

Subject: Lymphedema and Lipedema Surgical Treatment
Medical Policy #: 62.0
Status: Reviewed
Original Effective Date: 05-22-2024
Last Annual Review Date: 05-28-2025

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Lymphedema vs Lipedema:

Lipedema is characterized by symmetric enlargement of the limbs, combined with tenderness and easy bruising. Unlike lymphedema, lipedema is not caused by a disorder of the lymphatic system. While lipedema always affects both legs symmetrically (bilateral appearance), primary lymphedema usually affects one leg only. If both legs are involved in primary lymphedema, the swelling appears asymmetric. The feet are not involved in lipedema; the symmetrical distribution of fat is located between the hips and the ankles. In contrast, the feet in lymphedema are involved in the swelling, and a diagnostic indicator known as the Stemmer sign* is positive. Lymphedema involves pitting edema, and the tissue feels firmer than what is present in lipedema. The cause for the onset of lymphedema is malformations of the lymphatic system, while the underlying cause of lipedema remains unknown and is thought to be associated with hormonal disorders.

There are several distinct differences between the presentation of lipedema and primary lymphedema which are part of the differential diagnosis process and are provided in the table** below.

Lipedema	Lymphedema	Obesity
Disproportion present	Disproportion absent	Disproportion absent
Pubertal age of onset	Onset at any age	Onset at any age
Usually bilateral and mainly involving legs, but not feet	Uni- or bilateral, involving arms or legs	Usually bilateral, involving arms legs, including hands and feet
Skin color is normal, without pitting	Skin color is brown, warty, or sclerotic with pitting	Skin color is normal, without pitting
Stemmer sign negative	Stemmer sign positive	Stemmer sign negative
Skin consistency is firm	Skin consistency is soft	Skin consistency is soft
No response to compression therapy	Responds to compression therapy	No response to compression therapy
Easy bruising	Generally not bruising	Generally not bruising

**table from Shavit, 2018*

*The Stemmer Test is done by trying to lift a skin fold on the back of the second toe or middle finger. If you are able to gently pinch and lift the skin fold, the Stemmer Sign is negative. If it is not possible to gently pinch and lift the fold, this may be an indication of protein accumulation in the tissue. In this case, the Stemmer Sign is positive and serves as an indication that lymphedema may be present.

See other related Medical Policy Manuals:

- MPM 18.5, Restorative/Reconstructive/Cosmetic Surgery and Treatment
- MPM 27.0, Breast Surgical Procedures
- Refer to DME: Miscellaneous, MPM 4.5, for Lymphedema Compression Treatment

Coverage Determination

Prior Authorization is required. Logon to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

Coverage is for Medicare, Medicaid and Commercial.

A. Lipectomy/Liposuction for Lymphedema:

Lipectomy or liposuction is considered medically necessary in members with documented *lymphedema* (primary or secondary, related to surgical mastectomy) when **ALL** of the following criteria are met **(1 through 5)**:

1. Signs and symptoms have not responded to at least 90 consecutive days of optimal medical management, including **one or more** of the following:
 - a. Use of compression garments; **or**
 - b. Manual lymph drainage; **or**
 - c. Complex/complete decongestive therapy (CDT);**and**
2. For each anatomical region being considered for treatment, **either (a or b)** must be met:
 - a. There is documented significant functional impairment as a direct result of change in limb volume from lymphedema accumulation (for example, difficulty ambulating, performing activities of daily living, or loss of function coincident with the volume change); **or**
 - b. There are documented medical complication(s) as a result of lymphedema (for example, severe recurrent cellulitis or severe neurological symptoms [for example, numbness, tingling or paresthesia]), and **both** of the following criteria are met for the complication(s):
 - i. Unresponsive to conservative management; **and**
 - ii. Significant enough to justify surgical intervention;**and**
3. Expected result: Lipectomy or liposuction is reasonably expected to improve the functional impairment (for example, volume reduction of extremity circumferences is expected to result in a significant improvement in mobility);
and
4. Postsurgical plan of care: Wear compression garments as instructed and continue conservative treatment postoperatively to maintain benefits;
and
5. Photograph: Documented photos are consistent with the diagnosis of *lymphedema* in the affected extremities, including limb asymmetry.

B. Lipectomy/Liposuction for Lipedema:

Lipectomy or liposuction is considered medically necessary in members with *lipedema* when **ALL** of the following criteria are met **(1 through 6)**:

1. Documentation: A diagnosis of lipedema has been documented, including **all** of the following:
 - a. Bilateral, symmetrical, disproportionate fatty tissue hypertrophy on the limbs sparing the hands and feet;
and
 - b. Negative Stemmer sign; **and**
 - c. Marked tendency to bruise or form hematomas; **and**
 - d. Stable limb circumference with weight reduction or caloric restriction (if applicable); **and**
 - e. Pain on pressure and touch;**and**
2. Signs and symptoms have not responded to at least 90 consecutive days of optimal medical management, including **both** of the following:
 - a. Use of compression garments; **and**
 - b. Manual lymphatic drainage;**and**
3. For each anatomical region being considered for treatment, **either (a or b)** must be met:
 - a. There is documented significant functional impairment as a direct result of change in limb volume from lipedema (for example, difficulty ambulating or performing activities of daily living); **or**
 - b. There are documented medical complication(s) as a result of lipedema (for example, severe aching discomfort, pain or tenderness, severe maceration, severe recurrent skin infection, or severe venous insufficiency) and **both** of the following criteria are met for the complication(s):
 - i. Unresponsive to conservative management; **and**
 - ii. Significant enough to justify surgical intervention;**and**

4. Expected result: Lipectomy or liposuction is reasonably expected to improve the functional impairment or medical complications (for example, volume reduction of extremity circumferences is expected to result in a significant improvement in mobility);
and
5. Postsurgical plan of care: Wear compression garments as instructed and continue conservative treatment postoperatively to maintain benefits;
and
6. Photograph: Documented photos are consistent with the diagnosis of *lipedema* in the affected extremities, including limb symmetry.

Correction of lymphedema (for example, related to surgical mastectomy) or lipedema using lipectomy or liposuction is considered **reconstructive** when done to address a significant variation from normal.

Lipectomy or liposuction is considered **cosmetic and not medically necessary** when the reconstructive criteria in this section are not met **or** when the medically necessary criteria in this section are not met, including for treatment of obesity when there is no supporting documentation that supports the diagnosis of lymphedema or lipedema.

The following types of surgeries for the prevention **or** treatment of lymphedema (including lymphedema as a result of a mastectomy) is considered investigational and not medically necessary, including but not limited to the following:

1. There are several methods of microsurgical lymphatic bypass, including but not limited to:
 - Lymphovenous bypass
 - Lymphatic venous anastomosis (aka, Lymphaticovenous anastomosis or LVA), and
 - Lymphatic-capsular-venous anastomosis (LCVA)
 - Lymphaticolymphatic bypass
2. Vascularized lymph node transfer (VLNT)
3. Tissue/Flap transfer (for example, omental flap transfer)

Bioimpedance spectroscopy BIS (code 93702):

No prior authorization required.

For Medicare, Medicaid and Commercial, PHP follows NCCN, Breast Cancer guideline (see Survivorship Guideline: Lymphedema hyperlink) for measurement of extracellular fluid volume in an individual at risk for developing lymphedema.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

The following CPT codes are considered Medically Necessary when used to report the surgical treatment of <u>lymphedema</u> when the above criteria are met:	
CPT Codes	Code Description
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity

The following CPT codes are considered Medically Necessary when used to report lipectomy or liposuction for the treatment of <u>lipedema</u> of the extremities when the above criteria are met:	
CPT Codes	Code Description
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity

The following are considered experimental/Investigational/Unproved when used to report surgical treatment for lymphedema (e.g., microsurgical lymphovenous bypass, lymphatico-venous anastomosis, lymphatic- capsular venous anastomosis, vascularized lymph node transfer); tissue transfer (e.g., omental or mesenteric flap), immediate lymphatic reconstruction (e.g., Lymphatic Microsurgical Preventing Healing Approach for prophylactic purposes).

CPT Codes	Code Description
38589	Unlisted laparoscopy procedure, lymphatic system
38999	Unlisted procedure, hemic or lymphatic system
38308	Lymphangiectomy or other operations on lymphatic channels
37799	Unlisted procedure, vascular surgery

The following are considered experimental/Investigational when free muscle or myocutaneous flap with microvascular anastomosis:

CPT Codes	Code Description
49906	Free omental flap with microvascular anastomosis
15756	Free muscle or myocutaneous flap with microvascular anastomosis [Not Covered if used to report surgical treatment, lymph node tissue transfer, of lymphedema]

Bioimpedance Spectroscopy for the Assessment of Lymphedema is covered for ALOB

CPT Codes	Code Description
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)

Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee (PHCQC): Clinton White MD

Senior Medical Director: Jim Romero MD

Medical Director: Kresta Antillon

Date Approved: 05-28-2025

References

- Hayes, Microsurgical Treatment Of Lymphedema Following Breast Cancer Surgery, Health Technology Assessment Jul 18, 2013 | Annual Review: Jun 30, 2015. [Cited 04-29-2025]
- Hayes, Lymphovenous Anastomosis for the Physiological Microsurgical Treatment of Lymphedema, Health Technology Assessment, Jun 9, 2020 | Annual Review: Jun 29, 2023. [Cited 04-29-2025]
- Hayes, Liposuction for the reductive surgical treatment of lymphedema. Health Technology Assessment, Published October 27, 2020. Updated October 24, 2023. [Cited 04-29-2025]
- Hayes, Microsurgery for Primary Prevention of Breast Cancer Related Lymphedema, Health Technology Assessment, Oct 15, 2019, Annual Review: Nov 14, 2022. [Cited 04-29-2025]
- Hayes, Lymph Tissue Transfer for the Physiological Microsurgical Treatment of Lymphedema, Health Technology Assessment Aug 25, 2020 | Annual Review: Jul 28, 2022. [Cited 04-29-2025]
- Hayes, Liposuction for the Treatment of Lipedema, Evolving Evidence Review, April 19, 2022, Annual Review March 15, 2024. [Cited 04-29-2025]
- NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) in their 2025 guideline for Breast Cancer. [Cited 04-29-2025]
- UpToDate, "Surgical treatment of primary and secondary lymphedema" Literature review current through: Dec 2023. This topic last updated: March 17, 2025. [Cited 02-01-2024]
- Cigna, Lymphedema and Lipedema Surgical Treatment, Coverage Policy number#0531, Effective Date: 11/15/24, Next Review Date: 09/15/20254. [Cited 05-01-2025]
- Humana, Lymphedema – diagnosis and Treatment, Revision Date: 06/06/2024 2024, Review Date: 06/06/2024, Policy Number: HUM-0432-033. [Cited 05-01-2025]
- UHC- Surgical Treatment of Lymphedema, Policy Number: 2023T0636D, Effective Date: February 1, 2024. [Cited 05-01-2025]
- BCBS of New Mexico, Surgery for Lipedema and Lymphedema, SUR701.024, policy #: SUR701.024, effective date: 02/01/2024, Policy end date: 05/14/2025. [Cited 05-01-2025]
- Blue of California, 7.01.162 Surgical Treatments for Breast Cancer-Related Lymphedema, Effective Date: November 1, 2022. [Cited 05-01-2025]
- Bioimpedance Spectroscopy:**
 - NCCN, Breast Cancer Guideline Version 1.20254 – April 8, 2025. See NCD Guidelines for Survivorship:

- Lymphedema hyperlink. [Cited 05-01-2025]
- b) MCG Health Ambulatory Care 29th Edition, Bioimpedance Spectroscopy, ACG: A-0667, last updated 01/25/2025. [Cited 05/01/2025]
 - c) Hayes, Bioelectrical Impedance (Bioimpedance) Analysis For Assessment of Lymphedema, Health Technology Assessment Aug 06, 2020, Annual Review Feb 13, 20253. [Cited 05/01/2025]
 - d) CMS, Local Coverage Determination (LCD), Services That Are Not Reasonable and Necessary (L35094), RETIRED Revision Date: 07/01/2020, R43 and related LCA (A56967), RETIRED Revision date 07/01/2020, R4. [Cited 05/06/2024]
 - e) Aetna – Lymphedema, Policy#0069, Effective 10/23/1995, Last review: 03/19/2025 Next review 031/08/2026. [Cited 05-01-2025]
 - f) Cigna – Omnibus codes – Policy #0504, Effective date: 03/15/2023, Next review date: 03/15/2024. [Cited 05/06/2024]

Publication History

- 05-22-2024 Reviewed by Medical Policy Committee (MPC) on 03-06-2024. New policy: Lipectomy or liposuction when done to address lymphedema or lipedema is covered for ALOB. Surgeries for the prevention or treatment of lymphedema that are considered experimental/investigational are: Lymphaticolymphatic bypass; Lymphovenous bypass; Lymphaticovenular anastomosis; Lymphatic-capsular-venous anastomosis (LCVA); Vascularized lymph node transfer; and Tissue/Flap transfer. Codes added: 15832, 15833, 15836, 15837, 15839, 15878, 15879, 37799 which will continue to require PA. Other codes added: 38589, 38999, 49906, 15756 and 38308 will be set to require PA.
Reviewed by MPC on 05/08/2024. Bioimpedance Spectroscopy (BIS) for the Assessment of Lymphedema (code 93702), moved from MPM 36.0 which was previously considered experimental. Upon this review BIS will be covered for ALOB and will follow NCCN Breast Cancer guideline under survivorship hyperlink guideline. Remove previous non-covered configuration for code 93702 for ALOB. Code will not require prior authorization.
Update 10/23/2024: add "Refer to DME: Miscellaneous, MPM 4.5, for Lymphedema Compression Treatment"
- 05-28-2025 Annual review. Reviewed by Medical Policy Committee (MPC) on 05-02-2025. Continuing with no change to the homegrown criteria. Lipectomy or liposuction when done to address lymphedema or lipedema will remain covered for ALOB. Surgeries for the prevention or treatment of lymphedema that are considered experimental & investigational are: Lymphaticolymphatic bypass; Lymphovenous bypass; Lymphaticovenular anastomosis; Lymphatic-capsular-venous anastomosis (LCVA); Vascularized lymph node transfer; and Tissue/Flap transfer. Continue PA requirement for ALOB for codes: 15756, 15832, 15833, 15836, 15837, 15839, 15878, 15879, 37799, 38308, 38589, 38999 & 49906, since the overall codes approval rates appear between 50% and 80%. Bioimpedance Spectroscopy (BIS) for the Assessment of Lymphedema (code 93702) will continue to follow NCCN Breast Cancer guideline under survivorship for ALOB. Continuing no PA requirement for code 93702 for ALOB.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.