

Liposuction for Lipedema

MEDICAL POLICY NUMBER: 346

Effective Date: 9/1/2026	COVERAGE CRITERIA	2
Last Review Date: 8/2026	POLICY CROSS REFERENCES	3
Next Annual Review: 8/2027	POLICY GUIDELINES	3
	REGULATORY STATUS.....	4
	CLINICAL EVIDENCE AND LITERATURE REVIEW.....	4
	HEALTH EQUITY CONSIDERATIONS	6
	BILLING GUIDELINES AND CODING	7
	REFERENCES	7
	POLICY REVISION HISTORY	8

INSTRUCTIONS FOR USE: Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

SCOPE: Providence Health Plan, Providence Health Assurance and Providence Plan Partners as applicable (referred to individually as “Company” and collectively as “Companies”).

PLAN PRODUCT AND BENEFIT APPLICATION

☒ Commercial

☐ Medicaid/OHP*

☐ Medicare**

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

Lipedema Treatment - OARS 410-120-1200 and 410-141-3820 through 3830

**Medicare Members

This Company policy may be applied to Medicare Plan members only when directed by a separate Medicare policy. Note that investigational services are considered “**not medically necessary**” for Medicare members.

COVERAGE CRITERIA

- I. Liposuction or lipectomy for the treatment of lipedema of the lower extremities may be considered **medically necessary** when all of the following criteria are met (A.-G.):
 - A. There is significant functional impairment (e.g., difficulty ambulating or performing activities of daily living) shown to be caused by lipedema; **and**
 - B. Member has not responded to at least 3 consecutive months of conservative medical management (e.g., compression stockings and manual lymph drainage); **and**
 - C. Previous weight loss has not decreased symptoms or weight in area affected; **and**
 - D. A diagnosis of lipedema meets all of the following criteria (1.-5.):
 1. Pressure induces pain or tenderness on palpation; **and**
 2. Photo documentation of bilateral symmetric adiposity in affected extremities; **and**
 3. Disproportionate adipocyte hypertrophy of the lower extremities in relationship to the trunk; **and**
 4. Negative Stemmer Sign; **and**
 5. No pitting edema; **and**
 - E. In members with Class II or III Obesity (See Policy Guidelines for definitions), weight loss treatments have been implemented and there has been a failure of the limb adipose hypertrophy to respond to treatment with either of the following (1.-2.):
 1. For members eligible for bariatric surgery (See Company policy for criteria), at least 18 months have passed after successful bariatric surgery with appropriate weight loss and clinical documents indicate the member’s weight has remained stable in the most recent 6 months; **or**

2. For members treated with another type of weight loss program, lipedema symptoms are still present after 6 months of successful weight loss treatment;
and
 - F. The area to be treated with liposuction has not previously been treated with liposuction or lipectomy, unless there is documented residual or recurrent lipedema causing functional impairment; **and**
 - G. The procedure is performed by a plastic surgeon certified by the American Board of Plastic Surgery.
- II. Liposuction or lipectomy for the treatment of lipedema is considered **not medically necessary** when criterion I. is not met, including but not limited to liposuction of the trunk, head, and arms.

Link to [Evidence Summary](#)

POLICY CROSS REFERENCES

- [Bariatric Surgery](#), MP41
- [Cosmetic and Reconstructive Procedures](#), MP98

The full Company portfolio of current Medical Policies is available online and can be [accessed here](#).

POLICY GUIDELINES

DOCUMENTATION REQUIREMENTS

In order to determine the medical necessity of the request, the following documentation must be provided at the time of the request. Medical records to include documentation of all of the following:

- All medical records and chart notes pertinent to the request. This includes:
 - History
 - Physical examination
 - Treatment plan

DEFINITIONS

Lipedema is a condition that occurs in the lower extremities. Liposuction for lipedema in the trunk, head, arms, and areas other than the thighs, legs, and buttocks is considered not medically necessary.

Stemmer Sign: Stemmer sign is a clinical diagnostic means of detecting lymphedema. If examiner cannot pinch the skin of the dorsum of the foot or hand then this a positive Stemmer Sign that suggests lymphedema is present.

Body Mass Index (BMI)¹

Metric BMI Formula: BMI= weight (kg) ÷ height² (m²)

Imperial BMI Formula: BMI= weight (lb) ÷ height² (in²) x 703

- Obesity is defined as a BMI of 30.0 kg/m² or higher.
- Obesity is frequently divided into categories:
 - Class I: BMI of 30 kg/m² to < 35 kg/m²
 - Class II: BMI of 35 kg/m² to < 40 kg/m²
 - Class III: BMI of 40 kg/m² or higher.
 - A BMI of 40-49.9 kg/m² is considered morbidly obese.
 - A BMI of 50 kg/m² or more is considered superobesity or super morbid obesity.

BACKGROUND

Lipedema

Lipedema is a chronic and progressive disorder characterized by adipose (fat) tissue buildup in the legs, thighs, and buttocks. Lipedema occurs most commonly in women and appears during puberty, pregnancy, or menopause. Lipedema's exact cause remains unknown; however, lipedema is associated with hormonal and hereditary influences. Lipedema is often misdiagnosed as obesity (fat throughout the body) or lymphedema (swelling affecting one side of the body). Untreated, lipedema can cause pain, swelling, and easy bruising and can affect the patient's mental health and quality of life.

Liposuction

Liposuction is a surgical procedure used to remove excess body fat. In the case of lipedema, liposuction is intended to minimize symptoms, prevent progression, and improve physical and psychological function in the patients with lipedema refractory to weight loss and physical therapy.²

REGULATORY STATUS

U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Approval or clearance by the Food and Drug Administration (FDA) does not in itself establish medical necessity or serve as a basis for coverage. Therefore, this section is provided for informational purposes only.

CLINICAL EVIDENCE AND LITERATURE REVIEW

EVIDENCE REVIEW

A review of the ECRI, Hayes, Cochrane, and PubMed databases was conducted regarding the use of liposuction as a treatment for lipedema. Below is a summary of the available evidence identified through July 2026.

- In 2025, Hayes published an evolving evidence review on liposuction for the treatment of lipedema.³ Three retrospective pre-post studies (n=106–164) were included, each reporting reductions in pain, disability, and need for conservative therapy (e.g., complex decongestive

therapy) at 2–3 years post-liposuction. However, all studies were rated very poor quality due to retrospective, single-arm design, lack of control groups, high attrition, and use of non-validated or uncommon outcome measures. No relevant systematic reviews were identified. Although professional guidelines from several international organizations (e.g., German, Dutch, U.S. societies) support tumescent liposuction for patients unresponsive to conservative care, the evidence base is limited. Most studies were conducted at single centers in Germany, limiting generalizability. Minor adverse events were common; rare serious complications were also reported. A randomized controlled trial comparing liposuction with conservative therapy is in progress. Hayes concluded that clinical evidence offers minimal support for liposuction for lipedema.

- In 2024, ECRI published a clinical evidence assessment on liposuction for lipedema. One systematic review and one pre-post study were included in the analysis.² The systematic review consisted of 5 studies and one abstract (n=1,423) including systematic reviews, controlled studies, before-and-after treatment studies, and additional studies that reported on outcomes at or beyond 5-years post-liposuction. The studies reported on postoperative adverse events, mobility, pain, and quality of life (QOL). The systematic review and additional studies found that liposuction is an effective treatment for lipedema, but the studies are at too high risk of bias to support conclusions. There is also a lack of evidence to compare liposuction with other treatments. Additional limitations included retrospective design, small sample size, single-center focus, use of non-validated questionnaires to assess lipedema symptoms, high attrition (>15%), and lack of control groups. There were differing lipedema stages and comorbidities as well as different liposuction techniques used across the studies which did not allow generalization of results. Also, most of the studies were completed in healthcare centers in Germany, which may not compare to healthcare practices in other countries. ECRI concluded that the evidence supporting liposuction for treating lipedema is inconclusive.

CLINICAL PRACTICE GUIDELINES

Consensus Statement from US Physicians in *Phlebology*

In 2021, a multidisciplinary U.S. committee published the first national standard of care guidelines for lipedema in *Phlebology*.⁴ The guidelines highlight that lipedema is often underdiagnosed or mischaracterized as obesity, delaying appropriate treatment and contributing to patient distress. The committee developed 85 consensus statements using the Delphi Method and GRADE system, emphasizing the need for early diagnosis and individualized care. Conservative treatments such as compression, manual lymphatic drainage, and nutritional support are foundational. However, for patients who do not respond adequately to these measures, the guidelines recommend tumescent liposuction as a safe and effective option to reduce pain, improve mobility, and enhance quality of life. Several authors disclosed financial relationships with clinics or companies offering lipedema-related services, including surgical interventions such as liposuction.

German Society of Phlebology (DPG)

In 2024, the German Society of Phlebology and Lymphology published guidelines on lipedema diagnosis and treatment.⁵ The guidelines state:

“Liposuction shall be regarded as the surgical method of choice for lasting reduction of the affected subcutaneous adipose tissue of lipoedema in the legs and arms... The following aspects shall be considered in indicating surgical treatment by liposuction of lipoedema in the legs and/or arms:

- Documented treatment-resistant pain – No improvement despite conservative forms of treatment
- Complications, such as reduced mobility and dermatological or orthopaedic sequelae
- Critical indications for waist-to-height ratio (WHtR) over 0.55 and BMI over 40 kg/m²
- Prior-ranking treatment of coincident obesity
- Preoperative decongestion in cases of coincident oedema of different genesis
- Strict indication for patients aged under 18 years”⁶

Dutch Society of Dermatology and Venereology

In 2017, the Dutch Society of Dermatology and Venereology published guidelines on lipedema. The guidelines found that there is inconsistent information concerning diagnosis and treatment of lipedema in the literature, and that the condition is likely frequently misdiagnosed or wrongfully diagnosed as only an aesthetic problem, leading to poor treatment. The guidelines recommend the following:

“To ensure early detection and an individually outlined follow-up, the committee advises the use of a minimum data set of (repeated) measurements of waist circumference, circumference of involved limbs, body mass index and scoring of the level of daily practice and psychosocial distress. Promotion of a healthy lifestyle with individually adjusted weight control measures, graded activity training programs, edema reduction, and other supportive measures are pillars of conservative therapy. Tumescence liposuction is the treatment of choice for patients with a suitable health profile and/or inadequate response to conservative and supportive measures.”⁷

EVIDENCE SUMMARY

There is sufficient evidence and clinical practice guidelines to support the efficacy and safety of liposuction for lipedema in the lower extremities. A body of low-quality evidence shows improvement in mobility, pain, and quality of life with minimal postoperative adverse events. For these reasons, liposuction may be considered medically necessary for the treatment in patients with lower extremity lipedema.

HEALTH EQUITY CONSIDERATIONS

The Centers for Disease Control and Prevention (CDC) defines health equity as the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving health equity requires addressing health disparities and social determinants of health. A health disparity is the occurrence of diseases at greater levels among certain population groups more than among others. Health disparities are linked to social determinants of health which are non-medical factors that influence health outcomes such as the conditions in which people are born, grow, work, live, age, and the wider set of forces and systems shaping the conditions of daily life. Social determinants of health include unequal access to health care, lack of education, poverty, stigma, and racism.

The U.S. Department of Health and Human Services Office of Minority Health calls out unique areas where health disparities are noted based on race and ethnicity. Providence Health Plan (PHP) regularly reviews these areas of opportunity to see if any changes can be made to our medical or pharmacy policies to support our members obtaining their highest level of health. Upon review, PHP creates a Coverage Recommendation (CORE) form detailing which groups are impacted by the disparity, the research surrounding the disparity, and recommendations from professional organizations. PHP Health Equity COREs are updated regularly and can be found online [here](#).

BILLING GUIDELINES AND CODING

CODES*		
CPT	15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
	15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
	15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
	15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
	15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
	15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
	15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
	15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
	15876	Suction assisted lipectomy; head and neck
	15877	Suction assisted lipectomy; trunk
	15878	Suction assisted lipectomy; upper extremity
	15879	Suction assisted lipectomy; lower extremity
HCPCS	None	

*Coding Notes:

- The above code list is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- See the non-covered and prior authorization lists on the Company [Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website](#) for additional information.
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

1. Centers for Disease Control and Prevention (CDC). Body Mass Index (BMI). <https://www.cdc.gov/obesity/adult-obesity-facts/index.html>. Accessed 7/24/2026.
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7. Halk AB, Damstra RJ. First Dutch guidelines on lipedema using the international classification of functioning, disability and health. *Phlebology*. 2017;32(3):152-159.

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Converted to new policy template.
9/2023	Annual update. No changes to criteria or coding.
1/2024	Interim update. Add criterion addressing provider requirements.
9/2024	Annual review. No change to policy criteria or coding.
8/2025	Annual review. No change to policy criteria or coding.
8/2026	Annual review. Updated criterion I.F..