BSC7.20	Liposuction for Lipedema		
Original Policy Date:	July 1, 2025	Effective Date:	July 1, 2025
Section:	7.0 Surgery	Page:	Page 1 of 10

Policy Statement

I. Liposuction for lipedema is considered **reconstructive surgery** and may be considered **medically necessary** when **all** the following criteria are met:
   A. A diagnosis of lipedema including **all** of the following:
      1. Bilateral and symmetrical disproportionate adipocyte hypertrophy of the extremities with minimal involvement of the feet and hands (i.e. "cuff phenomenon") consistent with Stage III or IV lipedema.
      2. Absence of pitting edema.
      3. Pain or tenderness on pressure.
      4. Negative Stemmer sign.
   B. Documentation of significant physical functional impairment (e.g. difficulty walking or performing activities of daily living) by a referring primary care provider or a specialist in vascular conditions (different from the treating surgeon) and the surgery is expected to restore or improve the functional impairment.
   C. A trial of conservative therapy for at least 3 months has not resulted in meaningful improvement in the functional impairment.
   D. Submission of color photographs documenting the affected extremities are consistent with diagnosis of Stage III to IV lipedema.

II. Liposuction or lipectomy for the treatment of lipedema in the trunk or back is considered **investigational**.

III. Retreatment of a previously treated area using the same procedure is considered **investigational**.

Note: For individuals enrolled in health plans subject to the California Reconstructive Surgery Act (Health & Safety Code Section 1367.63 and the Insurance Code Section 10123.88), Reconstructive Services BSC7.08 may also apply.

NOTE: Refer to Appendix A to see the policy statement changes (if any) from the previous version.

Policy Guidelines

Each area of the body being considered for liposuction (i.e. lower extremities, upper extremities) will be independently assessed against the above criteria for treatment of lipedema with liposuction.

Staged liposuction procedures where more than one procedure is performed on different days on the same extremity (e.g., anterior and posterior of the thigh, upper and lower area of the extremity) may be considered medically necessary when there is documentation that the total volume of aspirate exceeds a clinically acceptable amount for one surgery (i.e. greater than 5000 cc).[1] Each procedure of a staged liposuction procedure will be evaluated independently for medical necessity.

Definitions:

1. **Stemmer Sign** - The Stemmer Sign is a physical examination finding used to diagnose lymphedema. If the examiner cannot pinch the skin of the dorsum of the foot or hand, then this positive finding is associated with lymphedema. A negative Stemmer sign is consistent with lipedema. [2]
2. **Functional Impairment**- Functional limitation is defined by the reported difficulty performing in six core functioning domains: seeing, hearing, mobility, communication, cognition, and self-care. Lipedema's impact is primarily on the domain of mobility. [3]
3. **Conservative Therapy**- Conservative therapy for lipedema includes nutritional guidance, manual therapy, compression garments, recommendations for a pneumatic compression device (external pump) and a home exercise plan. [4]

Table 1. Stages of Lipedema [5]

Stage	Description
I	Smooth appearance to the skin, with thickened subcutaneous tissue containing small soft nodules on palpation
II	Irregular uneven texture to the skin, with larger subcutaneous nodules of varying sizes
III	Occurrence of larger and more prominent indurations on the skin than in stage 2, with markedly thickened and indurated skin structure and pronounced sclerosis; considerable distortion of limb profile may occur due to formation of deformed lobular fat deposits
IV	Lipedema with lymphedema (also referred to as lipolymphedema)

Coding

Consistent with the Centers for Medicare and Medicaid Services (CMS), Blue Shield of California will recognize 1 unit for each CPT Code 15877, 15878, or 15879, as appropriate, per day for the entire liposuction procedure. If the procedure is bilateral, then the modifier 50 should be included. [6]

See the Codes table for details.

Description

Lipedema is an adipofascial disorder that almost exclusively affects women. Lipedema leads to chronic pain, swelling, and other discomforts due to the bilateral and asymmetrical expansion of subcutaneous adipose tissue. [7] Liposuction represents a well-described and popular surgical procedure used to reduce localized amounts of adipose tissue in certain regions of the body. [8]

Related Policies

- Reconstructive Services

Benefit Application

Benefit determinations should be based in all cases on the applicable member health services contract language. To the extent there are conflicts between this Medical Policy and the member health services contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal law may prohibit health plans from denying FDA-approved Healthcare Services as investigational or experimental. In these instances, Blue Shield of California may be obligated to determine if these FDA-approved Healthcare Services are Medically Necessary.

Regulatory Status

State: The California Reconstructive Surgery Act (Health & Safety Code Section 1367.63 and the Insurance Code Section 10123.88)[9] defines "reconstructive surgery" as surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do **either** of the following:

I. Create a normal appearance to the extent possible
II. Improve function.

Rationale

Background

Lipedema is a disease of fibrotic loose connective (adipose) tissue (LCT) on the lower abdomen, hips, buttocks, and limbs of females, sparing the trunk, hands, and feet. Lipedema is rare in men. A trigger for the development of lipedema tissue may be an increase in fluid and connective tissue remodeling that occurs alongside body changes during puberty, childbirth, menopause, stress associated with lifestyle change, or by altering tissue structure after surgery or trauma.[10] A hallmark of lipedema tissue is inflammation[11, 12] resulting in tissue fibrosis and pain, and in some cases, the tissue may become numb.[13]

Diagnosis

Lipedema symptoms are similar to lymphedema and obesity, and misdiagnosis is common.[14] Diagnostic testing may include ultrasound, bone density test, magnetic resonance imaging, computerized tomography, and nuclear medicine imaging.[15] The presence of pain, feelings of tightness, and easy bruising can distinguish lipedema from lifestyle-induced obesity.[16]

Diagnosis of lipedema requires differentiating the condition from lymphedema and obesity. Table 2 describes the comparison between lipedema, lymphedema and obesity.[17]

Table 2. Comparison of Findings in Lipedema, Lymphedema, and Lifestyle-induced Obesity

	Lipedema	Lymphedema	Lifestyle-induced Obesity
Sex	Women	Women and men	Women and men
Adiposity	Bilateral extremities Symmetric	Unilateral or bilateral extremities Asymmetric	Whole body; proportionate Symmetric
Edema	Non-pitting Minimal change with elevation; minimal change with compression	Pitting Reduced by elevation; reduced with compression	None No change with elevation or compression
Tissue turgor	Soft	Firm	Soft
Pain	Tender to palpitation	Usually, nontender	None
Infection	Rare	Common	Rare

Treatment

First-line treatment for lipedema is conservative therapy to reduce severity of symptoms, including exercise, dietary counseling, and psychosocial therapy.[17] A component of conservative management is complex decongestive therapy (CDT), which involves manual lymph drainage, compression therapy, movement therapy, and skin care.[17] Benefits of conservative management are limited, and symptoms may reoccur or worsen, necessitating repeat treatment.[18] Due to pain in the adipose tissue, compression therapy may cause discomfort, and dietary interventions show limited effects due to the disproportionate amount of fat that accumulates in the lower half of the body.[14] Should conservative treatment and management techniques render ineffective, liposuction may be considered to permanently remove deposits of subcutaneous fat.[14]

Liposuction is the removal of subcutaneous adipose deposits via a cannula attached to a suction device that is inserted through small incisions in the skin. Large volumes of fatty tissue can be removed from areas such as the legs, hips and arms.

Given the limited treatment options available for lipedema, liposuction has been considered as a potential treatment option to reduce tissue bulk, pain and bruising with a goal of improving mobility, functioning and quality of life. [19, 20]

Literature Review

Rapprich et al (2011) studied the effectiveness of the removal of the hypertrophic fatty tissue of lipedema using advanced liposuction techniques in a small study (n=25) comparing measurements of the volume of the legs, pain and discomfort before and six months after liposuction using visual analogue scale (VAS, scale 0-10). Leg volume was reduced by 7%. Pain was significantly reduced from 7.2 ± 2.2 to 2.1 ± 2.1 ($p < 0.001$). Quality of life improved from 8.7 ± 1.7 to 3.6 ± 2.5 ($p < 0.001$).[21]

Schmeller et al (2012) studied the longer-term effect of liposuction in 112 patients who had undergone conservative therapy over a period of years following treatment by liposuction under tumescent local anesthesia with vibrating microcannulas. Subjects completed a standardized questionnaire after a mean of 3 years and 8 months following the initial surgery and a mean of 2 years and 11 months following the last surgery. All patients showed a distinct reduction of subcutaneous fatty tissue (mean 9846 mL) with improvement of shape and normalization of body proportions. Additionally, they reported either a marked improvement or a complete disappearance of spontaneous pain, sensitivity to pressure, edema, bruising, restriction of movement and cosmetic impairment, resulting in an increase in quality of life; all these complaints were reduced significantly ($P<0.001$). Patients with lipedema stage II and III showed better improvement compared with patients with stage I. Physical decongestive therapy could be either omitted (22·4% of cases) or continued to a much lower degree. No serious complications (wound infection rate 1·4%, bleeding rate 0·3%) were observed following surgery.[22]

Dadras and colleagues (2017) studied the outcomes of liposuction used as a treatment for lipedema on 25 patients who underwent 72 liposuction procedures and completed a standardized questionnaire. Lipedema-associated complaints and the need for combined decongestive therapy (CDT) were assessed for the preoperative period and during 2 separate postoperative follow-ups using a visual analog scale and a composite CDT score. The mean follow-up times for the first postoperative follow-up and the second postoperative follow-up were 16 months and 37 months, respectively. Patients showed significant reductions in spontaneous pain, sensitivity to pressure, feeling of tension, bruising, cosmetic impairment, and general impairment to quality of life from the preoperative period to the first postoperative follow-up, and these results remained consistent until the second postoperative follow-up. A comparison of the preoperative period to the last postoperative follow-up, after 4 patients without full preoperative CDT were excluded from the analysis, indicated that the need for CDT was reduced significantly.[23]

Wollina et al (2019) reported their results liposuction for the treatment of lipedema (n=111; stage 1=7, stage II=50, stage III=48) among consecutively treated patients at a single center between 2007 and 2018. Most individuals were treated by micro-cannula liposuction in tumescent anesthesia, but some were treated with laser-assisted liposuction. Reduction of circumference was assessed using a tape measure. Pain was measured by a 10-point VAS, and mobility and reduction of bruising was evaluated using a 3-point scale. All participants had been treated with CDT for at least 6 months prior to surgery and had lipedema of the legs (27 individuals also had involvement of the arms). The mean follow-up was 2.0 ± 2.1 years. An improvement in the perception of mobility was achieved in all subjects; marked improvement or a complete reversal of impairment was reported in 86% of trial subjects. At follow-up, the median reduction of limb circumference was 6 cm. The median pain level before treatment was reduced from 7.8 to 2.2. Bruising after minor trauma improved somewhat in 20.9% of individuals and completely or almost completely in 29.1% of individuals. A total of 16.4% of

individuals no longer needed CDT. For 18 individuals, a follow-up of 5-7 years was available and showed no relapse in lipedema. The author concluded that an improvement of mobility could be achieved in all subjects and that liposuction is an effective treatment for painful lipedema.[24]

In a study by Kruppa P. et al (2022) 106 patients underwent a total of 298 large-volume liposuctions (mean lipoaspirate, 6355 ± 2797 ml). After a median follow-up of 20 months, the median complex decongestive therapy score was reduced 37.5% (interquartile range, 0 to 89%; $p < 0.0001$). An improvement in lipedema-associated symptoms was also observed ($p < 0.0001$). The percentage reduction in complex decongestive therapy scores was greater in patients with a body mass index less than or equal to 35 kg/m^2 ($p < 0.0001$) and in stage I and II patients ($p = 0.0019$). The study concludes that liposuction reduces the severity of symptoms and the need for conservative treatment in lipedema patients, especially if it is performed in patients with a body mass index below 35 kg/m^2 at an early stage of the disease.[25]

A meta-analysis of lipedema studies published in PubMed from January 2003 to April 2023 identified 10 articles with post-operative outcomes and complications data (2 traditional tumescent liposuction [TTL], 5 power-assisted liposuction [PAL], 1 water-jet-assisted liposuction [WAL], and 2 PAL and WAL). Results were summarized using descriptive statistics, and a randomized effects model was used to evaluate heterogeneity. A total of 2542 procedures in 906 patients were included. Combined outcomes for all techniques significantly improved pain, bruising, edema, tension, pressure sensitivity, cosmetic impairment, and general impairment (all $P < 0.00001$). TTL, PAL, and WAL led to significant improvements in pain reduction ($P = 0.0005$), bruising, swelling, pressure sensitivity, or cosmetic impairment (all $P < 0.05$). However, WAL more effectively reduced tension and general impairment (all $P < 0.005$), but heterogeneity for these outcomes was high. Overall complication rates were low for the studies that used TTL (1.5%), PAL (4.0%), WAL (0%), and both PAL and WAL (2.3%).[26]

A meta-analysis by Amato et al (2024) of 451 female patients from seven studies (demonstrated a notable decrease in spontaneous pain post-liposuction. Three of the studies evaluated the impact of liposuction on edema with the pooled mean difference (MD) showing a reduction of 2.85 (95% Confidence Interval (CI): 1.42 to 4.28; p<0.00001). Four studies reported on bruising and the combined analysis post-operative bruising scores were significantly reduced compared to pre-operative levels, with an MD of 2.95 (95% Confidence Interval (CI): 1.54 to 3.57; p<0.00001). The pooled analysis from four studies that addressed mobility impairment showed a notable decrease, moving from pre-operative to post-operative assessments (MD: 2.48; 95% Confidence Interval (CI): 1.45 to 3.50; p<0.00001). Based on five studies that assessed quality of life, the post-operative quality of life scores was substantially higher than pre-operative scores (MD: 2.93; 95% CI: 2.43 to 3.44; p<0.00001). Four studies reported on the need for conservative therapy following liposuction in lipedema patients. The pooled analysis of the data from these studies found that approximately 51% of patients continued to require conservative treatments post-surgery.[27]

Supplemental Information

In 2017, Reich-Schupke et al developed guidelines on the diagnosis and management of lipedema, supported by the German Society of Phlebology based on a systematic literature search and the consensus of eight medical societies and working groups. According to the guidelines, the diagnosis of lipedema is established on the basis of medical history and characteristic clinical findings of localized, symmetrical increase in subcutaneous adipose tissue in arms and legs that is in marked disproportion to the trunk. Other findings include edema, easy bruising, and increased tenderness. Further diagnostic tests are reserved for special cases that require additional workup. Treatment consists of four therapeutic mainstays that should be combined as necessary and address current clinical symptoms: complex physical therapy (manual lymphatic drainage, compression therapy, exercise therapy, and skin care); liposuction and plastic surgery; diet; and physical activity, as well as psychotherapy if necessary. Surgical procedures are indicated if symptoms persist despite thorough conservative treatment, or if there is progression of clinical findings and/or symptoms. If present, morbid obesity should be therapeutically addressed prior to liposuction.[28]

In 2017, the Dutch Society of Dermatology and Venerology published the results of a task force that convened to create evidence -based and expert opinion guidelines for treating lipedema using the International Classification of Functioning, Disability and Health of the World Health Organization[29] The following recommendations were made:

- Tumescent liposuction (TLA) is the treatment of choice for patients with a suitable health profile and/or inadequate response to conservative and supportive measures.
- Prior to TLA, associated deteriorating components, such as edema, obesity, unhealthy lifestyle, lack of physical activity, lack of knowledge about the disease, and psychosocial distress, should be addressed.
- Following TLA, women generally require ongoing conservative therapy, and weight normalization should remain a goal.
- TLA requires the specialized skills of a healthcare provider and should only be performed at a specialized center.
- Multiple sessions are often necessary to remove the extensive amount of adipose tissue.

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Documentation for Clinical Review

Please provide the following documentation:

- History and physical and/or consultation notes including:
  - Clinical findings (i.e., pertinent symptoms and duration) including but not limited to:
    - Assessment by the referring primary care provider or a specialist who is not the surgeon, who will perform liposuction which confirms that lipedema is causing functional impairment (interference with activities of daily living)
    - History and Physical and clinical documentation of treating physician who will perform the liposuction.

- Colored photographs of the area to be treated showing disproportional fat distribution consistent with diagnosis
- Prior conservative treatments, duration, and response
- Treatment plan (i.e., surgical intervention)
- Documentation of aspirate volume from prior procedure(s), when applicable

Post Service (in addition to the above, please include the following):

- Results/reports of tests performed.
- Procedure report(s)

Coding

The list of codes in this Medical Policy is intended as a general reference and may not cover all codes. Inclusion or exclusion of a code(s) does not constitute or imply member coverage or provider reimbursement policy.

Type	Code	Description
CPT®	15877	Suction assisted lipectomy; trunk
	15878	Suction assisted lipectomy; upper extremity
	15879	Suction assisted lipectomy; lower extremity
HCPCS	None	

Consistent with the Centers for Medicare and Medicaid Services (CMS), Blue Shield of California will recognize 1 unit for each CPT Code 15877, 15878, or 15879, as appropriate, per day for the entire liposuction procedure. If the procedure is bilateral, then the modifier 50 should be included.[6]

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

Effective Date	Action
07/01/2025	New policy.

Definitions of Decision Determinations

Healthcare Services: For the purpose of this Medical Policy, Healthcare Services means procedures, treatments, supplies, devices, and equipment.

Medically Necessary: Healthcare Services that are Medically Necessary include only those which have been established as safe and effective, are furnished under generally accepted professional standards to treat illness, injury or medical condition, and which, as determined by Blue Shield of California, are: (a) consistent with Blue Shield of California medical policy; (b) consistent with the symptoms or diagnosis; (c) not furnished primarily for the convenience of the patient, the attending Physician or other provider; (d) furnished at the most appropriate level which can be provided safely and effectively to the member; and (e) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the member's illness, injury, or disease.

Investigational or Experimental: Healthcare Services which do not meet ALL of the following five (5) elements are considered investigational or experimental:

A. The technology must have final approval from the appropriate government regulatory bodies.
   - This criterion applies to drugs, biological products, devices and any other product or procedure that must have final approval to market from the U.S. Food and Drug Administration ("FDA") or any other federal governmental body with authority to regulate the use of the technology.
   - Any approval that is granted as an interim step in the FDA's or any other federal governmental body's regulatory process is not sufficient.
   - The indications for which the technology is approved need not be the same as those which Blue Shield of California is evaluating.

B. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes.
   - The evidence should consist of well-designed and well-conducted investigations published in peer-reviewed journals. The quality of the body of studies and the consistency of the results are considered in evaluating the evidence.
   - The evidence should demonstrate that the technology can measure or alter the physiological changes related to a disease, injury, illness, or condition. In addition, there should be evidence, or a convincing argument based on established medical facts that such measurement or alteration affects health outcomes.

C. The technology must improve the net health outcome.
   - The technology's beneficial effects on health outcomes should outweigh any harmful effects on health outcomes.

D. The technology must be as beneficial as any established alternatives.
   - The technology should improve the net health outcome as much as, or more than, established alternatives.

E. The improvement must be attainable outside the investigational setting.
   - When used under the usual conditions of medical practice, the technology should be reasonably expected to satisfy Criteria C and D.

Feedback

Blue Shield of California is interested in receiving feedback relative to developing, adopting, and reviewing criteria for medical policy. Any licensed practitioner who is contracted with Blue Shield of California or Blue Shield of California Promise Health Plan is welcome to provide comments, suggestions, or concerns. Our internal policy committees will receive and take your comments into consideration. Our medical policies are available to view or download at www.blueshieldca.com/provider.

For medical policy feedback, please send comments to: MedPolicy@blueshieldca.com

Questions regarding the applicability of this policy should be directed to the Prior Authorization Department at (800) 541-6652, or the Transplant Case Management Department at (800) 637-2066 ext. 3507708 or visit the provider portal at www.blueshieldca.com/provider.

Disclaimer: Blue Shield of California may consider published peer-reviewed scientific literature, national guidelines, and local standards of practice in developing its medical policy. Federal and state law, as well as member health services contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member health services contracts may differ in their benefits. Blue Shield reserves the right to review and update policies as appropriate.

Appendix A

POLICY STATEMENT	
BEFORE	AFTER
New Policy Policy Statement: N/A	Liposuction for Lipedema BSC7.20 Policy Statement: I. Liposuction for lipedema is considered **Reconstructive Surgery** and may be considered **medically necessary** when **all** the following criteria are met: A. A diagnosis of lipedema including **all** of the following: 1. Bilateral and symmetrical disproportionate adipocyte hypertrophy of the extremities with minimal involvement of the feet and hands (i.e. "cuff phenomenon") consistent with Stage III or IV lipedema. 2. Absence of pitting edema. 3. Pain or tenderness on pressure. 4. Negative Stemmer sign. B. Documentation of significant physical Functional Impairment (e.g. difficulty walking or performing activities of daily living) by a referring primary care provider or a specialist in vascular conditions (different from the treating surgeon) and the surgery is expected to restore or improve the Functional Impairment. C. A trial of Conservative Therapy for at least 3 months has not resulted in meaningful improvement in the Functional Impairment. D. Submission of color photographs documenting the affected extremities are consistent with diagnosis of Stage III to IV lipedema. II. Liposuction for lipedema is considered **not medically necessary** when the above criteria are not met. **Note**: For individuals enrolled in health plans subject to the California Reconstructive Surgery Act (Health & Safety Code Section 1367.63 and the Insurance Code Section 10123.88), Reconstructive Services BSC7.08 may also apply.