**Twelve Step Liposuction for Lipedema Reimbursement Plan**

1. **Education/Brief Overview of lipedema**
	1. Lipedema is a condition in which there is a pathological deposition of fatty tissue, usually below the waist, leading to progressive leg enlargement.
	2. There is no cure for lipedema
	3. Lipedema does not respond well to diet and exercise.
	4. It is the only available treatment for lipedema after all conservative measures have been exhausted.
2. **Document the procedure as Reconstructive**
	1. Confirm and document that “Lymph-Sparing, Tumescent Liposuction (LS-TL) is reconstructive and not cosmetic
	2. Improve normal function (mobility)
	3. Restore to a normal appearance
	4. Improve quality of life (QOL).
	5. Address any co-morbidities.
	6. ***Do not*** include the psychological benefits from the procedure. This is statutorily documented in numerous policies as “not supporting medical necessity.” No matter how important you feel it is, skip it.
3. **Hurdles**
	1. Most everyone still thinks of liposuction as merely cosmetic. This includes the general public, physicians, insurance companies and even medical review boards (IRB). For that reason I use the phrase Lymph-Sparing, Tumescent Liposuction.
	2. Understand that some surgeons may refuse to file or dissuade you from filing a claim. Many will assert it is “never” paid; that’s not true. Their staff may be unfamiliar with appeals. You may have to file the claim and appeal yourself.
	3. You may not be able to find a qualified, board-certified plastic surgeon trained specifically in liposuction for lipedema *in-network*. You need ask your Provider and the carrier for an “out of network exception.”
	4. Not all carriers, carrier review boards, or provider reps are made equal; some will much more knowledgeable and detailed than others. You won’t win every appeal; some will be incredibly difficult to appeal and others much easier.
	5. Not every case will warrant payment; if you have co-morbidities or impairment to function and mobility cannot be illustrated, you may not be eligible.
4. **Medical Necessity**
	1. Get letters and a confirmed diagnosis of lipedema from all your Providers: primary care physician, plastic surgeon, cardiologist, endocrinologist, orthopedic doctor, and anyone else who can help document and prove the medical necessity of the procedure Be sure to focus on: Restore, Function, Quality of Life, and Co-morbidities.
	2. Note that in the 2020 ICD-10-CM there is no specific code for lipedema. Therefore there are multiple codes used to indicate lipedema in the United States. [More detail is provided later in this document.]
5. **Provide evidence that LS-TL is not experimental, investigative or unproven**.
	1. Confirm and support LS-TL as ***not*** experimental, investigative, or unproven (not medically necessary).
	2. Note that **unproven** can be defined differently than the other two above (per United HealthCare). Some carriers combine the three; some don’t; some carriers are more sophisticated in their evaluations than others.
6. **Read Your Insurance contract/plan**
	1. Read your carrier manual or contract for cosmetic exclusions, definitions and *Evidence of Coverage* information. Scour it for the terms liposuction and lipedema.
	2. See if they specifically reference liposuction *for* lipedema. Some carriers don’t reference liposuction at all; others don’t reference it in regard to lipedema. It is important to determine where your carrier is “on the curve.” Cigna has a fifteen-page denial with references to over 25 research papers; others have nothing. If the carrier has a denial policy, you will need to address their concerns and support your appeal with research literature.
7. **File your Claim**
	1. File the medical insurance claim. Ask Clinic to obtain pre-authorization and get either a denial reason or approval. Even if they deny the pre-authorization, if you feel you have a good reconstructive, medical necessity case, I would file the claim.
8. **Appeal Denial**
	1. Expect to be denied at least once. Most have multiple appeal levels (Medicare has specifically five levels).
	2. I have included an entire set of appeal letters and documents, in both .doc and .txt format so you can cut and paste and edit to suit your unique needs.
9. **Research to support Medical Necessity**
	1. Include all relevant research to support liposuction for lipedema as constructive and medically necessary.
	2. Be aware of common reasons for dismissing research: findings not consistent, lack of a comparator group, small patient size, loss of patients to long term follow-up, and unproven. This will be the most difficult part for a layman. Work with your provider and lipedema support groups.
10. **Co-Morbidities**
	1. Address co-morbidities (pre-existing conditions) and any safety issues that may preclude this patient as a candidate for the surgical procedure.
	2. In one appeal denial (Kaiser, 2014) the argument was simply that the surgeon did not effectively address the potential harm to the patient (even potential death) and that the risk did not warrant the procedure.
11. **Associations**
	1. Please feel free to submit this information to everyone involved with liposuction (LS-TL) for lipedema. Encourage them to change/add verbiage on their website and papers to reflect the procedure as reconstructive and medically necessary.
12. **Expert Opinions / Comparables**
	1. In this document I have included additional information which may or not be useful. I’ve included insurance companies, and countries that pay or deny LS-TL as well as expert opinions of those who feel the research supports medical necessity.
	2. One secondary argument is using *comparable conditions* (breast reconstruction, panniculectomy [tummy tuck] and cleft palate) to liposuction for lipedema that *are covered* as reconstructive and medically necessary.
	3. Breast reconstruction is reimbursed nationwide primarily based on federal and state statutes; cleft palate surgery is mandated in about 15 states; the tummy tuck (panniculectomy) procedure is most similar to liposuction as most carriers consider it cosmetic, deny it–but if you can prove its reconstructive on appeal some will pay for it.
13. **Legal Action:** If all appeals fail, the last resort is a class action suit against the carrier (California is best) based on “bad-faith” and breach of contract.