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 Gender Dysphoria. This now allows qualified healthcare providers (HCPs) to assess patients for surgery.

* Transition-related surgery, also known as TRS, refers to a range of surgical options people may require for gender transition. This is also known as sex-reassignment surgery (SRS), gender-confirming surgery (GCS) or gender-affirming surgery (GAS).
Who is considered a qualified healthcare provider (HCP) to assess me?

A qualified health care provider can be a:

- Physician
- Nurse Practitioner
- Registered Nurse
- Psychologist
- Registered social worker with a Masters Degree

Qualifications can be received through:

- Rainbow Health Ontario WPATH or CPATH (Canadian Professional Association for Transgender Health) conference
- 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.

What supporting assessment is needed for surgery and who completes it?

The number of supporting assessments (1 or 2) for surgery is based on the type of surgery requested.

The supporting assessment(s) is part of an overall Prior Approval Form required by the Ministry.

Applications for out-of-country surgeries must have a supporting assessment from an Ontario Physician.

Upper Surgery (Specifically chest)

Needs 1 supporting assessment, that has to be from a qualified Physician or Nurse Practitioner

Lower Surgery (Genital Surgery)

Needs 2 supporting assessments:

- 1 assessment from a qualified Physician or Nurse Practitioner AND
- A 2nd assessment from a qualified Physician, Nurse Practitioner, Psychologist or Registered Social Worker with a Masters Degree
How is the Prior Approval Form processed?

1. Your Physician or Nurse Practitioner will submit a Prior Approval Form to the Ministry, available on their website.* The form outlines supporting assessment information and confirms OHIP funding criteria are met.

   *please access the form using the web browser Internet Explorer

2. The Ministry will review to ensure criteria is met and that the form is complete.

3. The Ministry will provide notifications of funding approval.

How will I be notified if I’m approved?

You, your HCP and your surgeon will get a written response confirming funding from the Ministry.

A decision from the Ministry is usually received 2–3 weeks after an application is submitted.

Not Approved

Provide the Ministry with any missing information they’ve identified, and resubmit your application OR

Contact the Ministry in writing to request:

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

Approved

Begin preparing for surgery
Where can I have my surgery?

The location of your surgery will depend on:

- Location of surgical expertise
- Location of the Ministry approved service (out of province/country)

Not all surgical procedures are performed in Ontario. This may result in:

- Travel to another province
- Travel to an out-of-country, Ministry approved service (see definitions)

How long will I wait for surgery?

Not Approved

If you weren’t approved, you can provide the Ministry with information they identified as missing, and resubmit your application.

OR

You can contact the Ministry in writing to request:

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

Approved

Once you have approval, the wait time depends on individual surgeons’ waitlist and hospital operating room access.
What does OHIP cover?

OHIP funds some transition-related surgeries. Prior to surgery, OHIP requires that patients apply for prior approval. This approval must be received before the surgery takes place in order for the service to be insured.

When approved, funding is for a 2-year period, which means that surgery has to happen within this 2-year window or be applied for again.

Multiple procedures can be applied for on the same form if they’re going to be done by the same surgical provider.

What doesn’t OHIP cover?*

- Liposuction
- Electrolysis
- Chest contouring/masculinization
- LASER hair removal
- Hair transplants
- Tracheal shave
- Voice modification surgery
- Chin, nose, cheek or buttock implants
- Travel involved in obtaining surgery
- Facial feminization/masculinization

* OHIP does not fund surgery solely for the purpose of altering one’s appearance (ie. cosmetic surgery).

OHIP covers:

- Assessment for hormone therapy;
- Counseling; Private clinic stay;
- and/or Ministry-approved services outside Canada.

OHIP-Funded Procedures

- Mastectomy*
- Augmentation Mammoplasty**
- Phalloplasty
- Erectile and/or testicular implant
- Vaginectomy
- Orchidectomy
- Clitoroplasty
- Scrotoplasty
- Metoidioplasty
- Labiaplasty
- Salpingo-oophrectomy
- Hysterectomy
- Vaginoplasty

* Mastectomy includes removal of breast tissue and reconstruction, which involves removal of excess skin, reduction and proper positioning of nipple and areola, and minimization of chest wall scars.

** Augmentation mammoplasty is insured when no breast enlargement has occurred, following 12 continuous months of hormone therapy (unless hormones are not appropriate for the person).
Definitions

Gender Dysphoria
Refers to discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics). Only some gender nonconforming people experience gender dysphoria at some point in their lives.

Prior Approval Funding Form
This is the form your HCP will fill out when they refer you for surgery. The ministry reviews the form to determine whether or not you will be approved for OHIP funding for your surgery. The form includes general treatment information, location of service, patient information, referring physician/NP, proposed health facility/hospital and of out-of-country treatment request.

Supporting Assessment
Letter confirming WPATH Standards of Care criteria for surgery and OHIP criteria are met and included in the Prior Approval Funding Form as required information.

OHIP Criteria
Criteria is based on the surgical procedure (grouped by, external genital surgery; hysterectomy, salpingo-oophrectomy, orchidectomy; mastectomy; or augmentation mammoplasty).

Lower Surgery
These are a variety of genital modification procedures. May involve removal of gonads or genital reconstruction procedures. Typically, vaginoplasty is requested by trans women and metoidioplasty or phalloplasty requested by trans men, although people who identify outside of the gender binary also request these procedures.

Upper Surgery
For people designated female at birth, upper surgery usually involves double mastectomy and the construction of a masculinized chest. For people designated male at birth, breast augmentation surgery may be requested if there is no breast enlargement after 12 months of hormone therapy (unless hormones are not appropriate for the person).
Definitions (continued)

Out-of-Country Ministry Criteria
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
• Service cannot be experimental

Acronyms

CAMH – Center for Addiction and Mental Health
CPATH – Canadian Professional Association for Transgender Health
GAS – Gender Affirming Surgery
GCS – Gender Confirming Surgery
GRS Clinic – Gender Related Surgery Clinic
HCP – Health Care Professional
HSARB – Health Services Appeal and Review Board
MOHLTC – Ministry of Health and Long Term Care (Ministry)
NP – Nurse Practitioner
OHIP – Ontario Health Insurance Plan
RHO – Rainbow Health Ontario
SRS – Sex Reassignment Surgery (used by WPATH & MOHLTC)
TRS – Transition Related Surgery
WPATH – World Professional Association of Transgender Health
Access and Referral Resources

Qualified Healthcare Providers

- Rainbow Health Ontario
- Centre for Addiction and Mental Health
- OHIP (http://www.health.gov.on.ca/en/pro/programs/srs/)

Funding Resources

- Northern Travel Grant (travel costs and accommodation)
- Private/Self funds

TRS Surgeons Referral Information

- Rainbow Health Ontario
- Centre for Addiction and Mental Health

Surgical Procedure Resources

- www.Transhealth.phsa.ca
  Trans Care Surgery: A guide
- www.vch.ca/transhealth
- www.rainbowhealthontario.ca

Training Resources

If your healthcare provider wants to learn more about training opportunities to become qualified, visit:
http://www.rainbowhealthontario.ca/trans-health-connection/

Developed by the Trans Health Expansion Partnership:
Sherbourne Health Centre, Rainbow Health Ontario, Women’s College Hospital, and the Centre for Addiction and Mental Health.