

A Start-Up Guide

Vasectomy, a safe and cost-effective contraception method, is a reliable choice for clients seeking permanent contraception. High-quality vasectomy services require the proper infrastructure, supplies, equipment, trained staff, and robust administrative and financial systems. This guide outlines the essential steps and considerations to ensure a successful launch and sustainable service provision.



Identifying and Training Vasectomy Providers

While urology physicians are the primary providers of vasectomy services, it's crucial to note that other clinicians, including family medicine and OB-GYN physicians, and in some states, advanced practice registered nurses and physician assistants can play a significant role in providing vasectomies. Including a variety of clinicians providing vasectomy procedures broadens the range of services and ensures that a health center is more open and accommodating.

Training for vasectomy providers can be:

- Part of a residency program.
- Offered in partnership with a local medical school or contracted clinician.
- Accessed through a national training program.

The [American Urological Association \(AUA\)](#) offers optional didactics that may be viewed before training. Clinicians providing vasectomies need fine motor dexterity, sensitive fingers that can gently palpate/manipulate the vas deferens, comfort with anesthesia injections, minor surgical experience, including suturing (which demonstrates manual dexterity and comfort with minor procedures), and skills to handle rare cases of hemorrhage.

Beyond didactic and simulation training, it is important to build in a process for mentoring or precepting to ensure that the clinician is confident in their ability to provide the procedure. A structured competency-based training model focused on specific skills and developed using predetermined competencies and outcomes should be used to help clinicians feel secure and confident in their abilities.

Key Considerations:

- Are there trained vasectomy clinicians on staff or contracted?
- Are there clinicians in your organization willing/interested in vasectomy training?
- Do you have the budget to send a clinician for training or contract with a local trainer?
- Can you include this skillset in new hire job postings, onboarding, and credentialing packets?
- Do you have the support of an academic or urological group/private practice to handle referrals and complications?
- Do you have access to local clinicians to serve as mentors or preceptors for newly trained vasectomy clinicians?



Space, Equipment, and Supplies Needed

Vasectomies can be easily integrated into an existing ambulatory office or Title X clinic setting. While a dedicated “procedure” room is ideal, any confidential exam room with sufficient space to move around the exam table can also be used effectively. Multiple procedures can share a common space, especially in facilities with low caseloads. However, for efficiency, some health centers have found it helpful to offer vasectomies on certain days of the week to have the space, equipment, and workflow ready for back-to-back procedures. Health centers should also have facilities for sterilizing or high-level disinfecting surgical instruments and supplies.

Suggested supplies and equipment:

- Exam table
- Mayo stand
- Titanium clips
- Clip applier
- 5” mosquito clamps
- 3.0mm non-cantilevered ring clamps
- 4.0mm cantilevered ring clamps
- Curved sharp dissecting clamps
- Sterile gauze
- Cautery machine and wand (disposable or hyfrecator)
- Drawing needle (18g x 1” needle)
- Injection Needles (27g - 30g x 1/2” needle) or jet injector anesthesia
- 3mL syringe
- Silver nitrate applicators
- Lidocaine (1% or 2%), without epi
- Razors for shaving procedure site
- Tape to isolate/position penis
- Sterile fenestrated drapes
- Cups for skin prep solution
- Skin prep solution (e.g. povidone iodine or chlorhexidine gluconate)
- Sterile gloves



Administration and Workflow

When establishing a new vasectomy service line, having dedicated days or half-days for vasectomy can help create standardized and efficient workflows that benefit clients and staff. A highly proficient vasectomy team could consider integrating vasectomy services into existing contraceptive care workflows, including insertion/removals for IUDs, implants, or other office procedures.



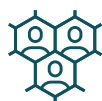
It is highly recommended that a health center implementing vasectomy services develop written policies, procedures, and protocols for this service line. They should also develop a written script for front desk staff and medical assistants to respond to requests or questions about vasectomy services. In addition, a procedure or script for speaking with callers about vasectomy will help the receptionist respond confidently and welcome the client who might be particularly anxious about inquiring.

Support staff may need additional training beyond the client-centered counseling they generally offer. Staff should be prepared to support clients and their partners (when relevant) in making informed decisions about permanent contraception and informed consent.

A health center implementing this new service line will likely need to establish new data collection procedures to capture service statistics and optimize electronic health records accordingly.

Key Considerations:

- Do you have operational leadership prepared to meet the administrative and infrastructure needed to offer vasectomy services?
- In developing protocols and workflows, have you prioritized client experience, including wait time, client comfort, and client education?
- Do you have consents that can be scanned into your electronic medical records?



Staffing

Vasectomies should be scheduled with a trained core clinician and one clinical support person who can assist pre-, during, and post-procedure, including taking vital signs, providing client support and education, and helping with room set-up, client preparation, and room clean-up. Staff must be competent in providing pre- and post-procedure instructions and follow-up. A proficient clinical team can provide 10-15 vasectomy procedures per clinician in an 8-hour day. Support staff can also support other types of primary care/family planning visits intermittently throughout the day.

Staff should be available for the following:

- Receiving clients and maintaining records.
- Providing information and education.
- Counseling clients.
- Examining clients, performing surgery, and conducting follow-up.
- Performing laboratory tests (optional).
- Sterilizing or high-level disinfecting equipment and supplies.



Billing and Reimbursement

The CPT procedure code for unilateral or bilateral vasectomy, including no-scalpel vasectomy and postoperative semen examination, is 55250. The ICD-10 code for encounter for sterilization is Z30.2.

Nationally, out-of-pocket costs for vasectomy range from \$300 to \$1,000 at publicly funded health centers and \$1,000 to \$3,000 at private urology offices/practices. Reimbursement rates vary widely from one insurer to another.



Consistent with other services offered by a health center, Title X funding can be used for vasectomy services if written into and approved in the federal award (grant) application. Title X recipients whose original grant application did not include the provision of vasectomy services should discuss their interest in starting these services at their health center with their respective federal project officer (PO) at the Office of Population Affairs. Medicaid reimburses for vasectomy services in most states, but not all*. Medicaid reimbursement rates vary by health center and state. Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are usually reimbursed through Medicaid with a fixed prospective payment system (PPS). Title X health centers, FQHCs, and RHCs may also be eligible for additional funding from Federal/State governments and private sector sources.

Key Considerations:

- Will you have a time-of-service discount? Will it be on a sliding scale? (required if it is a Title X service)?
- How will fees be subsidized if a client pays little or nothing out of pocket? Will Title X funds and Medicaid billing make up the difference?
- What's your budget? Can you secure grants to help with start-up costs? Could Title X funds be used for training and supplies?
- Does the payor mix allow commercial reimbursement to offset Medicaid or uninsured? If you have commercial contracts, what is your rate?



Counseling, Consent, and Preparing the Client

Counseling and informed consent are crucial to the client's vasectomy decision-making process. Identifying and training appropriate staff for the counseling and consent is important to the start-up process. Written information on preoperative preparation and postoperative care should be developed or adapted to be shared with clients requesting a vasectomy.

Staff should use a client-centered shared decision-making process with the client and ensure that the client makes an informed decision regarding consent.

It's important to note that when using public dollars to cover sterilization, there is a required 30-180-day period between the client signing the consent and undergoing the procedure. The standard federal consent form HHS-687 can be accessed here: [Federal Family Planning consent form \(English\)](#) or [Federal Family Planning consent form \(Spanish\)](#).

Key Considerations:

- Do you have educational materials available in other languages? Does your clinic have the ability to translate the Federal Family Planning consent form into other languages if needed?
- If the client wants an anxiolytic (i.e., diazepam) before the procedure, will it come from clinic stock or be prescribed to a pharmacy?
- How will you enforce a driver's availability to transport a client who opts for an anxiolytic?
- How will you ensure a driver is available for transportation with clients opting for an anxiolytic?
- Do you have an extra supply of tight underwear available if the client forgets to bring them?



Advertising and Marketing

Marketing your services before offering vasectomies can build community demand to help sustain your program. Marketing can also ensure you have a full schedule immediately post-training, encouraging clinician confidence and proficiency. Reducing lag time from formal training to providing services on the ground is critical. Consider booking appointments several months out, considering pre-procedure consent time. New vasectomy programs may consider including a budget for engaging a marketing/communications partner to support marketing efforts via social media, radio ads, digital out-of-home (billboards, signage on public transit, etc.), search engine optimization, and more.



Estimated Cost for Vasectomy Start-Up and Implementation

The tables below summarize the estimated costs of starting and implementing vasectomy services. Start-up and implementation costs will vary, but the calculations can easily be modified based on your health center's unique needs and considerations.

Estimated Start-Up Costs

Clinician Training (per provider)	Training: \$4200 Travel/lodging: \$2000 Total: \$6200
Support Staff Training	Hourly rate: \$20 Training hours: 4 Number of Staff Trained: 2 Total: \$160
Vasectomy Instruments Assuming that the center already has autoclave equipment and experience	Vasectomy equipment and supplies (1 year, 240 vasectomies) Total: \$5500
Administrative Costs: <ol style="list-style-type: none"> 1. EMR Updates 2. Client Education Materials 3. Marketing (community dissemination, website update, social media, ads) 	\$700 \$300 \$2,000 Total: \$3,000



Estimated Cost of Implementation

	Estimated Cost	Potential Reimbursement
Clinician: 240 vasectomies (10/day for two days per month)	Hourly rate: \$100 Hours per month: 20 Number months: 12 Total: \$24,000	Medicaid reimbursement rates vary from state to state. The following offers a range of potential reimbursements: Medicaid Reimbursement Range: \$300-\$600 Number of vasectomies billed to Medicaid: 100 Potential reimbursement in one year: \$30,000 - \$60,000
Support Staff: 240 vasectomies (10/day for two days per month)	Hourly rate: \$20 Hours per month: 24 Number of months: 12 Total: \$5760	
Ongoing Marketing (optional) <ol style="list-style-type: none"> 1. Community dissemination 2. Social media 3. Ads 	\$2,000	