MEDICAL POLICY – 7.01.567
Surgical Treatments for Lymphedema and Lipedema

BCBSA Ref. Policy: 7.01.162
Effective Date: May 1, 2020
Last Revised: April 14, 2020
Replaces: 7.01.162
RELATED MEDICAL POLICIES:
10.01.514 Cosmetic and Reconstructive Services

Select a hyperlink below to be directed to that section.

POLICY CRITERIA | DOCUMENTATION REQUIREMENTS | CODING
RELATED INFORMATION | EVIDENCE REVIEW | REFERENCES | HISTORY

∞ Clicking this icon returns you to the hyperlinks menu above.

Introduction

Lymphatic fluid is a clear fluid that travels throughout the body. Its job is to remove wastes and bacteria from tissue. Lymphedema is swelling when too much lymphatic fluid accumulates in any part of the body. Lymphedema can be a result of certain surgeries or other procedures that remove or affect lymph node drainage. Lymphedema occurs because there are fewer natural channels for the fluid to move through. Typical treatment calls for raising the affected arm, massaging the area, or using pumps that apply light pressure. Certain surgeries are now being studied. These surgeries call for rerouting the flow of lymphatic fluid by connecting lymph vessels to veins, lymph nodes and veins, or lymph vessels to other lymph vessels. Other surgeries try to reduce swelling by moving other tissue into the surgical area or using suction to remove excess fat and proteins. All of these surgeries are investigational (unproven). More studies are needed to see how well they work over the long term.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.
<table>
<thead>
<tr>
<th>Treatment</th>
<th>Medically Necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lipectomy or liposuction for the treatment of lymphedema or lipedema</strong></td>
<td>Lipectomy or liposuction for the treatment of lymphedema or lipedema may be considered medically necessary when the following criteria are met:</td>
</tr>
<tr>
<td></td>
<td>• There is documentation of significant physical functional impairment (eg, difficulty ambulating or performing activities of daily living); and</td>
</tr>
<tr>
<td></td>
<td>• The individual has not responded to at least 3 consecutive months of optimal medical management (such as conservative treatment with compression garments and manual lymph drainage); and</td>
</tr>
<tr>
<td></td>
<td>• The plan of care postoperatively is to continue to wear compression garments as instructed to maintain the benefits of treatment; and</td>
</tr>
<tr>
<td></td>
<td>• For the diagnosis of lipedema, the individual has all of the following clinical exam findings: (see Table 1)</td>
</tr>
<tr>
<td></td>
<td>o Bilateral symmetric adiposity in the extremities;</td>
</tr>
<tr>
<td></td>
<td>o Non-pitting edema;</td>
</tr>
<tr>
<td></td>
<td>o Tissue in affected areas is soft to palpation;</td>
</tr>
<tr>
<td></td>
<td>o Tissue in affected areas is tender to palpation</td>
</tr>
<tr>
<td></td>
<td>• Submission of photographs document the affected extremities requested for treatment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Investigational</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Surgical treatments</strong></td>
<td>The following surgical treatments for lymphedema (eg, upper or lower extremities or genitalia) are considered investigational:</td>
</tr>
<tr>
<td></td>
<td>• Lymphatic physiologic microsurgery</td>
</tr>
<tr>
<td></td>
<td>• Lymphatico-lymphatic bypass</td>
</tr>
<tr>
<td></td>
<td>• Lymphovenous bypass</td>
</tr>
<tr>
<td></td>
<td>• Lymphaticovenous anastomosis</td>
</tr>
<tr>
<td></td>
<td>• Autologous lymph node transplantation</td>
</tr>
<tr>
<td></td>
<td>• Vascularized lymph node transfer</td>
</tr>
<tr>
<td></td>
<td>• Tissue transfer (eg, omental or mesenteric flap)</td>
</tr>
<tr>
<td></td>
<td>• Reductive/ablative techniques</td>
</tr>
<tr>
<td></td>
<td>• Direct excision</td>
</tr>
</tbody>
</table>
### Treatment

<table>
<thead>
<tr>
<th>Preventive surgical treatment</th>
<th>Investigational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lymphatic physiologic microsurgery performed during nodal dissection or breast reconstruction to prevent lymphedema (including, but not limited to, the Lymphatic Microsurgical Preventing Healing Approach) in individuals who are being treated for breast cancer is considered investigational.</td>
<td></td>
</tr>
<tr>
<td>Reverse lymphatic mapping</td>
<td>Reverse lymphatic mapping used during lymphatic surgical or liposuction procedures is considered investigational.</td>
</tr>
</tbody>
</table>

### Documentation Requirements

The patient’s medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following:

- Office visit notes that contain the relevant history and physical (with the specific surgical procedure requested, any physical functional impairment noted, medical management tried, post-op plan of care for use of compression garments)
- If request is for the treatment of lipedema all of the following clinical exam findings are documented: bilateral symmetric adiposity in the extremities, non-pitting edema, tissue in affected areas is soft to palpation, and tissue in affected areas is tender to palpation
- Photographs document the affected extremities requested for treatment

### Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT</td>
<td></td>
</tr>
<tr>
<td>15832</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh</td>
</tr>
<tr>
<td>15833</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg</td>
</tr>
<tr>
<td>15836</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm</td>
</tr>
<tr>
<td>15839</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area</td>
</tr>
<tr>
<td>15877</td>
<td>Suction assisted lipectomy; trunk</td>
</tr>
<tr>
<td>15878</td>
<td>Suction assisted lipectomy; upper extremity</td>
</tr>
<tr>
<td>15879</td>
<td>Suction assisted lipectomy; lower extremity</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>38999</td>
<td>Unlisted procedure, hemic or lymphatic system.</td>
</tr>
<tr>
<td>76499</td>
<td>Unlisted diagnostic radiographic procedure</td>
</tr>
</tbody>
</table>

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Related Information

Definition of Terms

When specific definitions are not present in a member’s plan, the following definitions will be applied.

**Physical functional impairment:** In this policy, physical functional impairment means either limitation from normal physical functioning or baseline level of functioning that may include, but is not limited to, problems with ambulation, mobilization, communication, respiration, eating, swallowing, vision, facial expression, skin integrity, distortion of nearby body part(s) or obstruction of an orifice. The physical functional impairment can be due to structure, congenital deformity, pain, or other causes. Physical functional impairment excludes social, emotional and psychological impairments or potential impairments.

Table 1. Comparison of Findings in Lipedema, Lymphedema, and Lifestyle-induced Obesity

<table>
<thead>
<tr>
<th></th>
<th>Lipedema</th>
<th>Lymphedema</th>
<th>Lifestyle-induced Obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td>Women</td>
<td>Women and men</td>
<td>Women and men</td>
</tr>
<tr>
<td><strong>Adiposity</strong></td>
<td>Bilateral extremities Symmetric</td>
<td>Unilateral or bilateral extremities</td>
<td>Whole body, proportionate Symmetric</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Asymmetric</td>
<td></td>
</tr>
<tr>
<td><strong>Edema</strong></td>
<td>Nonpitting</td>
<td>Pitting</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Minimal change with elevation; minimal change with compression</td>
<td>Reduced by elevation; reduced with compression</td>
<td>No change with elevation or compression</td>
</tr>
</tbody>
</table>
### Evidence Review

#### Description

Surgery and radiotherapy for breast cancer can lead to lymphedema and is one of the most common causes of secondary lymphedema. There is no cure for lymphedema. However, physiologic microsurgical techniques such as lymphaticovenular anastomosis or vascularized lymph node transfer have been developed that may improve lymphatic circulation, thereby decreasing symptoms and risk of infection.

#### Background

**Lymphedema**

Lymphedema is an accumulation of fluid due to disruption of lymphatic drainage. Lymphedema can be caused by congenital or inherited abnormalities in the lymphatic system (primary lymphedema) but is most often caused by acquired damage to the lymphatic system (secondary lymphedema).

#### Diagnosis and Staging

A diagnosis of secondary lymphedema is based on history (eg, cancer treatment, trauma) and physical examination (localized, progressive edema and asymmetric limb measurements) when other causes of edema can be excluded. Imaging, such as magnetic resonance imaging, computed tomography, ultrasound, or lymphoscintigraphy, may be used to differentiate lymphedema from other causes of edema in diagnostically challenging cases.
Table 2 lists International Society of Lymphology guidance for staging lymphedema based on "softness" or "firmness" of the limb and the changes with an elevation of the limb.1

Table 2. Recommendations for Staging Lymphedema

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 0 (subclinical)</td>
<td>Swelling is not evident and most patients are asymptomatic despite impaired lymphatic transport</td>
</tr>
<tr>
<td>Stage I (mild)</td>
<td>Accumulation of fluid that subsides (usually within 24 hours) with limb elevation; soft edema that may pit, without evidence of dermal fibrosis</td>
</tr>
<tr>
<td>Stage II (moderate)</td>
<td>Does not resolve with limb elevation alone; limb may no longer pit on examination</td>
</tr>
<tr>
<td>Stage III (severe)</td>
<td>Lymphostatic elephantiasis; pitting can be absent; skin has trophic changes</td>
</tr>
</tbody>
</table>

Breast Cancer–Related Lymphedema

Breast cancer treatment is one of the most common causes of secondary lymphedema. Both the surgical removal of lymph nodes and radiotherapy are associated with development of lymphedema in patients with breast cancer.

In a systematic review of 72 studies (N=29,612 women), DiSipio et al (2013) reported that approximately 1 in 5 women who survive breast cancer will develop arm lymphedema.2 Reviewers reported that risk factors for development of lymphedema that had a strong level of evidence were extensive surgery (ie, axillary-lymph-node dissection, greater number of lymph nodes dissected, mastectomy) and being overweight or obese.

Management and Treatment

Early and ongoing treatment of lymphedema is necessary. Conservative therapy may consist of several features depending on the severity of the lymphedema. Patients are educated on the importance of self-care including hygiene practices to prevent infection, maintaining ideal body weight through diet and exercise, and limb elevation. Compression therapy consists of repeatedly applying padding and bandages or compression garments. Manual lymphatic drainage is a light pressure massage, performed by trained physical therapists or by patients, designed to move fluid from obstructed areas into functioning lymph vessels and lymph nodes. Complete decongestive therapy is a multiphase treatment program involving all of the previously mentioned conservative treatment components at different intensities. Pneumatic
compression pumps may also be considered as an adjunct to conservative therapy or as an alternative to self-manual lymphatic drainage in patients who have difficulty performing self-manual lymphatic drainage. In patients with more advanced lymphedema after fat deposition and tissue fibrosis has occurred, palliative surgery using reductive techniques such as liposuction may be performed.

Table 3. Physiologic Microsurgical Interventions for Lymphedema

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Surgery</th>
<th>Description</th>
<th>Key Features</th>
</tr>
</thead>
</table>
| Bypass or reconstruct obstructed lymph vessels to improve drainage | Lymphatic-lymphatic bypass | Connects functioning lymphatic vessels directly to affected lymphatic vessels; healthy vessels come from donor site | • Lymphedema can develop in donor extremity  
• Scarring at donor site |
|                                              | Lymphovenous bypass and lymphaticovenular anastomosis        | Lymphatic vessels in an affected limb are connected to the venous system    | • Outpatient procedure or usually discharged within a day  
• Quick return to daily activities |
| Transfer lymph tissue to reestablish lymphatic flow | Autologous lymph node transplantation and vascularized lymph node transfer | Healthy lymph nodes are transferred to the affected limb                    | • Inpatient procedure; requires 2-3 days of hospitalization  
• Lymphedema can develop in donor extremity |

**Reductive (Excisional or Ablative) Surgical Interventions**

Reductive techniques remove fibrous, fatty tissue that has developed from sustained lymphatic fluid stasis. Reductive interventions include direct excision and liposuction procedures.

- **Direct excision:** There are several direct excision procedures for the treatment of extremity and genital lymphedema. Subcutaneous tissue is excised along with the skin and soft tissues to attempt to reduce the volume of the affected area. The resulting defects are then covered with tissue flaps or skin grafts. Wound healing complications and infections have been reported side effects of this type of intervention along with sexual dysfunction, decreased sensation and urethral injury when performed on the genitalia.35

- **Liposuction:** Fibrous, fatty issue is removed through multiple small incisions of the affected extremity via a cannula attached to a powered suction device. Compression garments are
worn postoperatively and may be required indefinitely to maintain the adipose tissue volume reduction obtained with this procedure. This technique is intended for patients with end-stage lymphedema who have not responded to conservative treatments. Minor complications such as occasional paresthesias and wound healing are reported with this technique.35

**Liposuction for the Treatment of Lipedema**

Liposuction for the Treatment of Lipedema

Lipedema is a rare disorder in which increased adipose (fat) tissue builds up under the skin causing non-pitting, symmetric, bilateral swelling of the lower extremities; the upper extremities can also be affected. Hands and feet characteristically do not swell. It primarily affects women. The cause of lipedema is unknown and there is currently no curative treatment for this condition. Signs and symptoms typically present at puberty, pregnancy, or menopause. Because of this it is theorized that there is a hormonal influence on the disorder. Hereditary factors are also thought to play a role in its etiology. Lipedema is often painful and may present with bruising along with sensitivity to touch. This condition gradually worsens over time and may progress to a lipo-lymphedema due to the lymphatic load exceeding the lymphatic transport capacity. Lipedema is often misdiagnosed as obesity or lymphedema but does not generally respond to weight loss, exercise, or elevation of the limbs as do those disorders.

**Types of Lipedema**

Type 1: Pelvis, buttocks and hips (saddle bag phenomenon)

Type 2: Buttocks to knees with formation of folds of fat around the inner side of the knee

Type 3: Buttocks to ankles

Type 4: Arms

Type 5: Isolated lower leg

**Stages of Lipedema**

Stage 1: Even and smooth skin surface with enlarged subcutaneous fat tissue

Stage 2: Uneven skin surface with nodular elevations and indentations of subcutaneous fat and lipomas

Stage 3: Large deforming growths of nodular fat or hanging flaps of the thighs and around the knees
Stage 4: Large overhangs of tissue, dysfunctional lymphatics with lipedema and lipolyphedema

Treatment is aimed at relieving the symptoms. Conservative care with combined decongestive therapy (manual lymphatic drainage and compression garments) is the mainstay treatment of choice. If there is an inadequate response to conservative or supportive measures, tumescent liposuction has been proposed as the next line of treatment. Tumescent liposuction is a technique whereby local anesthetic, such as diluted lidocaine and epinephrine, is injected into subcutaneous fat and a vibrating cannula associated with power-assisted liposuction removes the fat. Water-jet assisted liposuction is another method of liposuction that may be used to treat lipedema. This method uses a pressurized stream of saline to dislodge the fat and more gently loosen and remove the fat cells.

Summary of Evidence

For individuals who have breast cancer–related secondary lymphedema who receive physiologic microsurgery to treat lymphedema along with continued conservative therapy, the evidence includes a randomized controlled trial (RCT), observational studies, and systematic reviews. Relevant outcomes are symptoms, morbid events, functional outcomes, health status measures, quality of life, resource utilization, and treatment-related morbidity. Several physiologic microsurgeries have been developed; examples include lymphaticovenular anastomosis and vascularized lymph node transfer. No RCTs of lymphaticovenular anastomosis or similar surgeries involving the venous system were identified. One RCT of vascularized lymph node transfer with 36 participants has been conducted. Systematic reviews have indicated that the preponderance of the available evidence comes from single-arm clinical series from individual institutions. Surgical technique, outcomes metrics, and follow-up time have varied across these studies. These types of studies might be used for preliminary estimates of the amount of volume reduction expected from surgery, the durability of the reduction in volume, and the rates of adverse events. However, these studies are not adequate for determining the comparative efficacy of physiologic microsurgery vs conservative treatment or decongestive therapy, or the comparative efficacy of different microsurgery techniques. RCTs are needed. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who are undergoing lymphadenectomy for breast cancer who receive physiologic microsurgery to prevent lymphedema, the evidence includes an RCT, observational studies, and systematic reviews. Relevant outcomes are symptoms, change in disease status, morbid events, quality of life, and treatment-related morbidity. Lymphatic Microsurgical Preventing Healing Approach is a preventive lymphaticovenular anastomosis performed during nodal dissection. One RCT including 46 patients has been conducted. The trial reported that
lymphedema developed in 4% of women in the Lymphatic Microsurgical Preventing Healing Approach group and 30% in the control group by 18 months of follow-up. Longer follow-up is needed to observe incident lymphedema occurring after 18 months and assess the durability of the procedure. The trial methods of randomization and allocation concealment were not described and there was no sham procedure or blinding, potentially introducing bias. The remaining evidence consists of 2 controlled observational studies with inadequate description of control selection and uncontrolled studies. The evidence is insufficient to determine the effects of the technology on health outcomes.

Randomized controlled trials are needed to prove the benefits of pedicled or laparoscopic free omental lymphatic flap for the management of lymphedema.

Reverse mapping using blue dye as a method for preserving the lymphatic drainage of the arm in breast cancer cases or indo-cyanine green as a technique to identify lymph node drainage patterns to localize lymph nodes in the surgical treatment of lymphedema are being investigated. Further studies are needed to determine the long-term outcomes of these techniques. The evidence is insufficient to determine the effects of the technology on health outcomes.

Results of the available studies provide limited evidence that suction-assisted protein lipectomy (SAPL) for the treatment of lymphedema that fails to respond to conservative therapy due to overgrowth of adipose tissue is a safe and effective technique. The best available evidence of efficacy was obtained in nonrandomized controlled studies. Liposuction combined with compression therapy reduced lymphedema volume versus compression therapy alone. Additional controlled studies are needed to confirm that liposuction for the treatment of lymphedema is a safe and effective therapy.

A 2019 Hayes Search and Summary on liposuction for the treatment of lipedema concludes that there is insufficient published evidence to assess the safety and health outcomes of liposuction for the treatment of lipedema.

Despite the lack of strong evidence, clinical guidelines recommend liposuction in patients with advanced lipedema and for chronic lymphedema as there is limited treatment available when conservative measures have failed.

**Ongoing and Unpublished Clinical Trials**

Some currently unpublished trials that might influence this review are listed in Table 4.
Table 4. Summary of Key Trials

<table>
<thead>
<tr>
<th>NCT No.</th>
<th>Trial Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>NCT02790021</td>
<td>Improving Quality of Survivorship for Breast Cancer-related Lymphedema by Lymphaticovenous Anastomosis: A Randomized Controlled Trial</td>
</tr>
<tr>
<td></td>
<td>Planned Enrollment: 60</td>
</tr>
<tr>
<td></td>
<td>Completion Date: Sep 2019</td>
</tr>
<tr>
<td>NCT03428581</td>
<td>Preventing Lymphedema in Patients Undergoing Axillary Lymph Node Dissection Via Axillary Reverse Mapping and Lympho-venous Bypass</td>
</tr>
<tr>
<td></td>
<td>Planned Enrollment: 264</td>
</tr>
<tr>
<td></td>
<td>Completion Date: Feb 2023</td>
</tr>
</tbody>
</table>

NCT: national clinical trial.

Practice Guidelines and Position Statements

Austrian Academy of Cosmetic Surgery and Aesthetic Medicine and the International Society for Dermatologic Surgery

Austrian Academy of Cosmetic Surgery and Aesthetic Medicine and the International Society for Dermatologic Surgery: Prevention of Progression of Lipedema with Liposuction Using Tumescent Local Anesthesia: Results of an International Consensus Conference. 2020. This consensus statement concludes: “Lymph-sparing liposuction using tumescent local anesthesia is currently the only effective treatment for lipedema.”

National Institute for Health and Care Excellence (NICE)

The National Institute for Health and Care Excellence (NICE, 2017) states that “Current evidence on the safety and efficacy of liposuction for chronic lymphoedema is adequate to support the use of this procedure provided that standard arrangements are in place for clinical governance, consent and audit.”
National Lymphedema Network

The National Lymphedema Network published a position paper on the diagnosis and treatment of lymphedema in 2011.22 The paper stated the following on microsurgical procedures:

Microsurgical and supramicrosurgical (much smaller vessels) techniques have been developed to move lymph vessels to congested areas to try to improve lymphatic drainage. Surgeries involve connecting lymph vessels and veins, lymph nodes and veins, or lymph vessels to lymph vessels. Reductions in limb volume have been reported and a number of preliminary studies have been done, but there are no long-term studies of the effectiveness of these techniques.

International Society of Lymphology

International Society of Lymphology published a consensus document on the diagnosis and treatment of peripheral lymphedema in 2016.1 The document stated the following on lymphaticovenous (or lymphovenous) anastomoses (LVA):

LVA are currently in use at multiple centers around the world. These procedures have undergone confirmation of long-term patency (in some cases more than 20 years) and some demonstration of improved lymphatic transport (by objective physiologic measurements of long-term efficacy).

U.S. Preventive Services Task Force Recommendations

No U.S. Preventive Services Task Force recommendations for lymphedema have been identified.

Medicare National Coverage

There is no national coverage determination.

Regulatory Status

Physiologic microsurgery for lymphedema is a surgical procedure and, as such, is not subject to regulation by the U.S. Food and Drug Administration.


### History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/01/18</td>
<td>New policy, approved September 11, 2018, effective January 4, 2019. Policy created with a literature review through May 2018. Lymphatic physiologic microsurgery to treat lymphedema in individuals who have been treated for breast cancer is considered investigational. Lymphatic physiologic microsurgery performed during nodal dissection or breast reconstruction to prevent lymphedema in individuals who are being treated for breast cancer is considered investigational.</td>
</tr>
<tr>
<td>12/01/18</td>
<td>Interim Review, approved November 13, 2018, effective January 4, 2019. Title changed from “Surgical Treatments for Breast Cancer Related Lymphedema” to “Surgical Treatments for Lymphedema”. Policy statements added: Excisional procedures (debulking, liposuction including SAPL), tissue transfers (eg, omental flap) and reverse lymphatic mapping are considered investigational. References 24-35 added. Policy renumbered from 7.01.162 to 7.01.567. Added CPT code 76499.</td>
</tr>
<tr>
<td>05/01/19</td>
<td>Annual Review, approved April 2, 2019. Policy updated with literature search through December 2018; References 36-37 added. Policy statements unchanged.</td>
</tr>
<tr>
<td>10/01/19</td>
<td>Interim Review, approved September 10, 2019. Policy updated with literature review through May 2019; References 42-56 added. Policy statement added indicating liposuction for the treatment of lipedema is investigational Title changed from “Surgical Treatments for Lymphedema” to “Surgical Treatments for Lymphedema and Lipedema”. Added CPT codes 15832, 15833, 15836, 15839, 15877, 15878, and 15879.</td>
</tr>
<tr>
<td>05/01/20</td>
<td>Interim Review, approved April 14, 2020. References added. Lipectomy or liposuction for the treatment of lymphedema or lipedema changed from investigational to may be considered medically necessary when criteria are met.</td>
</tr>
<tr>
<td>07/27/20</td>
<td>Correct minor error in formatting with no impact on policy statements or intent.</td>
</tr>
</tbody>
</table>
**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2020 Premera All Rights Reserved.

**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.
Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:
• Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  • Qualified sign language interpreters
  • Written information in other formats (large print, audio, accessible electronic formats, other formats)
• Provides free language services to people whose primary language is not English, such as:
  • Qualified interpreters
  • Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:
Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5992, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost.
Call 800-722-1471 (TTY: 800-842-5357).

Arabic (Arabic):
لا يمكننا القول إن هذه الإشعار متعلقة بكم من خلال Premera Blue Cross. قد يكون هناك أ İl الخصوص من قبلكم على نطاق واسع من خلال Premera Blue Cross. يمكن للمؤسسات المتخصصة في هذا المجال تلقي الإشارات والتعليمات على نطاق واسع من خلال Premera Blue Cross. يوصى بأن يكون لكل الخدمات المقدمة باللغة العربية من خلال Premera Blue Cross.

Tel: 800-722-1471 (TTY: 800-842-5357)

Chinese (Chinese):
本通知有重要信息。本通知可能有关于透过 Premera Blue Cross 提交的申请或保障的重要讯息。本通知内可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保陮或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357).

Oromoo (Cushite):

Italian (Italian):

Spanish (Spanish):
Este aviso puede contener información importante sobre tu solicitud o cobertura a través de Premera Blue Cross. Pueden existir fechas clave en este aviso. Puedes necesitar un tu actuación dentro de una fecha determinada para consentirte en mantener tu cobertura o ayuda. Tienes el derecho de obtener esta información y asistencia en tu idioma de forma gratuita. Llámanos al 800-722-1471 (TTY: 800-842-5357).
日本の（Japanese）：
この通知には重要な情報が含まれています。この通知には、Premera Blue Crossの申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている情報は重要な日付をご確認ください。健康保険や不妊サポートを維持するには、特定の期日にまでに行動を取りなけらばならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-722-1471（TTY：800-842-5357）まで電話ください。

한국의（Korean）：
본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross를 통해 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 귀하의 귀하의 건강 커버리지를 계속 유지하기 위해 필요한 항목을 점검하기 위해서 필수적인 항목을 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 동선을 귀하의 만족도 보장 없이 얻을 수 있는 권리가 있습니다。800-722-1471（TTY：800-842-5357）로 전화하시십시오。

ロシアの（Russian）：
Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471（TTY：800-842-5357）.

Român（Romanian）：
Prezentă notificare conține informații importante. Această notificare poate conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate sau asistența privitoare la costuri. Aveți dreptul de a obține gratuite aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471（TTY：800-842-5357）.

Polskie（Polish）：
To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Premera Blue Cross. Prosimy zwrócić uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwoncie pod 800-722-1471（TTY：800-842-5357）.

Português（Portuguese）：
Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir dados importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471（TTY：800-842-5357）.

Español（Spanish）：
Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas claras en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llámenos al 800-722-1471（TTY：800-842-5357）.

Tagalog（Tagalog）：
Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay mangaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring magaangalang ka na na masagawa ng kabaghang isang mga ibaang panahong unang mapanatili ang iyong pagsakop sa kalusugan o tulungan ng walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulungan sa iyong wika ng walang gastos. Turnawag sa 800-722-1471（TTY：800-842-5357）.

ไทย（Thai）：
ประกาศนี้มีสาระสำคัญ ประกาศนี้มีสาระสำคัญเกี่ยวกับประกันการรักษาพยาบาลของประกันสุขภาพของคุณ Premera Blue Cross และมีความเกี่ยวข้องในการประกันสุขภาพที่เรายินดีจะให้บริการประกันสุขภาพของคุณในการช่วยเหลือให้คุณได้รับสิทธิ์ที่มีความสำคัญ มิฉะนั้น คุณก็จะไม่ได้รับการช่วยเหลือและข้อเสนอในการรักษาพยาบาลที่แน่นอน โปรดติดต่อ 800-722-1471（TTY：800-842-5357）.

Український（Ukrainian）：
Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страхувального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Інформація може бути використана для попередження критичних ситуацій для того, щоб забезпечити Ваше медичне страхування або отримати фінансову допомогу. Вас право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дозвоніться за номером телефону 800-722-1471（TTY：800-842-5357）.