



PARAMOUNT

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

Vasectomy Procedures

Policy Number: PG0288

Last Review: 02/13/2018

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

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 (eg, '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

Standard vasectomy procedures do not require prior authorization.

Advantage members must complete a consent form for sterilization HHS 687 (5/10) English / HHS 687-1 (11/06) Spanish) per the Ohio Department of Medicaid guidelines. Consent form must be completed, signed, and dated 30 days prior to but within 180 days of the procedure. Patient must be at least 21 years of age.

Procedure 55250 inherently includes postoperative semen examination(s) and no additional code(s) requires reporting for postoperative sperm counts following a vasectomy. As procedure 89310 and G0027 is a component of the overall service provided separate reimbursement is not warranted.

Non-covered:

- **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)**

COVERAGE CRITERIA

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage

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.

If the semen analysis is completed at a later date from the vasectomy procedure codes G0027 and 89310 must be billed with diagnosis ICD-10 code Z30.8 (Encounter for other specified contraceptive management, encounter for post-vasectomy sperm count) in the first diagnosis field on the claim form.

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

- **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)**

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
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)
89300	Semen analysis; presence and/or motility of sperm inc Huhner test (post-coital)
89310	Semen analysis; motility and count
89320	Semen analysis; complete (volume, count, motility and differential)
89321	Semen analysis; presence and motility
89322	Semen analysis; volume, count, motility (e.g., Kruger)
89325	Sperm antibodies
89329	Sperm evaluation: hamster penetration test
89330	Sperm evaluation; cervical mucus penetration with/without spinnbarkeit (PCT)
89331	Sperm evaluation, for retrograde ejaculation, urine
HCPCS CODE	
G0027	Semen analysis; presence and/or motility of sperm excluding Huhner
ICD-10 CODE	
Z30.8	Encounter for other specified contraceptive management, encounter for post-vasectomy sperm count

REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 02/01/2010

07/01/11: No changes

12/09/14: Policy title changed from Semen Analysis to Vasectomy Procedures. Added codes 52402, 55250, & 55450. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

11/23/16: Gender verbiage changes completed per Meaningful Access Section 1557 of the Affordable Care Act.

02/13/18: Added Non-covered Procedures: Vasal injection (e.g., reversible inhibition of sperm under guidance (RISUG) and Vasal occlusion (e.g., Intra Vas Plug). Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

12/18/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Industry Standard Review

Hayes, Inc.