



At Total Lipedema Care we have been on the forefront of Lipedema becoming recognized as a medical condition that requires surgical and medical treatment. We worked tirelessly on the United States Standard of Care Guidelines for Lipedema which has now been accepted and published. Because of this, insurers and medical providers are learning about the condition and treatments necessary. A few years ago, it was almost impossible to get Lipedema covered by an insurance company and if it did it could have taken months or longer. Over the past few years, we have increased recognition on a national level and insurers being more involved with covering treatment costs. Total Lipedema Care is committed to continuously advocating for those who suffer terribly with Lipedema.

As we have helped hundreds of women already, Total Lipedema Care offers complimentary review and submission to your insurance company.

Below is the very important information to understand the insurance process which can be confusing and very frustrating for all involved.

Your insurance policy is between yourself and their company. As much as we advocate for coverage, at Total Lipedema Care we do not have any control as to the processes, approvals etc. Because of our track record of successful surgical outcomes and our advocacy, we have been developing good relationships with some insurers. Sometimes this can make the entire process less onerous and cumbersome, but not always.

**You need to become your own advocate.**

Lipedema surgical coverage is not an easy task. It will take a lot of effort on your part to be successful. This will include gathering all necessary information. It will also require you calling your insurance company for updates. Once submission happens it is out of our hands entirely.

**Overall Process:**

- It is best to have a PPO plan.
- If you have a Medicare, an HMO or other type of medical policy, it will require even more work on your part. We will be happy to provide you with your documentation however you will have to start the prior authorization process as we cannot work with your carrier until the prior authorization is completed. These systems are usually closed to outside providers completely. You need to advocate for yourself that they may not offer the type of care that is at Total Lipedema Care and you want us to treat your condition.
- You should first call your insurance company to get their policies on Lipedema coverage, out-of-network benefits, deductibles, co-pays etc.
- This information is between you and your insurer.
- Collect all items on the checklist below. This is a general list that seems to be what most insurers have been asking for. Your insurer may require different or other documents. Please call them to find out.

- When you have gathered and completed all the steps your insurer requires, we will review your packet and submit for prior authorization. We are happy to review your insurance packet even if you are currently working with another group or organization.
- When the packet is submitted, we will typically get a confirmation as a reference number. We will provide you with this number for use when you call your insurance company.
- Please follow up with your insurance provider regarding status. This could take days, weeks, or months. We have no control over this and do not have any more information than you do at this point. Any correspondence will be shared with you. Any information you find out, please let us know so we can better assist.

Our office will contact you once we have received an authorization to discuss how to proceed.

If your claim is denied:

- We will do a first and second level appeal on your behalf.

If the 2<sup>nd</sup> level appeal is denied:

- You will have to request an external appeal. We will be happy to provide all of your insurance records for that process.
- At this point it is out of our hands.

### **Total Lipedema Care Insurance Checklist**

#### **1. PPO**

**You must have a PPO plan. Please call your provider's member services department to confirm you have out of network coverage. It is in your best interest to call your insurance prior to starting this process to ensure that a preauthorization and single case agreement can be obtained.**

#### **2. Personal Documentation**

**We will need written documentation of your lipedema journey. Please write (type) your story in detail starting with onset of lipedema. How it's affected your life, what doctors you have seen, and any conservative treatments you have tried.**

#### **3. Diagnosis from two MD's**

**You will need two doctors' letters confirming your diagnosis. Dr. Jaime Schwartz and Dr. Karen Herbst can both provide a diagnosis and will count as the two doctors. In order to receive diagnosis from Dr. Jaime Schwartz or Dr. Karen Herbst, you must have a full evaluation, which is performed during a one-on-one consultation with each provider.**

#### **4. Conservative Treatment**

**We need a list of the conservative/ non-surgical lipedema treatments you have tried and the time frame of the treatments. This list can include the use of compression garments, physical therapy, manual lymphatic drainage massages, exercise classes, any therapy you have tried, etc. In addition to this list, we will need supporting documentation or proof of treatment; receipts, notes from therapists, doctors, etc.**

#### **5. Treatment Receipts and Timeline**

The history of your conservative treatment must be no less than three months; documentation is required for this bullet point. Example may include receipts, notes from the therapists, memberships, notes from doctors, etc.

**6. Photos**

We will need photos of your lipedema-affected areas. Photos will be submitted to our office through out HIPAA compliant photo portal, and this step is done before the consultation, which allows the doctor to review your photos prior to diagnosis. Photo instructions will be provided to you by our office staff. If you are seen in person, photos can be taken in our in-office photo studio.

**7. Letter of Medical Necessity**

Letter of Medical Necessity: We will provide this letter following a consultation with Dr. Jaime Schwartz and/ or Dr. Karen Herbst.

**8. Surgical Treatment Plan**

You must have a long-term surgical treatment plan, which will be developed during the consultation. We will provide this documentation following the one-on-one consultation with Dr. Jaime Schwartz.

**9. Consultation Notes**

Consultation Notes: We will provide notes from your consultation with Dr. Jaime Schwartz and/or Dr. Karen Herbst. Any additional notes from other medical professionals that will help support your case are encouraged.

**10. Functional Capacity Exam**

Functional capacity examination: We recommend one of the following;

Impact Medical Inc.,  
818-722-2142 Ext 407  
National Company

VibrantCare Rehabilitation  
520-721-0319  
Tucson, AZ

Healthpointe,  
310-218-4300  
Los Angeles, CA

We are happy to review your insurance packet if you're currently working with another group or organization.

From our experience, these are the minimum requirements for insurance submission. This list is subject to change, and please note that every patient, plan, and provider is different. Please understand the approval process comes from your insurance provider. Total Lipedema Care does not have control over your providers processes, however anything we can do to assist with the approval process we will.

We will do our best to get your procedure approved and obtain a single case agreement. However, please remember that we can never guarantee approval and that the insurance contract is between you and your carrier. Please stay involved to help us help you. We have been working for a long time to get in network with insurers. This process has taken us a few years as companies still figure out their Lipedema coverage and guidelines.

**Please do not send your documentation until everything on the checklist is completed. Prior authorizations will not be start without all the items off the Total Lipedema Care Insurance Checklist.**