

Disclaimer:

These documents are unofficial translations of materials originally published by the Gemeinsamer Bundesausschuss (G-BA).

They have been translated by Lipedema Canada for the sole purpose of improving access to information for the Canadian and international lipedema community.

No information has been altered or modified by Lipedema Canada during the translation process. However, errors or nuances in language translation may occur.

These documents do not represent the opinions or positions of Lipedema Canada, but are intended solely as direct translations of the original G-BA materials.

The G-BA is not responsible for the content or accuracy of these translations.

For the official German versions, please refer to the original publications available on the G-BA website: <https://www.g-ba.de>

---

## Press release | Method evaluation

# Surgical treatment of lipedema: G-BA includes liposuction in the regular service catalogue after positive benefit assessment

**Berlin, July 17, 2025** – In the future, statutory health insurance patients suffering from lipedema will be able to undergo surgical treatment – with liposuction – under certain conditions, regardless of the stage of their chronic disease.

Currently, liposuction is only covered by health insurance for stage III lipedema and as a temporary exception. Lipedema is a pathological increase in fatty tissue on the legs and, in some cases, arms, which is associated with severe pain for those affected. The Federal Joint Committee (G-BA) passed the corresponding resolutions at its meeting today. The scientific basis is the initial results of a study commissioned by the G-BA. These demonstrate that surgical fat reduction offers significant advantages over non-surgical treatment alone.

Dr. Bernhard van Treeck, an impartial member of the Federal Joint Committee (G-BA) and chairman of the preparatory subcommittee on methodological assessment, stated: "The G-BA was very aware of the suffering of those affected from the outset. However, an earlier decision on regular and unlimited entitlement to benefits was not possible, as only new outpatient services with proven medical benefits may be included in statutory health insurance. Harm must also be ruled out to protect patients. All those involved at the G-BA would have liked to have had better studies at the beginning of the process, but they simply weren't available. However, since the potential of a so-called treatment alternative was at least recognized, the G-BA was able to initiate a trial study on the benefits and risks. The results of this study now demonstrate that liposuction has benefits. Further important findings, for example, on the need for repeat procedures, are still pending. The G-BA is obligated anyway to keep an eye on new scientific

findings and adapt guidelines if necessary. This is precisely what we will do, at the latest, once the LIPLEG study is fully completed."

## **Liposuction for the treatment of lipedema**

Lipedema is a painful, disproportionate, symmetrical disorder of fatty tissue distribution in the extremities, occurring almost exclusively in women. The course of this chronic disease is highly individual; some patients develop lipedema to a lesser extent, which then stabilizes. In other patients, the extent of lipedema progresses and symptoms worsen. If lipedema is accompanied by a certain degree of obesity, this must be treated as a priority.

Liposuction is a surgical procedure used to reduce the pathologically altered subcutaneous fat tissue associated with lipedema. It can help reduce pain and any existing mobility restrictions. Before liposuction can be covered by health insurance, conservative treatment, such as compression and exercise therapy, must be continuously administered for a period of six months. If symptoms still do not improve, and the other requirements according to the quality assurance guidelines for liposuction in lipedema are met, the treating physician may prescribe liposuction treatment.

Further quality assurance requirements of the G-BA for the new benefit entitlement concern, for example, the qualifications of the physicians who make the indication and the surgeons who perform the surgery, the surgical planning and the postoperative follow-up.

## **Further steps to outpatient and inpatient entitlement**

The Federal Joint Committee (G-BA) will now submit the decisions to the Federal Ministry of Health for legal review. They will enter into force after no objections have been received and publication in the Federal Gazette (Bundesanzeiger). Before liposuction can be covered by health insurance for outpatient treatment in stages I and II, the assessment committee of physicians and health insurance companies must determine the billing codes in the so-called Uniform Assessment Standard (EBM). The Federal Joint Committee (G-BA) expects the EBM codes to be finalized by January 1, 2026.

## **Background: Method evaluation of liposuction in lipedema**

The Federal Joint Committee (G-BA) is mandated by law to decide what entitlement statutory health insurance holders have to medical examination and treatment methods. Within the framework of a structured evaluation process, the G-BA examines whether these methods are necessary for the adequate, appropriate, and cost-effective provision of outpatient and/or inpatient care to insured persons. At the conclusion of a method evaluation process, the G-BA decides whether and to what extent – i.e., for which precise indication and under which quality assurance requirements – a treatment method can be used at the expense of statutory health insurance (SHI). If the scientific data do not yet allow a firm decision, the method must be tested in a study if the potential of a necessary treatment alternative exists. This was the case with liposuction.

The procedure for evaluating liposuction for lipedema originates from a consultation request by the patient representatives in the Federal Joint Committee (G-BA). Due to the problematic study situation, the G-BA decided to suspend the evaluation and initiate a study to improve the current knowledge. The key points of this [LIPLEG study](#) are laid down in a trial guideline.

Resolutions on this press release

[Quality assurance guideline for liposuction in lipedema: Amendment](#)  
[Guideline Methods Hospital Treatment: Liposuction for Lipedema](#)  
[Guideline Methods for Statutory Health Care: Liposuction for Lipedema](#)

## **Press contacts:**

**Ann Marini (Ltg.)**

**Gudrun Köster**

**Annette Steger**

**+49 30 275838-811**

**presse@g-ba.de**

## **G-BA information service**

The free G-BA information service provides you with daily updates on new G-BA publications. Categories include resolutions, press releases, and the agenda for the next public plenary session.

G-BA information service

Get the latest information from the G-BA.