

Policy Name:	Medical Policy: Vasectomy	Policy #:	MP-84
---------------------	----------------------------------	------------------	--------------

Policy Information

Owner Department:	Medical UM & Systems Department
Owner:	Assigned Medical Director
Electronic Signature/Date:	Krystal Revai (06/23/2023), Lori Slaughter (06/22/2023)

If there is a discrepancy between a medical policy and a patient's policy or plan document/summary plan description, the policy or plan document/summary plan descriptions provisions and limitations will govern the determination of benefits.

Purpose of the Policy

To make utilization decisions, Health Alliance uses written criteria based on sound clinical evidence for appropriately applying the criteria.

Statement of the Policy

To apply objective and evidence-based criteria when determining the medical appropriateness of health care services.

A vasectomy is the transection and ligation of the vas deferens and may be done utilizing various techniques, including a Vas Clip. It is performed as a sterilization procedure for males in a physician's office setting.

NOTE: Please refer to plan documents for prior authorization necessity/status.

Interpretations

This applies only to Self-Funded Plans that require prior authorization for vasectomy in a facility.

1. A vasectomy done in the physician's office is covered. If a member elects to have their vasectomy done as an outpatient procedure in a hospital setting without first obtaining preauthorization, the member will be responsible for the hospital charges.
2. Coverage for a vasectomy in an outpatient hospital setting requires preauthorization and chart documentation, by an urologist, that an anatomical condition is present which makes it unlikely that the procedure can be accomplished in the office setting.

Medicare Advantage Criteria details:

- NCD 230.3.
- Enter NCD or LCD/LCA ID in Medicare website/link before for criteria.
- [MCD Search \(cms.gov\)](https://www.cms.gov/mcd-search)

Regional Medicare Admin Contractor (MAC) – Member's state	Regional LCD/LCA Identifier	Applicable criteria
NGS (IL)	A59060	Applicable NGS LCA
Noridian (WA)	A52960	Applicable Noridian LCA
Palmetto (NC)	None	NCD
WPS (IA, IN)	None	NCD
CGS (OH)	None	NCD

Codes

*Codes listed are for informational purposes only and do not necessarily indicate prior authorization is or is not required and that coverage is guaranteed.

55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
-------	---

Providers are required to indicate the diagnosis and procedure codes when requesting review of coverage.

References

1. 2010 HMO Subscription Certificate

History

Created Date:	11/01/89		
Effective Date:	11/01/89		
Next Review Date:	06/23/2024		
Revision Date:	09/11/97	05/11/94	05/26/98
	08/24/99	06/26/01	11/13/02
	05/26/04 – MDC	06/08/05 – MDC	06/14/06 – MDC
	06/27/07 – MDC	06/11/08 – MDC	06/10/09 – MDC
	09/15/11 – MDC	09/15/12 – MDC	08/12/13 – MDC
	07/01/14	06/12/15	06/10/16
	05/10/17		
	07/19/18 – MDC/D. Hasler-Reviewed with addition of language related to Self-Funded Plans that this applies to.		
	08/20/19 – MDC-Annual review, no changes.		
	06/24/20 – MDC-Annual review, no changes.		
	06/15/21 – MDC-Annual review, no changes.		
	06/21/22 – MDC-Annual review, no changes.		
	06/20/23 – MDC-Annual review, Medicare information updated, no changes.		