

Vasectomy Services Under the Reproductive Health Program

Male sterilization (vasectomy) services are covered under the Reproductive Health (RH) Program using two different sources of funding. The source of funding used to pay for clients' vasectomy services is determined by their citizen / immigration status.

CCare-only clinics may be reimbursed for vasectomy services provided to clients with any citizenship or immigration status, including those with Another Immigration Status by following the billing instructions below.

All sterilization services provided by agencies through the RH Program must comply with federal regulations, including those that are required for Oregon Health Plan (OHP) clients. Men seeking vasectomy services must be at least 21 years of age by the date of the procedure.

Contracting with a local vasectomy provider

While some agencies have the capacity to provide vasectomies on site, most do not. Agencies may contract with a local vasectomy provider to perform vasectomy procedures for a set fee.

Any locally-contracted vasectomy provider must agree to the reimbursement amount set forth in the contract with the agency and may not charge the client any additional fees, including no-show fees, lab fees for the follow-up semen analysis, or fees for a post-procedure follow-up visit. The contracted reimbursement amount should be considered a global payment for the provision of the vasectomy and all routine follow-up.

Vasectomy counseling and informed consent

Once enrolled in the RH Program, clients must receive a sterilization counseling visit. Clients wishing to pursue the vasectomy procedure at the conclusion of the visit will be asked to review and sign a consent form (Consent for Sterilization – [English](#) and [Spanish](#)).

The counseling and consent process must assure that the client's decision to undergo sterilization is completely voluntary and made with full knowledge of the permanence, risks, and benefits associated with male sterilization procedures. Federal regulations require that the procedure be provided at least 30 days *after* the day the client signs the consent form and no more than 180 days from the signature date.

Federal regulations also require that all boxes be checked and all blank lines be filled-in on the consent form for the form to be considered complete and

Vasectomy Services Under the Reproductive Health Program

compliant. Note that a specific doctor must be named in the client's portion of the form and that name must match the "Physician's Signature" on the bottom of the form.

Note: If the original vasectomy provider listed on the consent form is unable to perform the vasectomy, the performing provider and the client should complete a new consent form and attach it to the original. (In this event, it is not required to wait an additional 30 days before the procedure is provided).

Referral for procedure

If the client wishes to pursue a vasectomy at the conclusion of his counseling visit, the agency should:

Locally-Contracted Vasectomy Provider: Forward a copy of the consent form to the contracted vasectomy provider. Depending on the preference of the contracted vasectomy provider, either the client or the agency should schedule the vasectomy appointment with the vasectomy provider.

In-House Vasectomy Provider: Follow normal clinic flow to schedule a vasectomy appointment for the client.

Vasectomy referral fee

In recognition of the administrative work related to facilitating vasectomy referrals, the RH Program allows agencies that refer clients to vasectomy providers to recoup a \$50 Vasectomy Referral Fee. To be eligible for the referral fee, the reimbursement rates for both the counseling visit and the vasectomy procedure must be passed on, in full, to the contracted provider who performed the services.

Procedure and follow-up

During the medical visit, the client should be instructed on the process for collection and submission of a semen sample for the post-procedure semen analysis.

In the rare event a post-vasectomy visit is required to follow-up on a potential medical complication; the agency may bill the RH Program for a contraceptive management office visit. However, treatment of medical complications is not covered under the RH Program.

Vasectomy Services Under the Reproductive Health Program

Billing for vasectomy services & determining source of pay

Separate Clinic Visit Records (CVRs) must be submitted for the counseling visit, referral fee (if applicable), and the medical procedure. Which Assigned Source of Payment (Section 9. on the CVR) is used is determined by what citizenship or immigration status the client indicated on the RH Program Enrollment Form.

The below table shows when to check box 12-RH Program and when to check box 11-OVP in Section 9. Assigned Source of Payment:

Service type	Client indicated "U.S. citizenship or U.S. national status" or "Eligible immigration status"	Client indicated "Another immigration status"
Counsel	12-RH Program	11-OVP
Procedure	12-RH Program	11-OVP
Referral fee*	11-OVP	11-OVP

*Please note that box 11-OVP in Section 9. Assigned Source of Payment should be used when billing the referral fee regardless of what citizenship or immigration status the client indicated.

See below for links to sample CVRs.

Balance billing for clients with private insurance or OHP

Both the RH Program and OVP may be billed the balance between RH Program/OVP reimbursement rates and what private insurance or OHP pay. If private insurance or OHP reimburses less than the RH Program/OVP reimbursement rate (for either the counsel or procedure), submit a CVR:

- Check box 11-OVP or box 12-RH Program, as appropriate, in Section 9. Assigned Source of Payment
 - Please note that clients with OHP may not enroll in RH Program coverage. When balance billing the RH Program for clients with OHP, check box 11-OVP in Section 9. Assigned Source of Payment for the counsel, procedure, and/or referral fee.
- Enter the amount received from private insurance or OHP in Section 17A. Third Party Resource Codes
- Complete the rest of the CVR as a normal counsel or procedure as instruction in the section above "Billing for vasectomy services"

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Where can I find forms related to vasectomy services?

[Vasectomy Referral Form](#)

[Vasectomy Services Rendered Form](#)

[Federal Sterilization Consent Form \(English\)](#)

[Federal Sterilization Consent Form \(Spanish\)](#)

[Sample Vasectomy Counsel CVR](#)

[Sample Vasectomy Procedure CVR](#)

[Sample Vasectomy Referral CVR](#)