

**DEPARTMENT OF HEALTH SERVICES**  
**COUNTY OF LOS ANGELES**



**SUBJECT:** COSMETIC SURGERY

**POLICY NO.** 317

---

**PURPOSE::** To establish requirements for the provision of cosmetic surgery.

**POLICY::** As a prerequisite for rendering cosmetic surgery, facilities shall be required to show that the definition and requirements established for this policy were followed.

**DEFINITIONS::** Cosmetic surgery is low priority, nonemergency plastic surgery intended to alter the appearance of a normal organ or tissue at the request of a patient.

Cosmetic surgery is not designed to restore function, enhance impaired function or repair or remove a defect resulting from disease, injury or congenital anomaly.

- REQUIREMENTS::**
1. Cosmetic surgery may be performed only when:
    - A. The resources are available without displacing any higher priority medical care.
    - B. The full cost of the surgery and hospitalization is reimbursed either by the patient or by a third-party payor.
  2. Cosmetic and reconstructive surgery ancillary to sex change may be performed only when:
    - A. The facility maintains a program for the entire sex change process, including all necessary medical, psychological and surgical care, and for appropriate long-term maintenance care.
    - B. The resources are available without displacing any higher priority medical care.
    - C. The full cost of the entire process is reimbursed either by the patient or by a third-party payor.
  3. Each facility shall have a mechanism whereby cosmetic surgery is limited to that which conforms to the requirements listed above.
  4. Exceptions to these requirements listed above must be approved by the facility's Medical Director.

**CROSS REFERENCE::**           Emergency Medical Care, Policy No. 312  
                                  Patient Care Services' Scope and Availability, Policy No. 320  
                                  Nonemergency Treatment Requirements, Policy No. 516  
                                  Charging and Collecting for Health Care Services, Policy No. 520  
                                  Ability-to-Pay Plan

---

**EFFECTIVE DATE:**   Jul 01, 1987

**SUPERCEDES:**

**APPROVED:**       Signature on File

---