

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

Liposuction for the Treatment of Lymphedema or Lipedema MP9650

Covered Service: Yes

Prior Authorization Required: No

Additional Information: Refer to the Member Certificate or Summary Plan Description (SPD) for coverage. Cosmetic surgery is generally an exclusion of the Member Certificate or SPD.

If two or more procedures (one cosmetic and one reconstructive) are performed during the same operative session, the surgeon must delineate the cosmetic and reconstructive components associated with the procedure.

American Medical Association (AMA) approved definitions:

Cosmetic: Cosmetic surgery is performed to reshape normal structure of the body in order to improve the patient's appearance and self-esteem.

Reconstructive surgery: Reconstructive surgery is performed on abnormal structures of the body, caused by congenital defect, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function.

Prevea360 Health Plan Medical Policy:

1.0 Liposuction for the treatment of lymphedema or lipedema **does not** require prior authorization and may be considered medically necessary when **ALL** of the following criteria are met:

- 1.1 Procedure is being performed to treat moderate to severe lipedema **OR** moderate to severe lymphedema; **AND**
- 1.2 Member's condition has not responded to standard conservative treatment (e.g. compression therapy program managed by physician and/or physical/occupational therapist including manual lymph drainage, compression therapy, exercise and skin care unless these are specifically contraindicated); **AND**
- 1.3 Lipedema or lymphedema is causing significant functional impairment that interferes with the member's activities of daily living.

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2.0 Liposuction is considered experimental and investigational, and therefore not medically necessary for all other lipedema and lymphedema indications.

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