



Labiaplasty and Insurance: To Cover or Not to Cover?

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Labiaplasty remains a controversial procedure within the plastic and reconstructive surgery community given its role in patient psychosocial perceptions and sexuality. Similarly, ongoing debate as to the classification of labiaplasties as functional or cosmetic has historically skewed insurance coverage toward self-pay. Given the recent rise in studies that both demonstrate an improvement in physical, mental, and sexual well-being following labiaplasty and studies that refute the dogma that body dysmorphia and media are the primary drivers for seeking surgery, we sought to examine

whether recent trends in labiaplasty insurance coverage reflect the shifting narrative on this procedure.

Patient-reported outcomes demonstrate that symptomatology significantly decreases following labiaplasty in relation to physical discomfort, self-esteem, and intimacy concerns.¹ Conversely, satisfaction significantly increases in relation to genital appearance, sexual satisfaction, and psychological well-being.² For sexuality outcomes, labiaplasty demonstrates significant improvement in pain and satisfaction domains.³

Table 1 Comparison of yearly total labiaplasty volume versus insurance covered volume

Year	Total labiaplasties	Insurance labiaplasties	Percentage of labiaplasty coverage
2015	9,138	145	1.587
2016	12,666	218	1.721
2017	10,253	196	1.912
2018	10,246	218	2.128
2019	11,218	238	2.122
2020	9,725	213	2.190

Note: Annual labiaplasty volume data was extracted from publicly available information through the American Society of Plastic Surgeons. Information regarding commercial insurance claims was extracted from Clinformatics Data Mart Database. The percentage of annual labiaplasties performed that are covered by insurance remains around 2% despite an increase in literature that supports positive patient-reported outcomes following labiaplasty.

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Motivation for seeking labiaplasty has also refuted the notion that most patients seeking labiaplasty have coexisting psychological diagnoses including depression, anxiety, or body dysmorphic disorder.⁴ Additionally, pornography is not a significantly influential factor relating to patient decisions to seek labiaplasty. Rather, physical symptomatology predominates as a motivating factor.⁵

Given that recent studies have challenged the overarching narrative of labiaplasty existing as a primarily cosmetic procedure, insurance coverage remains virtually unchanged over the last 5 years and represents a small proportion of the labiaplasties performed each year (► **Table 1**). We compared the number of annual labiaplasties available through American Society of Plastic Surgeons public data to annual commercial insurance claims for labiaplasty. The Clinformatics Data Mart Database is a deidentified commercial claims data warehouse. To date, no published commentary has been made on whether it is ethical to deny insurance coverage for a procedure that has demonstrated positive physical and psychosocial outcomes, especially in consideration of other forms of excess tissue removal that are covered by insurance such as breast reductions and lipoma excisions. While candidacy criteria should be developed to determine eligibility for the procedure, insurance coverage also needs to be reevaluated considering recent study findings.

Author Contributions

M.R. wrote the manuscript. K.T. wrote the manuscript and extracted data. J.S. assisted with manuscript editing and data. R.N. is the corresponding author and mentor on this project.

Conflict of Interest

None declared.

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