

COSMETIC SURGERY POLICY

Policy Purpose

The purpose of this policy is to establish the criteria by which cosmetic procedures may be performed at Providence Health Care.

Policy Statement

Cosmetic surgical procedures that are not covered by the Medical Services Plan (MSP) are not performed at PHC, with the following exceptions:

- for reasons of patient acuity or co-morbid conditions (e.g. ASA 3 or higher)
- where, during the performance of a procedure having both a non-cosmetic and a cosmetic component, the primary, MSP reimbursed, non-cosmetic component is of greater or of equal intensity to the secondary cosmetic procedure

Policy Scope

This policy applies to all and any surgical procedures with any component of the procedure being for cosmetic purposes.

Policy Principles

Public facilities are for medically-necessary care. However, from time to time for the sake of patient safety or convenience it may be expedient to permit non-MSP reimbursed surgical care (i.e. cosmetic procedures) to be carried out when this care is rendered as a component of MSP-reimbursed care.

Procedures

- **Before booking the procedure:**
 - The surgeon discusses the rationale for the proposed cosmetic portion of the procedure with the Division/Department Head in advance of submitting the OR booking request to PHC.
 - The Division/Department Head authorizes the cosmetic portion by providing a confirmation note to the requesting surgeon to attach to the booking form.
- **Booking the procedure:**

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- The surgeon submits the OR booking form to the OR booking office and indicates on the form that a portion of the procedure is for cosmetic purposes.
- The note from the Division/Department Head authorizing the cosmetic portion of the procedure must accompany the booking form, otherwise the booking form and package will be returned to the surgeon's office.
- **Reimbursement**
 - The surgeon will reimburse PHC for all the costs attributable to the cosmetic portion of the procedure.

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