**Medica Coverage Policy**

<table>
<thead>
<tr>
<th>Policy Name:</th>
<th>VasClip®</th>
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<tr>
<td>Effective Date:</td>
<td>10/16/2017</td>
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**Important Information – Please Read Before Using This Policy**

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

**Coverage Policy**

Vasectomy is a covered service. When VasClip® is used, the additional cost of the VasClip is **NOT COVERED** as the standard vasectomy procedure is safe and effective.

**Note:** This policy is not scheduled for routine review of the scientific literature.

**Description**

VasClip® is an alternative to standard vasectomy. The implantable VasClip is a small, biocompatible, polymeric clip. The VasClip is attached in a locking fashion around each vas deferens to permanently block the flow of sperm. The procedure is performed in the physician's office. It does not involve cutting, suturing, and cauterizing the vas deferens.

**FDA Approval**

The device was FDA approved August 20, 2003, for ligation of the vas deferens.

**Prior Authorization**

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

**Coding Considerations**

Use the current applicable CPT/HCPCS code(s).

Original Effective Date: 2/1/2004
Re-Review Date(s): 7/16/2008
7/20/2011
7/18/2014
7/19/2017
3/18/2020 – administrative update; format

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