**FOR IMMEDIATE RELEASE**

June is National Lipedema Awareness Month

Memphis TN, June 12, 2020

Lipedema is often misdiagnosed as obesity, edema, or lymphedema. While all can be present *with* lipedema, it is a separate condition. When lymphedema occurs with lipedema it's known as lipolymphedema, a secondary lymphedema. To accurately diagnose lipedema and its stages, be sure to see an endocrinologist familiar with lipedema, its diagnosis, and treatment.

While there is no cure for lipedema, there are numerous conservative treatments, including Manual Lymphatic Drainage (MLD), Comprehensive Decongestive Therapy (CDT), massage therapy, and compression garments. Adopting a healthy diet and exercise is recommended but research indicates that lipedema fat is resistant to diet and exercise (Fetzer A et al., 2015).

Once all conservative treatments have been exhausted, the only effective surgical treatment for lipedema is liposuction. But the procedure is not the same as liposuction performed for cosmetic reasons. Liposuction for lipedema is often referred to as lymph-sparing, tumescent, or water-assisted liposuction.

While many medical carriers do not reimburse for liposuction for lipedema, some do–and more will reimburse if the claim is appealed and proven to be reconstructive, medically necessary and not investigational, experimental, or unproven. The reason many insurance carriers reject liposuction for lipedema is that they are simply unaware of the condition and that lymph-sparing liposuction is reconstructive. Numerous research studies demonstrate that liposuction is both effective and safe as a treatment for lipedema (Baumgartner A et al., 2015) (Cobos L et al., 2019).

Before you investigate liposuction, if you're interested in carrier reimbursement, everything starts with *documentation*. Your doctor *must* document that obesity has been addressed and that a diet and exercise plan was provided, followed, and tracked for at least six months. The goal is to remove the carrier's position that if the patient lost weight they would no longer have lipedema. In addition, if the patient has difficulty exercising due to their condition, the pain and decrease in gait and functionality supports the AMA™ and Medicare definition of "reconstructive surgery." This all works to your benefit. The take-away is that even though diet and exercise may not improve the lipedema condition, it’s beneficial for weight loss and the documentation and effort improves your case for liposuction reimbursement.

In 2020 the term "Stage IV lipedema" should not be used. This is considered an antiquated term. There are three lipedema stages and lipolymphedema, a secondary lymphedema, which can occur with any stage. (Schmeller W et al., 2010). The International ICD-10 code set recognizes three lipedema stages and their use is common in Germany and Austria (Reich-Schupke S et al., 2017 [S1 Guidelines: Lipedema]).

Omitting Stage IV will be surprising to many as there are numerous websites that both document Stage IV lipedema and include photographs. The Stage IV photograph should read, "Lipedema (stage I, II, or III with lipolymphedema). While the term is lipolymphedema, the lymphedema is not *caused* by or considered secondary to lipedema; the most common cause, in this case, is the associated obesity (there are numerous causes of secondary lymphedema, most often radiation therapy and injury). The term simply describes a more advanced condition where the two conditions occur together (Wollina U et al., 2018).

For additional information with additional references, a free Reimbursement Guidebook for Liposuction for Lipedema is available at the website: www.lipoforlipedemareimbursement.com. In addition there is a one-page reimbursement and documentation checklist that will greatly increase your chance of being reimbursed for liposuction.

Unique ICD-10-CM codes for lipedema, stages and lipolymphedema have been submitted to the NCHS/CDC (June 12 2020) with the support of the American Vein and Lymphatic Society (AVLS). If accepted these codes would be available Oct. 1 2021 for the 2022 ICD-10-CM code set. Having unique codes will greatly enhance our ability to diagnose, track, treat, and research these diseases.

For further information contact us at lipoforlipedemareimbursement@gmail.com, or use the contact form on the website. We would love to hear from you!

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