



transition-related surgery (TRS)*

FREQUENTLY ASKED QUESTIONS

For Ontarians considering transition-related surgery and the people supporting them

Assessment and Referral Process for Ministry of Health and Long-Term Care (Ministry) Approval for Ontario Health Insurance Plan (OHIP) Funding

On March 1, 2016, the Ontario Health Insurance Plan (OHIP) changed the funding criteria for transition-related surgery to align with the World Professional Association for Transgender Health (WPATH)'s internationally-accepted standards of care for the health of transgender and gender diverse people.

This now allows qualified healthcare providers (HCPs) to not only assess and refer patients for surgery, but to apply for OHIP covered funding for these surgeries.

** Transition-related surgery, also known as TRS, refers to a range of surgical options people may require for gender transition. There are many terms for this including gender-affirming surgery (GAS), sex-reassignment surgery (SRS), gender-confirming surgery (GCS).*

What is an assessment?

An assessment is a meeting(s) with your HCP(s) where you discuss your goals for surgery. These meetings are an opportunity to discuss plans for the best outcome of your surgery.

Your HCP will have to gather specific information as per the WPATH's Standards of Care to sign the paperwork required to fund your surgery. Some of the required information includes the following:

- Gender identity and expression history
- Informed decision about surgery
- Surgical expectations
- Fertility counselling
- Aftercare planning

Who does the Ministry consider a qualified health care provider (HCP) for these assessments?

A qualified health care provider can be a:

- Physician
- Nurse Practitioner
- Registered Nurse
- Psychologist
- Registered Social Worker (Master's Degree)

Qualifications can be obtained by:

- Attending educational trainings provided by Rainbow Health Ontario, WPATH, CPATH, or ECHO.
- Working at a health care facility that practices trans primary health care in accordance with current WPATH Standards of Care.

Providers should be aware of specific WPATH requirements related to adolescents with gender dysphoria.

Qualification is a self-assessment of competence and training is strongly encouraged; the Ministry may request documentation of qualification.

If your provider does not feel they have the competence to work with you towards your goals, they should refer you to a provider who can.

What assessment(s) is needed for surgery and who completes it?

The number of assessments (one or two) for surgery is based on the type of surgery requested.

The assessment(s) is required by the Ministry to meet the criteria for funding.

The assessment for Applications For Out-Of-Country Surgeries must be done by an Ontario Physician.

Upper Surgery (Chest or Breast Augmentation)

Needs one assessment by a **qualified** Physician or Nurse Practitioner

Lower Surgery (Genital Surgery)

Needs two assessments:

- The first must be from a **qualified** Physician or Nurse Practitioner
- The second can be from any **qualified** Physician, Nurse Practitioner, Psychologist, or Registered Social Worker (Master's Degree).

What form does my provider complete to apply for funding?

- The form is called [Request for Prior Approval for Funding of Sex-Reassignment Surgery](#) (aka Prior Approval Form).
- All required sections of the form, including signatures from your assessors, must be completed before faxing the form to the Ministry.
- This form is **not** completed by the surgical centers or private surgeons. It must be completed **prior** to your surgical referral.

How is the Prior Approval Form processed?

1. Your first assessor (Physician or Nurse Practitioner) will submit the Prior Approval Form to the Ministry, available on their website.
2. The Ministry will review to ensure criteria is met and the form is complete.

How will I be notified about the status of my approval?

Your first assessor will be notified of the decision made by the Ministry with a letter. You or your chosen surgeon will **not** receive any communication from the Ministry.

The approval for funding is valid for 36 months.

What happens if I am not approved?

Your first assessor can provide the Ministry with any missing information they have identified and resubmit the application.

If re-submitting the application is not successful, then contact the Ministry in writing to request:

- An internal review of your application
- A Health Services Appeal and Review Board (HSARB) hearing

What happens once I am approved?

Once your first assessor has received your funding approval, then they can submit a referral to the surgeon along with the Funding Approval Notice.

Where can I have surgery?

Surgeries are performed in Ontario, Quebec, or outside of Canada.

All surgeons who perform TRS through OHIP must have a prior agreement with the Ministry.

What are the criteria for out-of-country surgery approval?

If a surgery is available in Ontario, patients are not eligible for OHIP funding to have the surgery out of country. For surgery rendered and funded out of country, the following criteria must be met:

- Service is accepted by the Ontario medical profession
- Medically necessary
- Identical or equivalent service is not performed in Ontario
- Identical or equivalent service is performed in Ontario however, a delay would result in death or medically significant irreversible tissue damage
- Ministry has negotiated a price for payment of insured services to be rendered with prior written approval. The Ministry will not reimburse procedures paid for out of pocket prior to funding approval.
- Service cannot be experimental

How long will I wait for surgery?

Once you have funding approval, the wait time depends on individual surgeons' waitlist and hospital operating room access.

What does OHIP cover?

OHIP only covers pre-approved surgeries. The Ministry will not reimburse you if you pay out of pocket.

Multiple procedures can be applied for on the same form if they are performed by the same surgeon. This does not mean that both surgeries can occur at the same time.

OHIP-Funded Procedures

- Vaginoplasty (includes penectomy, orchidectomy, clitoroplasty, and labiaplasty)
- Phalloplasty (includes vaginectomy, urethroplasty, glansplasty, and penile and testicular implants)
- Metoidioplasty (includes vaginectomy and urethroplasty)
- Clitoral release with vaginectomy
- Testicular implants with scrotoplasty
- Hysterectomy (removal of the uterus)
- Salpingo-oophorectomy (removal of the tubes and ovaries)
- Orchidectomy
- Mastectomy** (includes removal of breast tissue, excess skin, and proper positioning of nipple and areola)
- Breast Augmentation (has strict criteria: must have completed 12 months of hormone therapy with no breast enlargement and remain at Tanner Stage 1)

What doesn't OHIP cover?

- Chest contouring/masculinization**
- Breast augmentation for people with breast growth past Tanner Stage I after 12 months of hormone therapy
- Facial masculinization
- Facial feminization
- Electrolysis
- Laser hair removal
- Hair transplants
- Tracheal shave
- Voice modification surgery
- Liposuction
- Chin, nose, cheek, or buttock implants
- Travel and accommodation costs related to obtaining surgery
- Supplies related to post-surgery care

** OHIP will only cover the Mastectomy part of chest surgery. Any masculinization must be paid by the patient and will vary from surgeon to surgeon.

Resources

[TRS summary sheets](#)

[Rainbow Health Ontario Trans Health Knowledge Base](#)

[Rainbow Health Ontario Learning Hub for HCP](#)

[Centre for Addiction and Mental Health](#)

[Women's College Hospital](#)

[Northern Health Travel Grant](#)

[Hope Air \(travel funding for medical procedures\)](#)

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DEVELOPED BY THE TRANS HEALTH EXPANSION PARTNERSHIP

Sherbourne Health, Rainbow Health Ontario, Women's College Hospital, and the Centre for Addiction and Mental Health.