

Liposuction for Lipedema Medical Carrier Reimbursement May 11 2020

Lymph-Sparing Liposuction
Jeffrey Restuccio, CPC, COC, MBA

Certified medical coder, auditor, and reimbursement consultant

<http://www.lipoforlipedemareimbursement.com>

Hold Harmless Statement

- This coding and reimbursement information is provided for educational purposes only. It is not intended to represent the only, or necessarily the best, coding advice for the situations discussed, but rather represents an approach, view, statement, or opinion that may be helpful to persons responsible for coding and billing in a medical clinic.
- The statements made in this presentation should not be construed as policy or procedure, nor as standards of care. Codes and policies change all the time; while every effort was made to ensure accuracy, the author makes no representations and/or warranties, express or implied, regarding the accuracy of the information contained in this presentation and disclaims any liability or responsibility for any consequences resulting from or otherwise related to any use of, or reliance on this information.

What is our Mission?

Why are we doing this?

- The primary goal is to increase medical carrier reimbursement for liposuction for lipedema nationwide at a fair level. Toward that goal I offer five components:
 1. **Contact** Providers, researchers, patients, associations, and insurance companies.
 2. **Gather** information.
 3. **Disseminate** accurate and up-to-date information (related to reimbursement).
 4. **Educate** all of the above.
 5. Provide a specific **deliverable**: The Reimbursement Guidebook.

Ritecode.com Ritecode@gmail.com

3

Website

- Liposuction for Lipedema Reimbursement
- www.lipoforlipedemareimbursement.com
- Email: lipoforlipedemareimbursement@gmail.com
- All information in this presentation will be posted to the website **for free** in multiple formats (.doc, .xls, .PDF). We will include checklists, 12-step plans, copy-and-paste research clips and more so you can file a claim, appeal a denial and win.
- Our goal is to keep the information specific, accurate, and up-to-date (May 2020).
- We need Provider feedback: specific insurance companies and plans, dates, and payments (or non-payment) is all very helpful.

Ritecode.com Ritecode@gmail.com

4

One-Page Reimbursement Checklist

After several months on this project the Reimbursement is over sixty-pages and very dense with information. Everyone has asked that I simplify the process. Therefore we now have a **one-page, reimbursement and documentation checklist** on our website, that if you follow it meticulously, I believe you will win the majority of cases. It won't be easy, and it may take months, and even years; you may need to appeal multiple times, but if you persevere, you should be reimbursed.

I also believe there is a certain percentage, perhaps 15% that no matter how good your argument is, the carrier will deny your claim until all appeals are exhausted. But the one-page checklist will get you there if you don't want to wade through all the detail.

We are Here to Help

- Website with documentation, coding and reimbursement information.
- E-mail for questions.
- Collect and organize data and feedback.
- Advocate for reimbursement with insurance carriers.
- Work with professional associations.
- Educate patients.
- Educate Providers.
- Educate the general public.
- Educate the medical healthcare carriers.
- In the future, advocate and lobby for federal and state legislation (mandating coverage) [long-term project].

Words Matter

- Care should be taken to never refer to liposuction for lipedema as *cosmetic surgery*.
- Ideally, use the phrase: **Lymph-Sparing Liposuction**.
- Some may add the term “tumescent” or “Water-Assisted Liposuction” depending on the technique.
- Avoid using terms such as “contouring”, “improve appearance”, “aesthetic” or “cosmetic liposuction” in all Provider notes and pre-authorization letters.
- The medical (CPT™) term for liposuction is lipectomy.
- Use this phrase (often): *Lymph-Sparing Liposuction or reconstructive and medically necessary liposuction* (differentiate from experimental, investigative, unproven, or cosmetic liposuction).

Ritecode.com Ritecode@gmail.com

7

Liposuction For Lipedema Is **Reconstructive** (1 of 2)

It is imperative that Providers use verbiage that explains/reinforces that liposuction for lipedema:

1. Improves **function** [ability to walk, gait, mobility].
2. **Restores** the patient to a *normal* appearance. [emphasis on restore ... to normal]. Use the term “malformed body part” if applicable.
3. **Improve** the patient’s Quality Of Life (QOL).
4. The patient is *well enough* for the procedure. All **co-morbidities** have been addressed. The patient must be sick enough to warrant the procedure but well enough to survive it.

Ritecode.com Ritecode@gmail.com

8

Liposuction For Lipedema Is **Reconstructive** (2 of 2)

In addition include how the procedure:

5. Reduces need for other measures and impedes the progression of the disease.
6. Is based on *evidence-based guidelines and research*, and liposuction is the only procedure available after *all conservative treatments for lipedema have been **exhausted***.
7. Include **photos** that illustrate the “deformity” and seriousness of the condition.
8. Address **pain** as quantitatively as possible. Reducing pain is clearly reconstructive and not cosmetic. Make your case.

Big Picture - Lymph-Sparing Liposuction

- Lipedema affects as many as 11% of the female population. More diagnoses means more patients.
- We need an in-network surgeon in every city.
- More training in this specific and complex procedure means more treatment for the most afflicted.
- Carrier reimbursement reduces the financial burden for thousands of patients who otherwise could not afford the procedure(s).
- Opportunity for Providers to educate the public.
- Opportunity to help the most afflicted.

There are many *hurdles* however.

Hurdles

- Many Providers still think lipedema is obesity or lymphedema (not a separate disease) or are even unaware of its existence.
- Liposuction is cosmetic only.
- A surgeon will earn less from carrier reimbursement versus what he/she can charge a self-pay patient.
- Lots of bad reimbursement information on the Internet. On www.realself.com over a dozen surgeons assert that “liposuction for lipedema is never paid by an insurance company. This is categorically untrue. While most are old (from 2015) many are from 2019. These appear in the top-ten during an Internet searches. I asked [www.realself](http://www.realself.com) to take them down and they refused.
- Filing an insurance claim is time-consuming; appealing is even more so.
- Many liposuction Providers are not familiar with filing medical claim forms. Their staff is not trained in working appeals.
- Documenting for reimbursement is time-consuming and difficult.

Document Conservative Measures

Document at least six months of conservative treatment. This is REQUIRED! Your claim/appeal will fail if this is not correctly documented. Include:

1. Weight reduction plan for obesity documented and measured.
 2. Adherence to a low carbohydrate diet [either ketogenic diet or the more balanced anti-inflammatory diet
 3. Document the patient's strict compliance with all treatment and therapy recommendations.
 4. Compression stocking care.
 5. Combined Decongestive Therapy (CDT)
 6. Manual Lymphatic Drainage (MLD)
 7. *Deep oscillation therapy, intermittent pneumatic compression therapy (IPC), kinesio taping.
 8. *Cognitive Behavioral Therapy (CBT)
 9. *Lymphedema therapy
- * Optional; I would focus on the first six. Let's win this the first time.

ICD-10-CM* Codes

Currently (May 2020), There is no ICD-10-CM diagnosis code in the United States specific to Lipedema.

- R60.9 Edema (this code is cross-linked to lipedema in the Index)
- Q82.0 Familial Hereditary Edema
- E88.2: Adiposis dolorosa; Lipomatosis dolorosa (Dercum's disease)
- There are numerous opinions concerning which code is most accurate. I have a more in-depth discussion on my website.

* The "CM" Means Clinical Modifications and identifies the code set as the one used in the United States. While many simply say "ICD-10" in this case the difference is important.

New ICD-10-CM Codes For Lipedema

- My plan is to submit the addition of specific lipedema codes to The National Center for Health Statistics (NCHS/CDC).
- Specific lipedema codes are needed for identification, tracking, and research. The current plan is to submit the four international codes, listed previously.
- The submission must be sent by June 12, 2020. The panel will discussion all submissions in September, 2020. Those selected will be available for use on Oct. 1 2021 (the 2022 ICD-10-CM code set).
- In general the submission is about two pages, with a concise overview of the disease/condition, rationale for the request, and research to back up the need for the new codes.
- If you wish to provide feedback please contact me.

ICD-10-CM Proposal for New codes

The International ICD-10 codes (used widely in Germany) for lipoedema (notice the difference in spelling and inclusion of stages) are below:

- E88.20 Lipoedema, Stage 1
- E88.21 Lipoedema, Stage 2
- E88.22 Lipoedema, Stage 3
- E88.28 Other or unspecified lipoedema
- It is my understanding that code I89.0 is used for lipo-lymphedema. Let me know if you agree.
- Most feedback indicates there is not a Stage 4 lipedema (but stage 4 does appear in literature and many websites.)

CPT™ Codes

- There are currently (2020) four liposuction CPT™ codes. They have no Medicare RVU's (there is no Medicare fee schedule for them):

15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity

New CPT Code for Liposuction for Lipedema?

- After much research and discussions with numerous practitioners and reimbursement experts, it is apparent that the current CPT code set is not accurate for lymph-sparing liposuction for lipedema.
- For one it is overwhelmingly thought of as only a *cosmetic procedure*.
- It does not reflect the extra effort, complexity, skill level or time involved in the procedure.
- Therefore, some are submitting CPT code 38999: unlisted procedure, hemic or lymphatic system). The feedback is that they *are* being reimbursed. But this could cause problems with existing Policies (that reference the current CPT codes).

Ritecode.com Ritecode@gmail.com

17

Fibro-Lympho-Lipo-Aspiration?

- A new CPT code can take 3-5 years.
- Often it first appears as a Category III CPT code ending with a "T" These are rarely paid but there are exceptions.
- One suggestion is the term: Fibro-Lympho-Lipo-Aspiration (FLLA). This is not widely used but does appear in some research papers:
- 18. Campisi CC, Ryan M, Boccardo F, Campisi C. **Fibro-Lipo-Lymph-Aspiration** With a Lymph Vessel Sparing Procedure to Treat Advanced Lymphedema After Multiple Lymphatic-Venous Anastomoses: The Complete Treatment Protocol. *Ann Plast Surg.* 2017;78(2):184-190. doi: 110.1097/SAP.0000000000000853.

Ritecode.com Ritecode@gmail.com

18

A Procedure by Many Names

- Other terms for the procedure are:
 - Tumescant Liposuction
 - Lymph-Sparing Liposuction
 - Lymph-Sparing, Tumescant Liposuction
 - Water-Assisted Liposuction (WAL)
- My role here is to educate and advocate. Ultimately the professional societies must be involved in submitting a request for a new code to the AMA committee and lobby for it's need.
- The American Society of Plastic Surgeons is aware of the need but I don't believe they are actively working on presenting or lobbying for new codes.
- More information concerning Fibro-Lympho-Lipo-Aspiration is on the Website.

Ten Steps to Reimbursement

1. Document progression of disease, justification for the procedure and letters from multiple Providers.
2. Prepare for hurdles.
3. Establish medical necessity.
4. Address safety and co-morbidities.
5. Read insurance contract and exclusions.
6. Provide supporting research (may be easier after first denial).
7. Obtain pre-authorization (expect a denial).
8. File the claim (even if denied).
9. Appeal the denial if necessary (repeat as necessary).
10. After all appeals fail patients may be able to take legal action.

Liposuction for Lipedema Policy: Approved

- As of the time of this writing the largest insurance group reimbursing liposuction for lipedema as medically necessary and reconstructive is **Anthem-Blue Cross 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.
- It also covers Amerigroup, an Anthem subsidiary providing Medicare Part-C and Medicaid services in the following six states: Arizona, New Jersey, New Mexico, Tennessee, Texas, and Washington.
- 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!

Ritecode.com Ritecode@gmail.com

21

What is “investigational” or “experimental” or “unproven?”

What is “investigational” or “experimental” or “unproven?”

“A treatment is considered investigational or experimental (E/I) when it has progressed to limited human application, but has not achieved recognition as being *proven effective* in clinical medicine.”

—Blue Cross and Blue Shield Association's Medical Advisory Panel

E/I services are defined as a treatment, procedure, facility, equipment, drug, service or supply (“intervention”) that has been determined not to be medically effective for the condition being treated.

—BCBS-ND

Ritecode.com Ritecode@gmail.com

22

Experimental of Investigational Services

“Experimental of Investigational Services” means health care items or services that are either not generally accepted by informed health care providers **in the United States** as effective in treating the condition, illness or diagnosis for which their use is proposed, or are not proven by medical or scientific evidence to be effective in treating the condition, illness or diagnosis for which their use is proposed.

Experimental / Investigational; makes point that the *diagnosis code* will cause the denial.

—BCBS-VT; Policy Date: 5/1/2018.

Experimental or Investigational

- Health Net considers as Experimental or Investigational if it meets any of the following:
 - It is *currently the subject of active and credible evaluation* (e.g., clinical trials or research) to determine: clinical efficacy, therapeutic value or beneficial effects on health outcomes, or benefits beyond any established medical based alternative. [this verbiage suggests to me that they could deny any procedure currently being evaluated - Jeff]
 - Does not have FDA approval.
 - The most recent peer-reviewed scientific studies published or accepted for publication by *nationally recognized medical journals* do not conclude, or are inconclusive in finding, that the Service is *safe and effective* for the treatment if the condition for which authorization of the Service is requested. safe / effective

Other Denial Reasons

[Excluded are] Any procedure where the primary purpose is to *enhance aesthetics*, including but not limited to: ...liposuction.

–Allways Health

- Fallon Health excludes coverage of E/I procedures due to their lack of reliable or detailed clinical evidence of *superior clinical outcomes*. Fallon Health evaluates many different types of clinical evidence in determining if a procedure or treatment has a greater safety or efficacy than conventional treatments. This is inclusive but not limited to published technological assessments, randomized control studies, published peer literature, and expert opinions.

Website Posts

On the website I have numerous posts (over two-dozen and many are what I call “One-Pagers” an attempt to distill a complex subject onto only one page.

After working on about a dozen, I decided it was better to include all the information in one document to speed up updates and remove redundancy. You can use the search tool on the website for specific issues. Most all of the Posts are included in the **Reimbursement Guidebook**. It was last updated for May 2020.

Summary

- Increasing Lipedema diagnoses and healthcare-reimbursement liposuction for lipedema is a win/win for everyone. This is a debilitating condition affecting millions.
- It will take time.
- It will take education.
- It will take more training.
- It will take cooperation.
- We are here to help expedite this process.
- Updates: www.lipoforlipedemareimbursement.com

Ritecode.com Ritecode@gmail.com

27

Liposuction for Lipedema Medical Carrier Reimbursement

QUESTIONS?

Lymph-Sparing Liposuction
Jeffrey Restuccio, CPC, COC, MBA
lipoforlipedemareimbursement@gmail.com
ritecode@gmail.com
Certified medical coder, auditor, and reimbursement
consultant