

Total Lipedema Care
Dr. Jaime Schwartz
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November 3, 2023

RE: Stephanie Brakefield

DOB: 07/17/1963

To Whom It May Concern:

I am writing on behalf of Stephanie Brakefield for coverage of medically necessary lipedema surgery. Miss Brakefield has a chronic progressive debilitating disorder called **Lipedema**. This condition is transmitted genetically as an autosomal dominant pattern disease.

The patient has diseased lipedema tissue accumulation in their arms, thighs, legs, and ankles. My approach is to manually extract as much of the diseased tissue as is safely possible per the attached **Surgical Plan** using a staged process involving 2 and a pending to be staged surgeries. In early stages, lipedema can be present on the legs, hips, and buttocks and 80% of women have it on their arms. Lipedema, in later stages, can also be present in the lower abdomen or other parts of the body and can negatively interact with obesity. Lipedema surgery includes liposuction of the diseased tissue, manual removal of nodules, and excision of excess skin.

There are published guidelines for diagnosing lipedema and an International Consensus Agreement on diagnosis in 2019. Diagnosis is by physical exam. S1 Guidelines J Dtsch Dermatol Ges 2017 Jul;15(7):758-767; International Consensus on the Prevention of Progression of Lipedema. <https://www.ncbi.nlm.nih.gov/pubmed/3135643> 3

Although there is variability among patients, clinicians look for the following:

- Onset at puberty, pregnancy, and menopause-progressive with age
- The affected limbs feel tight and heavy (especially at end of day even with elevation)
- Increase in adipose tissue usually starting in legs
- Reduced ambulation, decreased social activity
- Pain to the touch or pressure
- Easy bruising
- Hands and feet not affected
- Cuffs or bulges around joints (not in Type 1 or Type II Lipedema)
- Negative Stemmer sign (not in late-stage lipedema)
- Palpable spheroids in lipedema fat

As documented in my attached notes, the patient demonstrates most, if not all, of lipedema diagnostic signs. Note, per the International Consensus, a waist-height and waist-hip ratio are not criteria for diagnosis since, as it progresses, lipedema can occur in other areas like the trunk and arms. Non-pitting edema also is present in early stages of lipedema but can be unreliable because secondary lymphedema is common as the disease progresses.

The patient has tried to manage this condition through conservative measures such as diet, exercise, compression garments and manual lymphatic drainage. The patient's functioning in their everyday life is impacted by lipedema.

Reduced caloric intake, physical activity, and even bariatric surgery do not reduce the abnormal subcutaneous lipedema tissue which likely results from the growth of a brown stem cell population with lymphatic dysfunction in lipedema. *Lipedema, a Frequently Unrecognized Problem*, Fonder & Loveless et al., Journal of the American Academy of Dermatology, 2007, 57(2), S1-S3. Thus, lipedema tissue must be surgically removed.

Lipedema is a chronic, progressive disease, which if left untreated, can lead to multiple secondary and life-threatening health problems. These include circulatory problems (due to pressure on lymph vessels); a disruption of the lymphatic system causing dangerous lymphedema; joint problems in the spine and lower extremities; and a reduction in mobility leading to impaired quality of living. *Lipedema: An Overview of its Clinical Manifestations, Diagnosis and Treatment of the Disproportional Fatty Deposition Syndrome*, Forner-Cordero & Szolnok, Clin Obes 2012 Jun;2(3-4): 86-95.

The only successful treatment for Lipedema is lipedema surgery. This is not a cosmetic procedure but a medically necessary surgery. Following liposuction surgery, patients can resume activities, return to work, and avoid the cascade of medical and surgical issues that result from Lipedema. Ms. Brakefield will be prescribed compression following surgery to assist in her healing. Multiple studies demonstrate the long-term effectiveness of lipedema surgery to relieve the pain, swelling, and immobility caused by lipedema. Also, see links to Aetna, Anthem and Premiera Blue Cross plans coverage policy on lipedema surgery that describes the diagnoses and treatment in additional detail. Highmark, Excellus, Care1st, and other smaller plans also cover lipedema.

http://www.aetna.com/cpb/medical/data/1_99/0031.html

https://www.anthem.com/dam/medpolicies/abc/active/policies/mp_pw_a050277.html

<https://www.premiera.com/medicalpolicies/7.01.567.pdf>

Please contact me if you require further information.

Thank you,

Total Lipedema Care
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TLC Surgical Center
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NPI: 1104469105

SURGICAL PLAN
Stephanie Brakefield
DOB: 07/17/1963

Diagnosis Code R60.9, M79.604, M79.605, M79.601, M79.602

Stage 1:

Lipedema reduction surgery bi-lateral lower extremity anterior

CPT Code 15879 Modifiers -50

Lipedema reduction surgery bi-lateral lower extremity anterior

CPT Code 15879 Modifiers -50

Lipedema reduction surgery trunk (abdomen)

CPT Code 15877

Excision excessive skin and tissue (Abdominoplasty)

CPT Code 15839

Stage 2:

Lipedema reduction surgery bi-lateral upper extremity

CPT Code 15878 Modifiers -50

Lipedema reduction surgery bi-lateral upper extremity (forearm)

CPT Code 15878 Modifiers -50

Lipedema reduction surgery trunk (buttocks) RT

CPT Code 15877

Lipedema reduction surgery trunk (buttocks) LT

CPT Code 15877

Lipedema reduction surgery trunk (hip shelf) RT

CPT Code 15877

Lipedema reduction surgery trunk (hip shelf) LT

CPT Code 15877

Lipedema reduction surgery bi-lateral lower extremity posterior

CPT Code 15879 Modifiers -50

Lipedema reduction surgery bi-lateral lower extremity posterior

CPT Code 15879 Modifiers -50

Pending to be staged:

Excision excessive skin and tissue (Panniculectomy)

CPT Code 15839

Bi-lateral excision skin. / Subcutaneous tissue upper extremity

CPT code 15836-50 RT/LT

Bi-lateral excision skin. / Subcutaneous tissue lower extremity

CPT code 15832-50 RT/LT

Note that the surgical plan can change depending on how the patient responds to surgery. It will take approximately 12 months to complete this plan, so we ask for approval to reflect that time period.

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EFFECTIVENESS OF LIPEDEMA SURGERY

There are approximately 1,000 lipedema surgeries performed every year in the United States. They are essential to improving function and reducing pain for patients suffering from this disease.

An August 2014 review of the forty-seven publications from 1982 to 2014, found agreement of the forty-seven publications from 1982 to 2014, found agreement that lipectomy is an applicable and effective treatment for chronic medical conditions such as lipedema. *Liposuction: A Surgical Tool to Improve the Quality of Life after Morbid Medical Conditions: Review of Literature*, Elkhatib HA 2014 *Anaplastology* 3:133. Lipectomy for lipedema has a definite positive and long-lasting effect. *Liposuction is an Effective Treatment for Lipedema-Results of a Study with 25 Patients*, Rapprich. Stefan, MD et al, *Journal of the German Soc of Derm*: Vol 9, (2012); p 33-40. (the majority of patients no longer require prolonged further therapy. Reduction of pain and drastic improvement in the patient's quality of life is noted in all patients.)

Liposuction has ceased to define a specific procedure and became synonymous with a surgical technique or tool the same as the surgical knife, laser, electrocautery, suture material, or even wound-dressing products. *Functional and Therapeutic Indications of Liposuction: Personal Experience and Review of the Literature*, Bishara Atiyeh 2015 *Annals of Plastic Surgery* 75(2). Liposuction results in fewer complications such as hematoma formation, skin necrosis, wound infection, and dehiscence with delayed healing and prolonged hospital stay. *Aesthetic or Functional Indications for Liposuction*, Michel Costagliola, MD et al, *Aesthetic Surgery Journal*, Volume 33, Issue 8, November 2013, Pages 1212–1213. In other words, liposuction is to surgical lipectomy what endoscopic cholecystectomy is to open surgical cholecystectomy.

Lipedema surgery decreases the mechanical stress on lymphatic vessels sufficiently to allow for the cessation of compression garment use beyond the initial postoperative period. *Long-term Outcome After Surgical Treatment of Lipedema*, Anne Warren Peled, MD, et al, *Annals of Plastic Surgery* Volume 68, Number 3, March 2012.

The international expert in lipedema, Dr. Josef Stutz, has studied the effects on the health of his patients for many years. The effects in a patient's body from the unusual gait from lipedema fat storage around the knees causes multiple joint complications. Stutz concluded that lipectomy is the only treatment that can remove the mechanical impediment to normal gait and prevent joint deterioration. *Liposuction of Lipedema for Prevention of Later Joint Complications*; Stutz, Josef MD, *Vasomed*, Vol 23 (2011).

Wollina and colleagues reported on 111 patients mostly with advanced lipedema treated by this technique in our center between 2007 and 2018. The median pain level before treatment was 7.8 and 2.2 at the end of the treatment. An improvement of mobility could be achieved in all patients. Bruising was also reduced. Serious adverse events were observed in 1.2% of procedures, the infection rate was 0% and the bleeding rate was 0.3%. Liposuction is an effective treatment for painful lipedema. *Dermatol Ther.* 2019 Mar; 32(2) In another study of 209 patients, quality of life increased significantly after surgery with a reduction of pain and swelling and decreased tendency to easy bruising. Bauer and colleagues, *New Insights on Lipedema: The Enigmatic Disease of the Peripheral Fat.* *Plast. Reconstr Surg.* 2019 Dec. 144(6)

Thus, lipedema surgery is safe, effective, and the standard of care for many, many years. Indeed, the International Consensus Conference on Lipedema issued conclusions that although lipedema has been underdiagnosed in places like the United States, multiple studies from Germany have reported long-term benefits for as long as eight years after lipedema surgery. <https://www.ncbi.nlm.nih.gov/pubmed/3135643> 3