



Control #:TT9285; Process Owner: Maryjo Bonadonna;
Last reviewed: 01/03/2020

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	
Member ID		Zip Code	

Facility Information

Check if this is a GAP Request

Name			
Tax ID			
MPIN			
Address			
State			

Physician Information

Check if this is a GAP Request

Name			
Physician Tax ID			
Physician NPI			
MPIN			

Service Setting & Diagnoses/Procedure Codes

Primary Diagnosis Code	
Secondary Diagnosis Code	
Service Start Date	
Service End Date	

Procedure Codes

If requesting authorization for a service not listed on this form, please contact UHC for authorization.

	Facility	Physician		Facility	Physician
IVF Non-Case Rate			GIFT		
58970	<input type="checkbox"/>	<input type="checkbox"/>	58970	<input type="checkbox"/>	<input type="checkbox"/>
58974	<input type="checkbox"/>	<input type="checkbox"/>	58976	<input type="checkbox"/>	<input type="checkbox"/>
76948	<input type="checkbox"/>	<input type="checkbox"/>	76948	<input type="checkbox"/>	<input type="checkbox"/>
89250	<input type="checkbox"/>	<input type="checkbox"/>	89254	<input type="checkbox"/>	<input type="checkbox"/>
89251	<input type="checkbox"/>	<input type="checkbox"/>	89260	<input type="checkbox"/>	<input type="checkbox"/>
89253	<input type="checkbox"/>	<input type="checkbox"/>	89261	<input type="checkbox"/>	<input type="checkbox"/>
89254	<input type="checkbox"/>	<input type="checkbox"/>	89268	<input type="checkbox"/>	<input type="checkbox"/>
89255	<input type="checkbox"/>	<input type="checkbox"/>	89280	<input type="checkbox"/>	<input type="checkbox"/>
89260	<input type="checkbox"/>	<input type="checkbox"/>	89281	<input type="checkbox"/>	<input type="checkbox"/>
89261	<input type="checkbox"/>	<input type="checkbox"/>	89353	<input type="checkbox"/>	<input type="checkbox"/>
89268	<input type="checkbox"/>	<input type="checkbox"/>	89398	<input type="checkbox"/>	<input type="checkbox"/>
89272	<input type="checkbox"/>	<input type="checkbox"/>	0357T	<input type="checkbox"/>	<input type="checkbox"/>
89280	<input type="checkbox"/>	<input type="checkbox"/>	S4013	<input type="checkbox"/>	<input type="checkbox"/>
89281	<input type="checkbox"/>	<input type="checkbox"/>	S4014	<input type="checkbox"/>	<input type="checkbox"/>
89353	<input type="checkbox"/>	<input type="checkbox"/>	S4022	<input type="checkbox"/>	<input type="checkbox"/>
FET			Cryopreservation		
58974	<input type="checkbox"/>	<input type="checkbox"/>	89258	<input type="checkbox"/>	<input type="checkbox"/>
89253	<input type="checkbox"/>	<input type="checkbox"/>	89337	<input type="checkbox"/>	<input type="checkbox"/>
89255	<input type="checkbox"/>	<input type="checkbox"/>	89342	<input type="checkbox"/>	<input type="checkbox"/>
89352	<input type="checkbox"/>	<input type="checkbox"/>	89343	<input type="checkbox"/>	<input type="checkbox"/>
89356	<input type="checkbox"/>	<input type="checkbox"/>	89344	<input type="checkbox"/>	<input type="checkbox"/>
S4016	<input type="checkbox"/>	<input type="checkbox"/>	89346	<input type="checkbox"/>	<input type="checkbox"/>
S4037	<input type="checkbox"/>	<input type="checkbox"/>	0058T	<input type="checkbox"/>	<input type="checkbox"/>
PGS/PGD			Donor Services		
89290	<input type="checkbox"/>	<input type="checkbox"/>	58970	<input type="checkbox"/>	<input type="checkbox"/>
89291	<input type="checkbox"/>	<input type="checkbox"/>	76948	<input type="checkbox"/>	<input type="checkbox"/>
IUI			89254 <input type="checkbox"/>		
58321	<input type="checkbox"/>	<input type="checkbox"/>	89268	<input type="checkbox"/>	<input type="checkbox"/>
58322	<input type="checkbox"/>	<input type="checkbox"/>	S4025	<input type="checkbox"/>	<input type="checkbox"/>
58323	<input type="checkbox"/>	<input type="checkbox"/>	Male Procedures		
89260	<input type="checkbox"/>	<input type="checkbox"/>	89257	<input type="checkbox"/>	<input type="checkbox"/>
89261	<input type="checkbox"/>	<input type="checkbox"/>	89259	<input type="checkbox"/>	<input type="checkbox"/>
89353	<input type="checkbox"/>	<input type="checkbox"/>	89264	<input type="checkbox"/>	<input type="checkbox"/>
S4035	<input type="checkbox"/>	<input type="checkbox"/>	89335	<input type="checkbox"/>	<input type="checkbox"/>

Note: If a service is denied all associated services/codes are also denied.

Pharmacy For UHC fully insured and Oxford plans. Pharmacy prior authorization is required.

	Daily Dose	Pen Dose	Total Dose	Indicate medication protocol below if member is not using Gonadotropin		
<input type="checkbox"/> S0128 Follistim		<input type="checkbox"/> 300 IU <input type="checkbox"/> 600 IU <input type="checkbox"/> 900 IU				
<input type="checkbox"/> S0122 Menopur				Non-Medicated Cycle <input type="checkbox"/>	Clomiphene Dose <input type="checkbox"/>	Letrozole Dose <input type="checkbox"/>
<input type="checkbox"/> S0126 Gonal F		<input type="checkbox"/> 75 IU <input type="checkbox"/> 300 IU <input type="checkbox"/> 450 IU <input type="checkbox"/> 450 IU Multi-dose <input type="checkbox"/> 900 IU <input type="checkbox"/> 1050 IU				
<input type="checkbox"/> J3490 Cetrotide						

Infertility Procedure Codes Requiring Authorization:

IVF Non-Case Rate

58970 – Follicle puncture for oocyte retrieval, any method
 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
 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
 89264 – Sperm identification from testis tissue, fresh or cryopreserved
 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/semens, each aliquot

IVF Case Rate:

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
 S4022 – Assisted oocyte fertilization

Cryopreservation:

89258 – Cryopreservation; embryo
 89259 – Cryopreservation; sperm
 89335 – Cryopreservation, reproductive tissue, testicular
 89337 – Cryopreservation, mature oocyte(s)
 89342 – Storage, (per year); embryo(s)
 89343 – Storage, (per year); sperm/semens
 89344 – Storage, (per year); reproductive tissue, testicular/ovarian
 89346 – Storage, (per year); oocyte(s)
 0058T – Cryopreservation; reproductive tissue, ovarian

FET:

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
 S4016 – Frozen in vitro fertilization cycle, case rate
 S4037 – Cryopreserved embryo transfer, case rate

IUI:

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/semens, each aliquot
 S4035 – Stimulated intrauterine insemination (IUI), case rate

PGS/PGD:

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

Donor Services:

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
 S4025 – Donor services for in vitro fertilization (sperm or embryo), case rate

Additional Infertility Procedure Codes Requiring Authorization:

S2402- Cystourethroscopy w/ transurethral resection or incision of ejaculatory ducts
 S4500 – Biopsy of testis, needle (separate procedure)
 S4505 – Biopsy of testis, incisional (separate procedure)
 S5550 – Laparoscopy, surgical, with ligation of spermatic veins for varicocele
 S5870 – Electroejaculation
 S8140 – Myomectomy, 1-4,Wt < 251g
 S8145 – Myomectomy,1-4,Wt < 251g
 S8146 – Myomectomy 5 Or GT UT WT GT249G;Adominal Approach
 S8345 – Transcervical introduction of fallopian tube catheter for diagnosis and/or reestablishing patency (any method), with or without hysterosalpingography
 S8545 – Laparoscopic MYOMECTOMY<5
 S8546 – Laparoscopy, surgical myomectomy (5 or more myomas OR greater than 250 g)
 S8660 – Laparsocopy,Surg,Lysis Of Adhesions(Separate Proc)
 S8662 – Laparsocopy,Surg,Fulg/Exc Lesions/Ovary,Peritoneum
 S8670 – Laparoscopy,Surg W/Fulgur
 S68572 – Laparoscopy,Surg,W/Fimbrioplasty
 S8673 – Laparoscopy Surg
 S8740 – Lysis of adhesions (salpingolysis, ovariolysis)
 S8752 – Tubouterine Implantaion
 S8760 – Fimbrioplasty
 S8770 – Salpingostomy (salpingoneostomy)
 S89354 – Thawing of cryopreserved; reproductive tissue, testicular/ovarian
 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