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**Issue: Lymph-Sparing, Tumescent Liposuction for Lipedema Reimbursement**

I would like to help with the many misconceptions concerning treating lipedema with Lymph-Sparing, Tumescent Liposuction (LS-TL). This is considered reconstructive surgery, medically necessary, and reimbursed by some (but not all) insurance carriers.

While strictly cosmetic liposuction (to improve appearance) is not reimbursed, reconstructive liposuction (for lipedema, removal of a lipoma, and in conjunction with a panniculectomy) is paid under very strict documentation and patient requirements and guidelines. Lipedema is frequently misdiagnosed or wrongly diagnosed as lifestyle-induced obesity or lymphedema. It is estimated that as many 11% of women or 17 million have lipedema–and most are told they are simply obese.

Regarding LS-TL and reimbursement please use the phrase, "reconstructive, lymph-sparing, tumescent liposuction." At the very least use either *tumescent liposuction* or *water-assisted liposuction* (WAL) as those are the most common referenced in regard to this procedure. For decades, both medical professionals and the general public have viewed liposuction as strictly a cosmetic, appearance-improving procedure. This has not been accurate for about twenty-years. I am aware that there different liposuction techniques (WAL, PAL, ultrasonic); but that is not relevant here and I address it later in this document.

To be considered reconstructive liposuction must be illustrated and documented to: Improve function or mobility (restriction of movement), restore to a normal appearance (not improve appearance), improve the Quality of Life (QOL) of the patient, *and* there are no comorbidities precluding treatment (i.e., vascular problems). Improving psychological well-being does not quality as reconstructive and should not be used.

To be reimbursed by a carrier the procedure must be considered NOT experimental and investigational, or unproven (in this case, for lipedema). Most carrier denials will use this objection and I have additional literature/research addressing this issue if you're interested.

There is no cure for Lipedema, it does not respond well to diet or exercise and not every lipedema patient is a candidate for surgery. There is no other option once all conservative measures have been exhausted.

The best strategy for reimbursement is to: Confirm if a board-certified plastic surgeon knowledgeable about tumescent, lymph-sparing liposuction is in-network with the patient’s carrier; and if not ask the carrier what will they pay out-of-network.

The Provider must document that he/she has optimized and exhausted conservative measures with at least six months documentation. The patient needs letters of medical necessity from all relevant physicians: primary care provider, surgeon, cardiologist, endocrinologist, orthopedic, etc... The patient needs to find their rights in their "Evidence of Coverage" health insurance contract. There it will explain whether liposuction for lipedema is covered and how to conduct an appeal. Get pre-certification for the recommended number of surgeries. Always expect to be denied at least once and that appeals are necessary.

Anthem Blue Cross CA reimburses for liposuction for lipedema: NC00009; Cosmetic and Reconstructive Services Published 11/12/2019. This covers the following 14 states: CA, CO, CT, GA, IN, KY, ME, MO, NH, NV, NY, OH, VA, and WI. Note that the adjudicators may be unfamiliar with liposuction for lipedema and deny the claim; be prepared to explain the situation and file an appeal. Your documentation must be well organized and perfect!

Numerous Providers have filed medical insurance claims for lymph-sparing, tumescent liposuction and been reimbursed including: Dr David Gruener, NY, Marcia V. Byrd, M.D., GA, Gayle Gordillo, MD, IN, and Dr. David Amron, CA.

In a 2017 review of reimbursement for 27 advanced, disabled lipedema patients who underwent lymph-saving tumescent, liposuction, 6 were approved and 4 were paid after multiple appeals ([about 30%] source: Aug 2 2017 Fatdisorders.org presentation on reimbursement).

There are currently (FEB 2020) "Bad Faith / breach of contract" suits in California against about a half-dozen insurance companies on behalf of patients with lipedema who were denied coverage for reconstructive, tumescent, lymph-sparing liposuction. It is expected that most will change their policies as a result and reimburse based on the reconstructive surgery conditions listed above.

Many insurance companies simply have not yet addressed treating lipedema with reconstructive, LS-TL. It is not specifically referenced in their Cosmetic and Reconstructive Surgery Policy. My goal, with your help, is to change this in 2020.

There are over forty, peer-reviewed journal articles reviewing the benefits, efficacy, and safety of tumescent, lymph-sparing liposuction as the only surgical treatment for lipedema. The latest at the time of this writing (FEB 2020), is very favorable toward lymph-sparing, tumescent liposuction: *Prevention of Progression of Lipedema With Liposuction Using Tumescent Local Anesthesia*: Results of an International Consensus Conference.

<https://www.ncbi.nlm.nih.gov/pubmed/31356433>