

CareOregon Gender Affirming Care
Frequently Asked Questions

- **What does transgender, intersex, and non-binary mean?**

Trans or transgender is a gender identity and umbrella term (to be used as an adjective) that encompasses any individual who does not conform to their society's traditional gender roles, expressions, and/or identify with the sex they were assigned at birth.

Non-binary is a gender identity that does not fit within the gender binary of male or female. It is also used as an umbrella term for various non-binary gender identities. May be seen as the shortened version, "enby". Non-binary can fall under the trans umbrella term.

Intersex people are individuals born with any of several sex characteristics including chromosome patterns, gonads, or genitals that do not fit the rigid binary expectations of female or male bodies. Some people who are intersex are also trans or non-binary and may take steps to align their gender expression and identity.

- **What are the needs of our transgender and non-binary members?**

As with any community the needs are wide and varied, but there are themes that apply to some members. Common themes include: the need for providers to understand that we know ourselves best, we stand up to and resist transphobia on a daily basis, and we need care that affirms our gender. Some members may also need to access surgery or medical treatment to affirm their gender. They may need guidance as they interact with the many systems and providers involved in their care.

- **What is gender-affirming care?**

Gender affirming care is exactly that – care that affirms a person's gender. In this context it means someone with reasonable or significant experience/ training in working with people who are a wide variety of genders. This includes knowledge of community norms, resources, and language. It also includes

knowledge of medical and procedural interventions to affirm one's gender. In regards to transgender and non-binary members, we expect care providers to be respectful, affirming, knowledgeable, and up to date on the latest data and care in relation to our community.

- **What does CareOregon cover in terms of gender-affirming interventions?**

Unfortunately, there is not an easy-read document that explains what gender-affirming interventions are covered. Several years ago, Basic Rights Oregon made [this guide](#) with an FAQ, the PA process, and most surgical interventions listed (most recently updated in March 2021). I highly recommend using this as a guide and sharing it with members as appropriate.

What we do have available from OHP is the information from the [Prioritized List](#) below (from January 1, 2022). If the member has codes provided by a provider, we can check the list below for coverage under the gender dysphoria diagnosis:

Line: 312 Condition: Gender Dysphoria/Transsexualism

(See Guideline Notes 127,196)

Treatment: Medical and surgical treatment/psychotherapy

ICD-10: F64.0-F64.9,Z87.890

CPT: 17110, 17111, 17380, 19303, 19316-19325, 19340-19350, 53405-53430, 54120,54125, 54520,54660, 54690, 55150- 55180, 55866, 55970, 55980, 56620, 56625, 56800-56810, 57106, 57107, 57110, 57111, 57291-57296, 57335, 57426, 58150-58180, 58260, 58262, 58275-58291, 58353, 58356, 58541-58544, 58550-58554, 58563, 58570-58573, 58660, 58661, 58720, 58940, 90785, 90832-90840, 90846-90853, 90882, 90887, 93792, 93793, 97110, 97140, 97161-97164, 97530, 98966-98972, 99051, 99060, 99070, 99078, 99201-99215, 99281-99285, 99341-99378, 99381-99404, 99408- 99449, 99451, 99452, 99487-99491, 99495-99498, 99605-99607

HCPCS: C1789, G0068, G0071, G0176, G0177, G0248-G0250, G0396, G0397, G0459, G0463-G0467, G0469, G0470, G0490, G0511, G2010-G2012, G2058-G2065, H0004, H0023, H0032, H0034, H0035, H0038, H2010, H2014, H2027, H2032, H2033, S9484.

Oregon Health Plan also covers facial gender confirmation surgery [by exception](#). Facial gender confirmation surgery may include but is not limited to frontal bone reshaping, mandible bone reshaping, cheek augmentation, rhinoplasty, tracheal shaving, and electrolysis or laser hair reduction procedures (including facial hair removal), “depending on the severity of non-congruence of individual facial features.”

- **Where do I go internally to learn more about gender affirming care?**

CareOregon has a Health Resilience Specialist, Everett Redente (he/they) dedicated to helping members with gender affirming care. Everett is the Transgender Health Care Coordinator can be reached at redentee@careoregon.org or 971-803-1450.

- **When should I refer members to the Transgender Health Care Coordinator?**

If you are unsure about whether a referral is appropriate, Everett is available for consultation. Consultation is also available when you are working with a member who is already established in care coordination services and you have questions related to gender affirming care (i.e. finding an affirming PCP, what are covered services, what’s the first step to accessing bottom surgery, etc.). Everett prioritizes and accepts referrals for care coordination for members who are trans and seeking support with accessing gender affirming care, including but not limited to: establishing with a PCP, support accessing hormone therapy, support in navigating surgery and the prior authorization process, etc.

For staff within CareOregon seeking to refer a member to Everett, please contact Everett directly. For community providers and members, referrals can be made [using this form](#); please be sure to check “Gender transition support” on the form.

- **Are there Trans Health Care Coordinators with other CCOs or IDS/IDNs?**

Within the Metro area, there are patient navigators, care coordinators, and/or other staff available to support with the needs of trans and non-binary members. Please reference [this document](#) for contact and referral information.

- **What types of gender affirming surgeries are there?**

- **Top surgery** refers to surgical procedures that occur on the upper torso of the body.
 - Top surgery that “feminizes” the chest will typically increase breast size and improve the shape of the chest. This may be called feminizing breast surgery, breast augmentation, chest construction or breast mammoplasty.
 - Top surgery that “masculinizes” the chest will typically include breast removal (mastectomy) or reduction, male chest contouring, and may also include nipple grafts, or nipple/areola resizing and repositioning.
- **Bottom surgery** refers to surgical procedures that alter internal and external sex organs/genitalia.
 - Bottom surgery for members that have testicles and/or a penis may include: Orchiectomy, Vaginoplasty, and/or Vulvoplasty.
 - Bottom surgery for members that have a uterus, vagina, vulva, ovaries, and/or cervix may include: Hysterectomy, Oophorectomy, Metoidioplasty, and/or Phalloplasty.
- **Body contouring** commonly refers to liposuction and fat grafting to shape areas of the body to align with a person’s gender identity. Feminization procedures are generally aimed at enhancing curves and masculinization procedures are to reduce curves to create a straighter or tapered body shape.
- **Facial surgeries** can cover a wide array of procedures. Typically, we see requests for or questions about “Facial **Feminization** Surgery” or FFS. On the [OHSU website](#) they list the following procedures under FFS:

- Forehead reduction, including Type 3 sinus setback and orbital remodeling
- Rhinoplasty (nose job)
- Cheek augmentation
- Jawline contouring
- Genioplasty (chin surgery, including reductive, implants or bone-cut options)
- Laryngeal chondroplasty (reducing the Adam's apple)
- Hairline advancement (done with the forehead)
- Browlift (done with the forehead)
- Eyelid surgery
- Face-lift, neck lift
- Lipofilling (transferring fat using liposuction and filling)
- Lip lift and/or augmentation
- Hair removal (electrolysis with plastic surgery experts, or laser therapy with dermatologists)
- Laser skin resurfacing or chemical peels with dermatologists

For **masculinizing** options, [OHSU lists](#) the following procedures:

- Forehead lengthening
- Cheek augmentation
- Nose, jaw and chin reshaping
- Adam's apple enhancement

- **How do members access gender-affirming care?**

- **Hormones** are covered and are accessed through what is called the "informed consent model." Members can reach out to their PCP, and review changes, side effects, and processes of undergoing hormone therapy. Once a member understands each of these they can sign a document giving informed consent to proceed with hormone treatment.
- **Top surgery & Bottom surgery** require the following criteria be met:
 1. Have persistent, well documented gender dysphoria

2. Have completed 12 months of continuous hormone therapy as appropriate to the member's gender goals unless hormones are not medically necessary or hormones cause negative reactions due to illnesses that are sensitive to those hormones.
 3. Have completed 12 months of living in a gender role that aligns with their gender identity unless a medical and a mental health professional both determine that this requirement is not safe for the patient
 4. Have the capacity to make a fully informed decision and to give consent for treatment under Oregon law
 5. Have any significant medical or mental health concerns reasonably well controlled
 6. **For breast/chest surgeries**, have one referral from a mental health professional provided in accordance with [version 7 of the WPATH Standards of Care](#) (version 8 has been published but has not been reviewed and processed through OHA).
 7. **For genital surgeries**, have two referrals from mental health professionals provided in accordance with the [version 7 WPATH Standards of Care](#).
- **Facial surgery, electrolysis & laser hair removal:** Electrolysis & laser hair removal are generally approved only for surgical site preparation for chest or genital surgical procedures. Facial hair removal may be covered under [OAR 410-172-0745: Exception Criteria for Facial Gender Confirmation Surgery \(FGCS\)](#), along with facial surgeries, however, this requires that the member meet all necessary criteria listed in the OAR.

The essential elements of this rule for coverage include a “serious mental health condition” that is caused or prevented from resolving with treatment, by the existence of the facial gender incongruity. Then, that condition must have been treated in all the accepted ways such as counseling and medication, with the treatment unsuccessful in controlling the mental health symptoms. The behavioral health professional treating the member must certify that the next medically necessary step to help

manage the condition is to proceed with facial feminization surgery, thus making the surgery both covered by the rules and medically appropriate for the member's health. It should be noted that cases that have met criteria have been denied by CareOregon more frequently in comparison to other CCOs.

- **Body contouring** is largely considered “cosmetic” and as a result has not been covered by OHP despite otherwise meeting criteria for medical necessity. It is speculated that this may change with version 8 WPATH Standards of Care.

- **Where do I find a list of gender-affirming providers?**
A list of gender affirming providers can be found [HERE](#).

- **What does “transitioning” mean?**
Transitioning is when a trans, intersex, and/or non-binary person takes steps to better align with their gender identity. Social transitioning can include coming out to friends, coworkers, and/or family. Changing name and/or pronouns, changing gender expression including appearance, mannerisms, clothing, and hairstyles. Medically/surgically transitioning can include hormonal interventions and/or surgical interventions. Transitioning is not a requirement for all trans people and does look different for each person; there is no “correct order” or one way to transition.

- **Does CareOregon support transition needs outside of medical intervention?**
Yes, members can request [health-related services funds](#) (HRSF) to pay for costs that do not have a billable code. These funds cover items or services that aren't covered under standard health plan services, but will improve a person's health. HRS must be consistent with a member's treatment plan, as developed by their primary care team or other treatment providers. Some examples of items that can fall under HRSF are gender affirming clothing, binders, prosthetics, costs related to name changes, gender marker changes, and identity documentation. Please see this [Gender Affirming Care HRSF FAQ document](#) for additional

information.

- **What are the community resources available to transgender and nonbinary members?**

Depending on the location, members have access to more resources than others. A list of local resources and resources available state or nationwide can be found [HERE](#).

- **Where can I find more data on trans and non-binary communities?**

The U.S. Trans Survey (USTS) is the largest survey of trans people in the United States. The USTS documents the lives and experiences of trans people in the U.S. and U.S. territories. It was conducted in 2011, then again in 2015, and will be launching again in 2022. You can find the 2015 information [HERE](#).

Last updated by Everett Redente on 2/15/2023.