Last Revised
01/06/2026	01/01/2026 ^{MPC}	01/01/2026

^{MPC} Medical Policy Committee

Revision History	Description
01/01/2026	MPC approved to adopt the KP National Clinical Policy for Lipectomy for Lipedema. Requires 60-day notice, effective date 06/01/2026. Removed criteria from the Restorative and Cosmetic Medical policy and created new medical policy titled Lipectomy for Lipedema

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