

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR202124

JUNE 15, 2021

## **IHCP to cover HCPCS codes M0244 and M0246 for treatment of COVID-19**

Effective retroactively to **May 6, 2021**, the Indiana Health Coverage Programs (IHCP) will cover the Healthcare Common Procedure Coding System (HCPCS) procedure codes in [Table 1](#) to align with updates from the Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA). These new procedure codes are for treating coronavirus disease 2019 (COVID-19).

Coverage applies retroactively to fee-for-service (FFS) professional claims (*CMS-1500* form or electronic equivalent) and outpatient claims (*UB-04* form or electronic equivalent) with dates of service (DOS) on or after **May 6, 2021**. Coverage applies to all Traditional Medicaid and other IHCP programs that include full Medicaid State Plan benefits. These procedure codes may not be covered under IHCP plans with limited benefits.

The following reimbursement information applies:

- Pricing: See [Table 1](#)
- Prior authorization (PA): None required
- Billing guidance:

⇒ See [Table 1](#)

⇒ Codes M0244 and M0246 are linked to revenue code 636 – *Pharmacy (extension of 025X) – Drugs Requiring Detailed Coding*. For reimbursement consideration, providers should bill the procedure code, or revenue code and procedure code together, as appropriate.

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*Table 1 – New HCPCS codes covered for treatment of COVID-19, effective retroactively for DOS on or after May 6, 2021*

Procedure code	Description	Professional claims reimbursement rate (maximum fee)	Outpatient claims reimbursement rate (maximum fee)	Age restriction
M0244	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider based to the hospital during the COVID-19 public health emergency	\$673.15	\$673.15	12 years and older
M0246	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider based to the hospital during the COVID-19 public health emergency	\$673.15	\$673.15	12 years and older

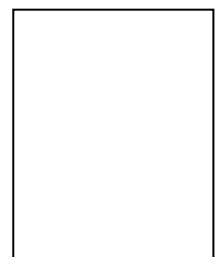
Providers may bill for HCPCS codes M0244 and M0246 when they render a COVID-19 monoclonal antibody product in an IHCP member's home or residence, which includes a permanent residence, temporary lodging (such as, hotel, motel, cruise ship, hostel or homeless shelter) and homes or residences that have been made provider usable as an alternate location to a hospital during the COVID-19 public health emergency. Providers administering COVID-19 monoclonal antibodies to beneficiaries at traditional healthcare locations (for example, hospital outpatient infusion clinic or freestanding infusion clinic) and at alternate locations should continue to bill HCPCS codes M0243 or M0245, as applicable.

Reimbursement, PA and billing information apply to services delivered under the FFS delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA and billing criteria within the managed care delivery system. Questions about managed care billing should be directed to the MCE with which the member is enrolled.

This information will be reflected in the next regular update to the *Professional Fee Schedule* and the *Outpatient Fee Schedule*, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers), and to *Revenue Codes with Special Procedure Code Linkages*, available from the [Code Sets](#) page on the website.

## Reminder of updated Gainwell Technologies post office mailing addresses

With the recent transition of DXC Technology to Gainwell Technologies, as announced in *Indiana Health Coverage Programs (IHCP) Banner Page BR202042*, providers and business entities should use the new Gainwell Technologies post office mailbox addresses that became effective February 1, 2021. Mail addressed to DXC will continue to be delivered to Gainwell Technologies through July 31, 2021. However, after that date mail addressed to DXC may be returned to the sender by the U.S. Postal Service carrier. The new mailbox addresses are listed in the *IHCP Quick Reference Guide*, accessible from the [IHCP Quick Reference Guide](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).



## IHCP to mass reprocess or mass adjust claims for psychotherapy services that denied incorrectly

The Indiana Health Coverage Programs (IHCP) identified a claim-processing issue that affects fee-for-service (FFS) claims for psychotherapy, evaluation and management services on the same day, with dates of service (DOS) from October 1, 2020, through June 2, 2021. Claims or claim details for the following Current Procedural Terminology (CPT®<sup>1</sup>) codes may have denied incorrectly with explanation of benefits (EOB) 6396 – *This service is not payable with another service on the same date of service due to National Correct Coding initiative*.

- 90832 – *Psychotherapy, 30 minutes*
- 90834 – *Psychotherapy, 45 minutes*
- 90837 – *Psychotherapy, 60 minutes*

As described in *IHCP Banner Page BR201912*, there are circumstances in which it is appropriate for providers to bill a stand-alone psychotherapy service with a midlevel modifier, and the evaluation and management service by the supervising practitioner together. See *BR201912* for clarification.

The claim-processing system has been corrected. Claims processed during the indicated time frame that denied for EOB 6396 will be mass reprocessed or mass adjusted, as appropriate. Providers should see the reprocessed or adjusted claims on Remittance Advices (RAs) beginning July 15, 2021, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims) or 52 (mass replacements non-check related).

<sup>1</sup>CPT copyright 2021 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

## IHCP announces new fraud and abuse detection system vendor and mailing address

The Indiana Health Coverage Programs (IHCP) has selected a new vendor to implement the Fraud and Abuse Detection System (FADS). Starting July 1, 2021, Deloitte & Touche LLP will serve as the FADS vendor.

Providers should use the following mailing address beginning June 24, 2021, to mail documentation for current audits, requests for administrative reconsiderations and other FADS-related correspondence:

**Deloitte & Touche LLP**  
**Salesforce Tower**  
**111 Monument Circle, Suite 4200**  
**Indianapolis, IN 46204**

Please email any questions to [ProgramIntegrity.SUR@fssa.in.gov](mailto:ProgramIntegrity.SUR@fssa.in.gov).

## IHCP will mass adjust claims for inpatient services that paid incorrectly

This Indiana Health Coverage Programs (IHCP) identified a claim-processing issue that affects fee-for-service (FFS) claims for inpatient hospital services with dates of service (DOS) from January 1, 2021, through April 14, 2021. Claims for the *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)* diagnosis codes in Table 2 may have paid incorrectly when codes did not group to the appropriate diagnosis-related group (DRG).

*Table 2 – ICD-10-CM diagnosis codes that may have paid incorrectly for claims with DOS from January 1, 2021, through April 14, 2021*

Diagnosis code	Description
J1282	Pneumonia due to coronavirus disease 2019
M3581	Multisystem inflammatory syndrome
M3589	Other specified systemic involvement of connective tissue
Z1152	Encounter for screening for COVID-19
Z20822	Contact with a (suspected) exposure to COVID-19
Z8616	Personal history of COVID-19

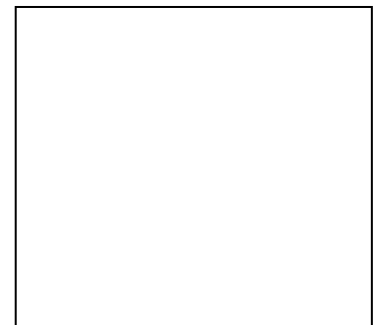
The claim-processing system has been corrected. Claims processed during the indicated time frame that paid incorrectly will be mass adjusted. Providers should see adjusted claims on Remittance Advices (RAs) beginning July 20, 2021, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacement non-check related). If a claim was underpaid, the net difference will be paid and reflected on the RA.

## IHCP updates guidance for sterilization services, revises code set

Effective July 15, 2021, the Indiana Health Coverage Programs (IHCP) will update its guidance for billing sterilization services, as follows. If an IHCP member was previously rendered sterile, no consent form is required, but providers must attach a statement to the claim attesting that the member was previously sterile. This statement should include all the following:

- Patient name
- Reason for previous sterilization or condition
- Physician signature

Providers are encouraged to review the updated *Family Planning Services Codes* document, accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers), for services that will suspend for a sterilization consent form. If services in the sterilization code set are performed due to a hysterectomy, the informed consent and acknowledgement statement for hysterectomies are sufficient. No further documentation is required.

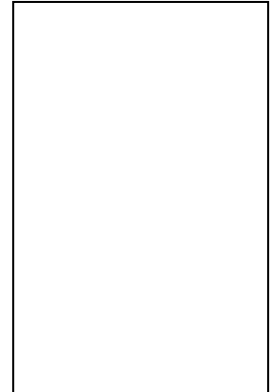


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However, providers are reminded that the IHCP covers only medically necessary hysterectomies performed to treat an illness or injury. The IHCP does not cover hysterectomies performed solely to render a member permanently incapable of bearing children, whether performed as a primary or secondary procedure. For more information about hysterectomies, see the [Obstetrical and Gynecological Services](#) provider reference module at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

Providers are also reminded that a sterilization consent form is not necessary when a provider renders a patient sterile as a result of an illness or injury. The provider must attach a statement to the claim indicating that the sterilization procedure occurred due to an illness or injury when prior acknowledgement was not possible. This statement should include all the following:

- Patient name
- Written statement that the sterilization occurred due to an illness or injury, when prior acknowledgement was not possible
- Description of the nature of the emergency
- Physician signature



Additionally, the IHCP is revising the current *International Classification of Diseases, Tenth Revision, Procedure Coding System* (ICD-10-PCS) list of codes that suspend for review of the sterilization consent form. Effective for dates of service (DOS) on or after July 15, 2021, the codes in Table 3 will be removed from *Table 2 – ICD-10 Sterilization Procedure Codes that Suspend for Analyst Review of Consent Form* in the *Family Planning Services Codes*, accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers). These codes are unilateral only, and therefore are not on their own sterilization related. However, if a procedure code in Table 3 or any service not in the sterilization code set is performed specifically to sterilize a member, the provider is obligated to obtain informed consent and provide the sterilization consent form with the claim, unless the circumstances described in the [Family Planning Services](#) provider reference module make it impossible to obtain consent at the time the service is rendered.

This information will be reflected in the next regular update to the *Family Planning Services Codes* document and in the following provider reference modules:

- [Family Planning Services](#)
- [Obstetrical and Gynecological Services](#)

*Table 3 – Codes removed from the ICD-10 sterilization procedure codes that suspend for analyst review of consent form, effective for DOS on or after July 15, 2021*

Procedure code	Description
0U550ZZ	Destruction of right fallopian tube, open approach
0U553ZZ	Destruction of right fallopian tube, percutaneous approach
0U554ZZ	Destruction of right fallopian tube, percutaneous endoscopic approach
0U557ZZ	Destruction of right fallopian tube, via natural or artificial opening

*continued*

*Table 3 – Codes removed from the ICD-10 sterilization procedure codes that suspend for analyst review of consent form, effective for DOS on or after July 15, 2021 (continued)*

<b>Procedure code</b>	<b>Description</b>
0U558ZZ	Destruction of right fallopian tube, via natural or artificial opening endoscopic
0U560ZZ	Destruction of left fallopian tube, open approach
0U563ZZ	Destruction of left fallopian tube, percutaneous approach
0U564ZZ	Destruction of left fallopian tube, percutaneous endoscopic approach
0U567ZZ	Destruction of left fallopian tube, via natural or artificial opening
0U568ZZ	Destruction of left fallopian tube, via natural or artificial opening endoscopic
0UB50ZX	Excision of right fallopian tube, open approach, diagnostic
0UB50ZZ	Excision of right fallopian tube, open approach
0UB53ZX	Excision of right fallopian tube, percutaneous approach, diagnostic
0UB53ZZ	Excision of right fallopian tube, percutaneous approach
0UB54ZX	Excision of right fallopian tube, percutaneous endoscopic approach, diagnostic
0UB54ZZ	Excision of right fallopian tube, percutaneous endoscopic approach
0UB57ZX	Excision of right fallopian tube, via natural or artificial opening, diagnostic
0UB57ZZ	Excision of right fallopian tube, via natural or artificial opening
0UB58ZX	Excision of right fallopian tube, via natural or artificial opening endoscopic, diagnostic
0UB58ZZ	Excision of right fallopian tube, via natural or artificial opening endoscopic
0UB60ZX	Excision of left fallopian tube, open approach, diagnostic
0UB60ZZ	Excision of left fallopian tube, open approach
0UB63ZX	Excision of left fallopian tube, percutaneous approach, diagnostic
0UB63ZZ	Excision of left fallopian tube, percutaneous approach
0UB64ZX	Excision of left fallopian tube, percutaneous endoscopic approach, diagnostic
0UB64ZZ	Excision of left fallopian tube, percutaneous endoscopic approach
0UB67ZX	Excision of left fallopian tube, via natural or artificial opening, diagnostic
0UB67ZZ	Excision of left fallopian tube, via natural or artificial opening
0UB68ZX	Excision of left fallopian tube, via natural or artificial opening endoscopic, diagnostic
0UB68ZZ	Excision of left fallopian tube, via natural or artificial opening endoscopic
0UB70ZX	Excision of bilateral fallopian tubes, open approach, diagnostic

*continued*

*Table 3 – Codes removed from the ICD-10 sterilization procedure codes that suspend for analyst review of consent form, effective for DOS on or after July 15, 2021 (continued)*

<b>Procedure code</b>	<b>Description</b>
0UB73ZX	Excision of bilateral fallopian tubes, percutaneous approach, diagnostic
0UB74ZX	Excision of bilateral fallopian tubes, percutaneous endoscopic approach, diagnostic
0UB77ZX	Excision of bilateral fallopian tubes, via natural or artificial opening, diagnostic
0UB78ZX	Excision of bilateral fallopian tubes, via natural or artificial opening endoscopic, diagnostic
0UL50CZ	Occlusion of right fallopian tube with extraluminal device, open approach
0UL50DZ	Occlusion of right fallopian tube with intraluminal device, open approach
0UL50ZZ	Occlusion of right fallopian tube, open approach
0UL53CZ	Occlusion of right fallopian tube with extraluminal device, percutaneous approach
0UL53DZ	Occlusion of right fallopian tube with intraluminal device, percutaneous approach
0UL53ZZ	Occlusion of right fallopian tube, percutaneous approach
0UL54CZ	Occlusion of right fallopian tube with extraluminal device, percutaneous endoscopic approach
0UL54DZ	Occlusion of right fallopian tube with intraluminal device, percutaneous endoscopic approach
0UL54ZZ	Occlusion of right fallopian tube, percutaneous endoscopic approach
0UL57DZ	Occlusion of right fallopian tube with intraluminal device, via natural or artificial opening
0UL57ZZ	Occlusion of right fallopian tube, via natural or artificial opening
0UL58DZ	Occlusion of right fallopian tube with intraluminal device, via natural or artificial opening endoscopic
0UL58ZZ	Occlusion of right fallopian tube, via natural or artificial opening endoscopic
0UL60CZ	Occlusion of left fallopian tube with extraluminal device, open approach
0UL60DZ	Occlusion of left fallopian tube with intraluminal device, open approach
0UL60ZZ	Occlusion of left fallopian tube, open approach
0UL63CZ	Occlusion of left fallopian tube with extraluminal device, percutaneous approach
0UL63DZ	Occlusion of left fallopian tube with intraluminal device, percutaneous approach
0UL63ZZ	Occlusion of left fallopian tube, percutaneous approach
0UL64CZ	Occlusion of left fallopian tube with extraluminal device, percutaneous endoscopic approach
0UL64DZ	Occlusion of left fallopian tube, percutaneous endoscopic approach
0UL64ZZ	Occlusion of left fallopian tube with intraluminal device, via natural or artificial opening

*continued*

Table 3 – Codes removed from the ICD-10 sterilization procedure codes that suspend for analyst review of consent form, effective for DOS on or after July 15, 2021 (continued)

Procedure code	Description
0UL67DZ	Occlusion of left fallopian tube with intraluminal device, via natural or artificial opening
0UL67ZZ	Occlusion of left fallopian tube, via natural or artificial opening
0UL68DZ	Occlusion of left fallopian tube with intraluminal device, via natural or artificial opening endoscopic
0UL68ZZ	Occlusion of left fallopian tube, via natural or artificial opening endoscopic
0UT50ZZ	Resection of right fallopian tube, open approach
0UT54ZZ	Resection of right fallopian tube, perc endo approach
0UT57ZZ	Resection of right fallopian tube, via opening
0UT58ZZ	Resection of right fallopian tube, endo
0UT5FZZ	Resection of right fallopian tube, via opening w perc endo
0UT60ZZ	Resection of left fallopian tube, open approach
0UT64ZZ	Resection of left fallopian tube, perc endo approach
0UT67ZZ	Resection of left fallopian tube, via opening
0UT68ZZ	Resection of left fallopian tube, endo
0UT6FZZ	Resection of left fallopian tube, via opening w perc endo
0V5F0ZZ	Destruction of right spermatic cord, open approach
0V5F3ZZ	Destruction of right cord, percutaneous approach
0V5F4ZZ	Destruction of right spermatic cord, percutaneous endoscopic approach
0V5F8ZZ	Destruction of right spermatic cord, via natural or artificial opening, endoscopic
0V5G0ZZ	Destruction of left spermatic cord, open approach
0V5G3ZZ	Destruction of left spermatic cord, percutaneous approach
0V5G4ZZ	Destruction of left spermatic cord, percutaneous endoscopic approach
0V5G8ZZ	Destruction of left spermatic cord, via natural or artificial opening, endoscopic
0V5N0ZZ	Destruction of right vas deferens, open approach
0V5N3ZZ	Destruction of right vas deferens, percutaneous approach
0V5N4ZZ	Destruction of right vas deferens, percutaneous endoscopic approach
0V5N8ZZ	Destruction of right vas deferens, via natural or artificial opening, endoscopic
0V5P0ZZ	Destruction of left vas deferens, open approach
0V5P3ZZ	Destruction of left vas deferens, percutaneous approach

continued



Table 3 – Codes removed from the ICD-10 sterilization procedure codes that suspend for analyst review of consent form, effective for DOS on or after July 15, 2021 (continued)

Procedure code	Description
0V5P4ZZ	Destruction of left vas deferens, percutaneous endoscopic approach
0V5P8ZZ	Destruction of left vas deferens, via natural or artificial opening, endoscopic
0VBF0ZX	Excision of right spermatic cord, open approach, diagnostic
0VBF0ZZ	Excision of right spermatic cord, open approach
0VBF3ZX	Excision of right spermatic cord, percutaneous approach, diagnostic
0VBF3ZZ	Excision of right spermatic cord, percutaneous approach
0VBF4ZX	Excision of right spermatic cord, percutaneous endoscopic approach, diagnostic
0VBF4ZZ	Excision of right spermatic cord, percutaneous endoscopic approach
0VBF8ZZ	Excision of right spermatic cord, via natural or artificial opening, endoscopic
0VBG0ZX	Excision of left spermatic cord, open approach, diagnostic
0VBG0ZZ	Excision of left spermatic cord, open approach
0VBG3ZX	Excision of left spermatic cord, percutaneous approach, diagnostic
0VBG3ZZ	Excision of left spermatic cord, percutaneous approach
0VBG4ZX	Excision of left spermatic cord, percutaneous endoscopic approach, diagnostic
0VBG4ZZ	Excision of left spermatic cord, percutaneous endoscopic approach
0VBG8ZZ	Excision of left spermatic cord, via natural or artificial opening, endoscopic
0VBH0ZX	Excision of bilateral spermatic cords, open approach, diagnostic
0VBH3ZX	Excision of bilateral spermatic cords, percutaneous approach, diagnostic
0VBH4ZX	Excision of bilateral spermatic cords, percutaneous endoscopic approach, diagnostic
0VBN0ZX	Excision of right vas deferens, open approach, diagnostic
0VBN0ZZ	Excision of right vas deferens, open approach
0VBN3ZX	Excision of right vas deferens, percutaneous approach, diagnostic
0VBN3ZZ	Excision of right vas deferens, percutaneous approach
0VBN4ZX	Excision of right vas deferens, percutaneous endoscopic approach, diagnostic
0VBN4ZZ	Excision of right vas deferens, percutaneous endoscopic approach
0VBN8ZZ	Excision of right vas deferens, via natural or artificial opening, endoscopic
0VBP0ZX	Excision of left vas deferens, open approach, diagnostic

continued

Table 3 – Codes removed from the ICD-10 sterilization procedure codes that suspend for analyst review of consent form, effective for DOS on or after July 15, 2021 (continued)

Procedure code	Description
0VBP0ZZ	Excision of left vas deferens, open approach
0VBP3ZX	Excision of left vas deferens, percutaneous approach, diagnostic
0VBP3ZZ	Excision of left vas deferens, percutaneous approach
0VBP4ZX	Excision of left vas deferens, percutaneous endoscopic approach, diagnostic
0VBP4ZZ	Excision of left vas deferens, percutaneous endoscopic approach
0VBP8ZZ	Excision of left vas deferens, via natural or artificial opening, endoscopic
0VBQ0ZX	Excision of bilateral vas deferens, open approach, diagnostic
0VBQ3ZX	Excision of bilateral vas deferens, percutaneous approach, diagnostic
0VBQ4ZX	Excision of bilateral vas deferens, percutaneous endoscopic approach, diagnostic
0VLF0CZ	Occlusion of right spermatic cord with extraluminal device, open approach
0VLF0DZ	Occlusion of right spermatic cord with intraluminal device, open approach
0VLF0ZZ	Occlusion of right spermatic cord, open approach
0VLF3CZ	Occlusion of right spermatic cord with extraluminal device, percutaneous approach
0VLF3DZ	Occlusion of right spermatic cord with intraluminal device, percutaneous approach
0VLF3ZZ	Occlusion of right spermatic cord, percutaneous approach
0VLF4CZ	Occlusion of right spermatic cord with extraluminal device, percutaneous endoscopic approach
0VLF4DZ	Occlusion of right spermatic cord with intraluminal device, percutaneous endoscopic approach
0VLF4ZZ	Occlusion of right spermatic cord, percutaneous endoscopic approach
0VLF8CZ	Occlusion of right spermatic cord with extraluminal device, via natural or artificial opening, endoscopic
0VLF8DZ	Occlusion of right spermatic cord with intraluminal device, via natural or artificial opening, endoscopic
0VLF8ZZ	Occlusion of right spermatic cord, via natural or artificial opening, endoscopic
0VLG0CZ	Occlusion of left spermatic cord with extraluminal device, open approach
0VLG0DZ	Occlusion of left spermatic cord with intraluminal device, open approach
0VLG0ZZ	Occlusion of left spermatic cord, open approach
0VLG3CZ	Occlusion of left spermatic cord with extraluminal device, percutaneous approach
0VLG3DZ	Occlusion of left spermatic cord with intraluminal device, percutaneous approach
0VLG3ZZ	Occlusion of left spermatic cord, percutaneous approach

continued

*Table 3 – Codes removed from the ICD-10 sterilization procedure codes that suspend for analyst review of consent form, effective for DOS on or after July 15, 2021 (continued)*

Procedure code	Description
0VLG4CZ	Occlusion of left spermatic cord with extraluminal device, percutaneous endoscopic approach
0VLG4DZ	Occlusion of left spermatic cord with intraluminal device, percutaneous endoscopic approach
0VLG4ZZ	Occlusion of left spermatic cord, percutaneous endoscopic approach
0VLG8CZ	Occlusion of left spermatic cord with extraluminal device, via natural or artificial opening, endoscopic
0VLG8DZ	Occlusion of left spermatic cord with intraluminal device, via natural or artificial opening, endoscopic
0VLG8ZZ	Occlusion of left spermatic cord, via natural or artificial opening, endoscopic
0VLN0CZ	Occlusion of right vas deferens with extraluminal device, open approach
0VLN0DZ	Occlusion of right vas deferens with intraluminal device, open approach
0VLN0ZZ	Occlusion of right vas deferens, open approach
0VLN3CZ	Occlusion of right vas deferens with extraluminal device, percutaneous approach
0VLN3DZ	Occlusion of right vas deferens with intraluminal device, percutaneous approach
0VLN3ZZ	Occlusion of right vas deferens, percutaneous approach
0VLN4CZ	Occlusion of right vas deferens with extraluminal device, percutaneous endoscopic approach
0VLN4DZ	Occlusion of right vas deferens with intraluminal device, percutaneous endoscopic approach
0VLN4ZZ	Occlusion of right vas deferens, percutaneous endoscopic approach
0VLN8CZ	Occlusion of right vas deferens with extraluminal device, via natural or artificial opening, endoscopic
0VLN8DZ	Occlusion of right vas deferens with intraluminal device, via natural or artificial opening, endoscopic
0VLN8ZZ	Occlusion of right vas deferens, via natural or artificial opening, endoscopic
0VLP0CZ	Occlusion of left vas deferens with extraluminal device, open approach
0VLP0DZ	Occlusion of left vas deferens with intraluminal device, open approach
0VLP0ZZ	Occlusion of left vas deferens, open approach
0VLP3CZ	Occlusion of left vas deferens with extraluminal device, percutaneous approach
0VLP3DZ	Occlusion of left vas deferens with intraluminal device, percutaneous approach
0VLP3ZZ	Occlusion of left vas deferens, percutaneous approach

*continued*

*Table 3 – Codes removed from the ICD-10 sterilization procedure codes that suspend for analyst review of consent form, effective for DOS on or after July 15, 2021 (continued)*

Procedure code	Description
0VLP4CZ	Occlusion of left vas deferens with extraluminal device, percutaneous endoscopic approach
0VLP4DZ	Occlusion of left vas deferens with intraluminal device, percutaneous endoscopic approach
0VLP4ZZ	Occlusion of left vas deferens, percutaneous endoscopic approach
0VLP8CZ	Occlusion of left vas deferens with extraluminal device, via natural or artificial opening endoscopic
0VLP8DZ	Occlusion of left vas deferens with intraluminal device, via natural or artificial opening endoscopic
0VLP8ZZ	Occlusion of left vas deferens, via natural or artificial opening endoscopic
0VTF0ZZ	Resection of right spermatic cord, open approach
0VTF4ZZ	Resection of right spermatic cord, percutaneous endoscopic approach
0VTG0ZZ	Resection of left spermatic cord, open approach
0VTG4ZZ	Resection of left spermatic cord, percutaneous endoscopic approach
0VTN0ZZ	Resection of right vas deferens, open approach
0VTN4ZZ	Resection of right vas deferens, percutaneous endoscopic approach
0VTP0ZZ	Resection of left vas deferens, open approach
0VTP4ZZ	Resection of left vas deferens, percutaneous endoscopic approach

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