

# Medical Policy



## Vasectomy Procedures

Policy Number: PG0288  
Last Review: 09/01/2024

HMO AND PPO  
ELITE (MEDICARE ADVANTAGE)  
MARKETPLACE

### GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

### SCOPE:

☒ Professional  
☒ Facility

### DESCRIPTION:

Vasectomy is an outpatient procedure which can be performed under local anesthesia. The vas deferens is accessed by means of either a conventional incision with a scalpel or by using the "no-scalpel technique". A closed-ended vasectomy (by means of suture ligation, surgical clips, or electro-cautery) or the open-ended alternative is then carried out. Each of these techniques has both advantages and drawbacks. Fascial interposition has been shown to reduce the risk of failure.

An alternative for occluding the vas consists of placing an intra-vas device. The Vasclip (VMBC, LLC, Roseville, MN), a locking ligation clip the size of a grain of rice, was cleared for marketing by the Food and Drug Administration (FDA) based on a 510(k) application. Thus, the manufacturer was not required to supply the evidence of effectiveness that would be required to support a pre-market approval application (PMA). The FDA 510(k) summary of substantial equivalence stated the Vasclip is identical in use to the Hem-o-lok, a polymer ligating clip that is used to close off vessels that supply blood to organs. There is inconsistent evidence regarding the effectiveness of the Vasclip implant compared to standard vasectomy procedures.

The Pro-Vas occlusion technique utilizes a titanium spring ligation clip that stops the flow of sperm without the need to cut or burn the sperm ducts. Pro-Vas has also been reported to result in less post-procedure pain and quicker return to normal activities compared with traditional vasectomy. Additionally, there were no complications following Pro-Vas occlusions, however, it is acknowledged the number of patients is not sufficient to provide statistically significant results. Patient acceptance may be higher with the Pro-Vas occlusion technique than traditional vasectomy because overall quality of the outcomes may be improved. However, these hypotheses need to be confirmed by additional clinical studies.

Vasal occlusion with a plug (e.g., 'Shug' or medical grade silicone rubber), requires microsurgery for implantation and later removal. Either a conventional open or no-scalpel technique may be used to isolate the vas deferens for the implantation of these devices. Surgical vasal occlusion procedures claim to produce reversible azoospermia without affecting spermatogenesis, but there are no human data on success rates. Vasal injection is a percutaneous method that can be used for injecting chemicals directly into the vas deferens to effect temporary (polymer) or permanent (sclerosing agents) occlusion. One technique intended for permanent

sterilization involves first injecting two dyes into the vas, using a different color for the left and right vas. Then, a sclerosing agent is then injected into the vas lumen distal to the previously injected dye. Successful occlusion is determined by having the patient void to see which, if any, dye is excreted in the urine. The chemicals required for this procedure are not available for use in the US. Another technique, reversible inhibition of sperm under guidance (RISUG) involves injection the non-sclerotic polymer, styrene maleic anhydride (SMA). It is claimed to offer long-term contraception without adverse side effects. The purported advantages of this method are that it provides long term contraception without the side effects associated with male hormonal contraception, and in contrast to the other techniques listed above, is reversible without surgery. Clinical trials are ongoing.

Hematoma and pain are the most common complications with a vasectomy. Non-steroidal anti-inflammatory drugs, narcotic analgesics and neuroleptic drugs are effective for treatment of pain. Semen analysis is performed post-vasectomy to verify sterility. Following vasectomy, another form of contraception is required until vas occlusion is confirmed.

The data on record convincingly demonstrate that vasectomy is a safe and cost-effective intervention for permanent male anatomy contraception. The no-scalpel vasectomy under local anesthesia is recommended. Occlusion of the vas is most successful when performed by means of an electrocautery; fascial interposition should complete the procedure.

#### **POLICY:**

##### **Paramount Commercial Insurance Plans**

**NOTE: Contraceptive or sterilization coverage is based on the member's certificate benefits. These services may not be covered on all certificates.**

- **Standard vasectomy procedures do not require prior authorization.**
- **Procedure 55250 inherently includes postoperative semen examination(s). No additional code(s) requires reporting for postoperative sperm counts following a vasectomy, as procedures 89310 and G0027 are a component of the overall service provided, and separate reimbursement is not warranted.**
- **A vasectomy reversal may be considered medically necessary for the treatment of post-vasectomy pain syndrome if member has failed non-steroidal anti-inflammatory medications and local nerve blocks/steroid injections.**

**Non-covered, not an all-inclusive listing:**

- **Implantable vas deferens ligation clip (Vasclip, VMBC, LLC, Roseville, MN)**
- **Pro-Vas occlusion method**
- **Vasal injection (e.g., reversible inhibition of sperm under guidance (RISUG))**
- **Vasal occlusion (e.g., Intra Vas Plug)**
- **Endoscopic vasectomy**

##### **Elite (Medicare Advantage) Plans**

- **Under the Medicare Program guidelines, the coverage of sterilization is limited to necessary treatment of an illness or injury. An example of necessary treatment is the removal of a uterus or removal of diseased ovaries (bilateral oophorectomy) because of a tumor, or bilateral orchiectomy in the case of prostate cancer.**
- **Elective vasectomy in the absence of a disease for which sterilization is considered an effective treatment is not covered. In addition, no payment would be made for sterilization procedures if it is a preventive measure e.g., a physician believes pregnancy would cause overall endangerment to a woman's health, or as a measure to prevent the possible development of, or effect on a mental condition, should pregnancy occur. (Section 1862(a)(1)(A) of the Social Security Act and 42 CFR 411.15(k)).**

## COVERAGE CRITERIA:

### Paramount Commercial Insurance Plans

- Standard vasectomy procedures
- Following a vasectomy, a post-op semen analysis is considered a component of the vasectomy procedure. The postoperative laboratory analysis of semen is included in the postoperative visit and is not a separate and distinct service.

### Non-Covered

Paramount considers the following vasectomy and post-vasectomy procedures (not an all-inclusive list) experimental/investigational because of insufficient evidence of their effectiveness:

- Implantable vas deferens ligation clip (Vasclip)
- Pro-Vas occlusion method
- Vasal injection (e.g., reversible inhibition of sperm under guidance (RISUG))
- Vasal occlusion (e.g., Intra Vas Plug)
- Endoscopic vasectomy
- Epididymectomy
- Micro-denervation of the spermatic cord

A vasectomy reversal may be considered medically necessary for the treatment of post-vasectomy pain syndrome if member has failed non-steroidal anti-inflammatory medications and local nerve blocks/steroid injections.

### Elite (Medicare Advantage) Plans

- Payment may be made only where sterilization is a necessary part of the treatment of an illness or injury
- Sterilization of a mentally challenged beneficiary is covered if it is a necessary part of the treatment of an illness or injury (bilateral oophorectomy or bilateral orchidectomy in a case of cancer of the prostate).
- Elective hysterectomy, tubal ligation, and vasectomy in the absence of a disease for which sterilization is considered an effective treatment is not covered. In addition, no payment would be made for sterilization procedures if it is a preventive measure e.g., a physician believes pregnancy would cause overall endangerment to a woman's health, or as a measure to prevent the possible development of, or effect on a mental condition, should pregnancy occur. (Section 1862(a)(1)(A) of the Social Security Act and 42 CFR 411.15(k).

### Non-Covered

- Elective vasectomy if the primary indication for these procedures is sterilization

## CODING/BILLING INFORMATION:

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES	
52402	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts
54860	Epididymectomy; unilateral
54861	Epididymectomy; bilateral
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
55400	Vasovasostomy, vasovasorrhaphy
89300	Semen analysis; presence and/or motility of sperm inc Huhner test (post-coital)
89310	Semen analysis; motility and count
HCPCS CODE	
G0027	Semen analysis; presence and/or motility of sperm excluding Huhner

ICD-10 CODE	
<b>G89.28</b>	Other chronic postprocedural pain [post-vasectomy]
<b>N50.81</b>	Testicular pain
<b>Z30.2</b>	Encounter for sterilization
<b>Z30.8</b>	Encounter for other specified contraceptive management, encounter for post-vasectomy sperm count
<b>Z98.52</b>	Vasectomy status

#### REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 02/01/2010

Date	Explanation & Changes
<b>07/01/2011</b>	<ul style="list-style-type: none"> <li>No change</li> </ul>
<b>12/09/2014</b>	<ul style="list-style-type: none"> <li>Policy title changed from Semen Analysis to Vasectomy Procedures</li> <li>Added codes 52402, 55250, &amp; 55450</li> <li>Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee</li> </ul>
<b>11/23/2016</b>	<ul style="list-style-type: none"> <li>Gender verbiage changes completed per Meaningful Access Section 1557 of the Affordable Care Act</li> </ul>
<b>02/13/2018</b>	<ul style="list-style-type: none"> <li>Added Non-covered Procedures: Vasal injection (e.g., reversible inhibition of sperm under guidance (RISUG) and Vasal occlusion (e.g., Intra Vas Plug)</li> <li>Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee</li> </ul>
<b>12/18/2020</b>	<ul style="list-style-type: none"> <li>Medical policy placed on the new Paramount Medical Policy Format</li> </ul>
<b>02/17/2023</b>	<ul style="list-style-type: none"> <li>Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023</li> </ul>
<b>10/01/2023</b>	<ul style="list-style-type: none"> <li>Medical Policy reviewed and updated to reflect the most current clinical evidence</li> <li>Documentation updated to clarify the noncoverage for an elective sterilization for the Medicare Advantage Plan</li> </ul>
<b>03/07/2024</b>	<ul style="list-style-type: none"> <li>Medical policy placed on the new Paramount Medical Policy Format</li> </ul>
<b>09/01/2024</b>	<ul style="list-style-type: none"> <li>Medical Policy reviewed and updated to reflect the most current clinical evidence</li> <li>Removed deleted code 55450</li> </ul>

**Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to**

<https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

#### REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>  
Industry Standard Review

Hayes, Inc., <https://www.hayesinc.com/>

Industry Standard Review

