Fertility Solutions

Thank you for your submission. To avoid delays please provide the following information via the provider portal at UHCprovider.com/paan so we can provide a determination.

- ☐ **Clinical notes indicating rationale for proposed treatment plan.**
    - ☐ Number of embryos planned for transfer
    - ☐ Initial History & Physical and clinical notes, diagnostics
        - ☐ G/P
        - ☐ SAB Month and Year
        - ☐ Recurrent pregnancy loss evaluation/labs
        - ☐ Laboratory results-FSH, AMH, estradiol, Ovarian Reserve Testing
        - ☐ Menses cycle duration
        - ☐ Uterine Tubal Evaluation/ HSG report
        - ☐ Ultrasound reports-antral follicle count
        - ☐ Semen Analysis

- ☐ **Reproductive/Abdominal Surgical/Treatment History**
    - ☐ Previous gonadotoxic treatment/exposure
    - ☐ Time Trying to Conceive (TTC)/IUI cycle attempts/Embryo transfers
    - ☐ Ovarian stimulation sheets for timed intercourse, IUI and/or IVF cycles. Please include date performed or date cancelled.
    - ☐ Stimulation medication names for cycle requested and daily dosage of each

- ☐ **Embryology reports**
    - ☐ Genetic Screening/Testing (PGT Results)
    - ☐ Embryo grading
    - ☐ Number of embryos in storage

Pharmacy – *UHC fully insured. Pharmacy prior authorization is required – Submit with procedure request for simultaneous review.*

CPT codes with the same dates of service will be reviewed under one service reference number whenever possible, even when multiple providers are listed

Fertility Solutions

Notification/Authorization: If requesting multiple, please send in individual forms and clinical for each patient. Submit completed form to Fertility_Solutions@optum.com or via fax to 855-349-8479.

Contact Information		
Name		
Phone		Ext:
Fax		

Member Demographics		
Name		
DOB		State	Zip Code
Member ID		

Facility Information		
☐ Check if this is a GAP Request		
Name		
Facility Tax ID		MPIN/NPI #
Address		
City/State/Zip		

Physician Information		
☐ Check if this is a GAP Request		
Name		
Physician Tax ID		MPIN/NPI #
Address		
City/State/Zip		

Service Dates & Diagnosis Codes – Diagnostic services require an infertility related diagnosis code			
Primary Diagnosis Code		Secondary Diagnosis Code	
Service Start Date		Service End Date	

Extensions must be received within 7 days of previous service end date and include rationale

☐ Check if this is an extension and include authorization number

Oral Meds Planned for Cycle (Oral Medications Do Not Require PA)
☐ Clomid ☐ Letrozole ☐ Non-Medicated

Pharmacy – UHC Fully Insured Only **Pharmacy prior authorization is required. Submit with procedure request for simultaneous review**			
All other meds should be sent to PBM separately	**Daily Dose**	**Pen Dose**	**Total Dose**
☐ S0128 – Follistim		☐ 300IU ☐ 600IU ☐ 900IU	
☐ S0122 – Menopur			
☐ S0126 – Gonal-F (Not Preferred)		☐ 75IU ☐ 300IU ☐ 450IU ☐ 450IU Multi-Dose ☐ 900IU ☐ 1050IU	
☐ J3490 – Cetrotide (Not Preferred)		Ganirelix Preferred. Submit Ganirelix PA to OptumRX	

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The prior authorization review will not begin until ALL related clinical information is received.

Procedure Codes								
If requesting authorization for a service not listed on this form that requires authorization, please contact UHC for authorization.								
	Facility	Physician		Facility	Physician		Facility	Physician
IVF Non-Case Rate			**Cryopreservation Non-Case Rate**			**Other**		
58970			89258					
58974			89337					
76948			89342					
89250			89343					
89251			89344					
89253			89346					
89254			**Donor Services Non-Case Rate**					
89255			58970					
89260			76948					
89261			89254					
89268			89268			**Bundled Codes/Case Rate for use by eligible Optum Facilities only**		Facility
89272			PGT-A ☐ PGT-M/SR ☐					
89280			89290					
89281			89291					
89353			**AI/IUI Non-Case Rate**					
FET Non-Case Rate			58321			S4011		
58974			58322			S4015		
89253			58323			S4016		
89255			89260			S4023		
89352			89261			S4025		
89356			89353			S4035		
Male Only Codes Non-Case Rate								
89257			**If not eSET, provide the number of embryos to transfer and rationale in clinical notes**					
89259								
89264								
89335								
☐ **Check if Plan is for eSET Following ASRM Guidelines**								

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Infertility Procedure Codes Requiring Authorization

IVF Non-Case Rate:
58970 – Follicle puncture for
58974 – Embryo transfer, intrauterine
76948 – Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
89250 – Culture of oocyte(s)/embryo(s), less than 4 days;
89251 – Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos
89253 – Assisted embryo hatching, microtechniques 89254 – Oocyte identification from follicular fluid
89254 – Oocyte identification from follicular fluid
89255 – Preparation of embryo for transfer (any method) 89257 – Sperm ident from aspiration (other than seminal fluid)
89260 – Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis
89261 – Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis
89268 – Insemination of oocytes
89272 – Extended culture of oocyte(s)/embryo(s), 4-7 days
89280 – Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes
89281 – Assisted oocyte fertilization, microtechnique; greater than 10 oocytes
89353 – Thawing of cryopreserved; sperm/semen, each aliquot

FET Non-Case Rate:
58974 – Embryo transfer, intrauterine
89253 – Assisted embryo hatching, microtechniques (any method)
89255 – Preparation of embryo for transfer (any method)
89352 – Thawing of cryopreserved; embryo(s)
89356 – Thawing of cryopreserved; oocytes, each aliquot

Male Only Codes Non-Case Rate:
89257 – Sperm ident from aspiration (other than seminal fluid)
89259 – Cryopreservation; sperm
89264 – Sperm identification from testis tissue, fresh or cryopreserved
89335 – Cryopreservation, reproductive tissue, testicular

Cryopreservation Non-Case Rate:
89258 –Cryopreservation; embryo
89337 – Cryopreservation, mature oocyte(s)
89342 – Storage, (per year); embryo(s)
89343 – Storage, (per year); sperm/semen
89344 – Storage, (per year); reproductive tissue, testicular/ovarian
89346 – Storage, (per year); oocyte(s)

Donor Services Non-Case Rate:
58970 – Follicle puncture for oocyte retrieval, any method
76948 – Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
89254 – Oocyte identification from follicular fluid
89268 – Insemination of oocytes

PGT-A   PGT-M/SR:
89290 – Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos
89291 – Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos

AI/IUI Non-Case Rate:
58321 – Artificial insemination; intra-cervical 58322 – Artificial insemination; intra-uterine 58323 – Sperm washing for artificial insemination
89260 – Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis
89261 – Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis
89353 – Thawing of cryopreserved; sperm/semen, each aliquot

Bundled Codes/Case Rate for use by eligible Optum Facilities only:
S4011 - In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development
S4015 – Complete in vitro fertilization cycle, not otherwise specified
S4016 – Frozen in vitro fertilization cycle, case rate
S4023 – Donor egg cycle, incomplete, case rate
S4035 – Stimulated intrauterine insemination (IUI), case rate

Additional Infertility Procedure Codes Requiring Authorization:
52402- Cystourethroscopy w/ transurethral resection or incision of ejaculatory ducts
54500 – Biopsy of testis, needle (separate procedure)
54505 – Biopsy of testis, incisional (separate procedure)
55550 – Laparoscopy, surgical, with ligation of spermatic veins for varicocele
55870 – Electroejaculation
58140 – Myomectomy, 1-4,Wt < 251g 58145 – Myomectomy,1-4,Wt < 251g
58146 – Myomectomy 5 Or GT UT WT GT249G;Adominal Approach
58345 – Transcervical introduction of fallopian tube catheter for diagnosis and/or reestablishing patency (any method), with or without hysterosalpingography
58545 – Laparoscopic MYOMECTOMY<5
58546 – Laparoscopy, surgical myomectomy (5 or more myomas OR greater than 250 g)
58660 – Laparsocopy,Surg,Lysis Of Adhesions(Separate Proc)
58662 – Laparsocopy,Surg,Fulg/Exc Lesions/Ovary,Peritoneum
58670 – Laparoscopy,Surg W/Fulgur
58672 – Laparoscopy,Surg,W/Fimbrioplasty
58673 – Laparoscopy Surg
58740 – Lysis of adhesions (salpingolysis, ovariolysis)
58752 – Tubouterine Implantaion
58760 – Fimbrioplasty
58770 – Salpingostomy (salpingoneostomy)
89354 – Thawing of cryopreserved; reproductive tissue, testicular/ovarian
89398 – Unlisted reproductive medicine laboratory procedure
S4013 – Complete cycle, gamete intrafallopian transfer (GIFT), case rate
S4014 – Complete cycle, zygote intrafallopian transfer (ZIFT), case rate
S4022 – Assisted oocyte fertilization
S4025 – Donor services for in vitro fertilization (sperm or embryo), case rate
S4026 – Procurement of donor sperm from sperm bank
S4028 – Microsurgical epididymal sperm aspiration (MESA)
S4030 – Sperm procurement and cryopreservation services; initial visit
S4031 – Sperm procurement and cryopreservation services; subsequent visit
S4037 – Cryopreserved embryo transfer, case rate