

Lymph-Sparing Liposuction for Lipedema Reimbursement Checklist (Aug 5 2020)

1		Make the decision for surgery (explore your options).
2		Preparation begins 6-12 months before the surgery. Your goal is to line up everything to make the most compelling case about the severity and uniqueness of your situation and that no other alternative is available.
3		The key to reimbursement is confirming and documenting that Lymph-Sparing Liposuction is reconstructive, medically necessary and not experimental, investigative, unproven, or cosmetic. Some may call it Tumescent Liposuction.
4	<input type="checkbox"/>	All health plans have an appeals process that you need to follow. Be sure to carefully research your plan.
5	<input type="checkbox"/>	Find a qualified surgeon
6	<input type="checkbox"/>	Plan for surgery: Before you plan for surgery please read all the checklist items below.
7	<input type="checkbox"/>	In-Network or Out of Network? Most patients have to go "out of network" for a qualified surgeon; if you do you should request an "out of network" exception so you are reimbursed per "in network" protocol. Note that since there is no fee schedule for the procedure the reimbursement could be any amount.
8	<input type="checkbox"/>	Establish the number of surgeries/treatments. Usually at least two.
9	<input type="checkbox"/>	Pre-authorization: Since liposuction for lipedema is on very few approved procedures list and is not in the Medicare fee schedule, you should request pre-approval but sending all your supporting documentation below. Expect to be denied.
10	<input type="checkbox"/>	Always get the full name, ID number, date and time and e-mail of everyone you speak to during the pre-authorization or appeal process. Be nice!.
11	<input type="checkbox"/>	If you get an approval, get the agent's name and e-mail and ask for their supervisor's name (and e-mail). Ask if you can confirm the approval with an e-mail to the patient representative and copy his/her boss. Be nice! They may not be cooperative.
12	<input type="checkbox"/>	It is not uncommon to obtain a pre-authorization only to be charged or the insurance company changes their mind later. Document everything meticulously.
13	<input type="checkbox"/>	Single Case Agreement (SCA)? This is an agreement to pay the surgeon on your case only. Sometimes a lawyer is involved. It is because the clinic is not contracted with the insurance company.
14	<input type="checkbox"/>	Claim Form: CMS-1490 (patient payment form) or the CMS-1500 (Provider payment form)
15	<input type="checkbox"/>	Pay You or the Surgeon?
16	<input type="checkbox"/>	Hire an Advocate? If you find the task overwhelming you may want to hire an advocate with liposuction for lipedema experience.
17	<input type="checkbox"/>	What if you already had the surgery or are planning on it soon? If you are approved then any lack of documentation won't matter; if you are denied and need to appeal then go back and get everything listed below plus be sure to counter their denial argument.
18	<input type="checkbox"/>	Normal-weight patients. Research indicates that treating lipedema early with liposuction has benefits. This is referenced in both the Dutch Guidelines and the Sanderhofer (2020) research. Also focus on abnormal appearance, pain, bruising, and quality of life (ability to exercise).
19		Read the following checklist very carefully. Proper planning will increase the probability that your healthcare insurance carrier will reimburse for the liposuction procedure. We do not want to give them any reason to deny the claim. Not every item below will apply to every patient.
20	<input type="checkbox"/>	Check in your state if there is a commissioner or ombudsman that assists with healthcare reimbursement issues; they may not be familiar with liposuction for lipedema but could help with an appeal.
21	<input type="checkbox"/>	Read your carrier manual or contract for exclusions, definitions, and Evidence of Coverage information related to liposuction or lipedema.
22	<input type="checkbox"/>	Get letters of medical necessity and a confirmed lipedema diagnosis from your primary care doctor and surgeon.
23	<input type="checkbox"/>	Document the lipedema stage even though the US ICD-10-CM currently does not have lipedema stage codes.
24	<input type="checkbox"/>	In your documentation packet include a short overview of lipedema and the unique nature of it.
25	<input type="checkbox"/>	Document the progression of the disease and treatment.
26	<input type="checkbox"/>	Document at least six months of conservative treatment. This is REQUIRED! Your appeal will fail if this is not correctly and carefully documented.
27	<input type="checkbox"/>	Demonstrate with Provider letters that all conservative treatment has failed and the progression of the disease will worsen without surgical treatment. <input type="checkbox"/> Document and quantify all efforts concerning weight loss and obesity.
28	<input type="checkbox"/>	Include all physical exam notes, labs, test, and relevant surgical operative reports.
29	<input type="checkbox"/>	All Providers must document that the patient has been compliant in regard to office visits and medical care.

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30	<input type="checkbox"/>	Address comorbidities and any safety issues concerning treatment (risks for surgery). Important!
31	<input type="checkbox"/>	Obtain notes and documentation from multiple Providers. For specialists this would include consultation reports.
32	<input type="checkbox"/>	Doctors should include: <input type="checkbox"/> Primary Care Provider, <input type="checkbox"/> Liposuction Surgeon, <input type="checkbox"/> Cardiologist (important to rule-out heart problems, <input type="checkbox"/> Endocrinologist (address progression, lymphedema, diabetes). <input type="checkbox"/> Orthopedic Provider (good for justifying medical necessity for increased functionality). <input type="checkbox"/> Podiatrist (focus on gait and mobility).
33	<input type="checkbox"/>	Photographs are important! Illustrate issues with functionality, mobility, and restoration to a <i>normal appearance</i> .
34	<input type="checkbox"/>	Adherence to a low carbohydrate diet [either ketogenic diet or the more balanced anti-inflammatory diet] exercise.
35	<input type="checkbox"/>	Document the patient's strict compliance with all treatment and therapy recommendations including: <input type="checkbox"/> Compression stocking care. <input type="checkbox"/> Combined decongestive therapy (CDT). <input type="checkbox"/> Manual Lymphatic Drainage (MLD). <input type="checkbox"/> Lymphedema therapy
36	<input type="checkbox"/>	Establish need for liposuction: Include an over-all quantitative pain and severity score if possible. EQ-5D VAS (Visual analogue scale) is one example. Focus on the following four areas: [1] Improve functionality (explain how, what). [2] Increase mobility and gait. [3] Improve Quality of Life (pain, bruising, migraines) Include quantitative measures if available). [4] Restoring the patient to a normal appearance*" (Where, what, how).
37	<input type="checkbox"/>	Migraines, hypothyroidism, diabetes, obesity, [migraine reduction after surgery - (Bauer A et al, 2019)]
38	<input type="checkbox"/>	The scientific evidence must support conclusions concerning the effect of liposuction on health outcomes.
39	<input type="checkbox"/>	Lymph sparing liposuction improves the net health outcome.
40	<input type="checkbox"/>	Lymph sparing liposuction is as beneficial as any established alternatives.
41	<input type="checkbox"/>	The health improvement is attainable outside the investigational setting.
42	<input type="checkbox"/>	Include research to support liposuction for lipedema as reconstructive and medically necessary.
43	<input type="checkbox"/>	File the medical insurance claim [Ask Clinic to obtain pre-authorization; get denial reason or approval].
44	<input type="checkbox"/>	Confirm with the insurance company within a week whether they received your claim. Typical Timely Filing Period is 90 days (If you fail to submit a claim within this period, it won't be paid). You should get an Approval or Denial EOB within 30-60 days but don't wait that long to confirm.
45	<input type="checkbox"/>	If denied you must appeal; most carriers have multiple levels of appeal (Medicare has five levels). Prepare to appeal multiple times over a period of months. Some appeals take over a year.
46	<input type="checkbox"/>	If all levels of appeal fail, the last resort is a class-action legal suit against the carrier (California is best).
47		www.lipoforlipedemareimbursement.com
48		*If possible include the phrase: "the surgery is to improve the function of a malformed body part." (Medicare definition of reconstructive).