

***This form should only be used for services requested in relation to Fertility Preservation for Iatrogenic Infertility**

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.

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- Clinical notes indicating rationale for proposed treatment plan.**
 - Initial History & Physical and clinical notes
 - Proposed treatment: surgery, radiation, chemotherapy

- Reproductive/Abdominal Surgical/Treatment History**
 - Previous gonadotoxic treatment/exposure
 - Stimulation medication name for cycle requested and daily dosage

- Embryology reports**
 - Genetic Screening/Testing
 - Embryo grading
 - Number of embryos/oocytes in storage

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.



Notification/ Authorization: If requesting multiple, please send in individual forms and clinical for each patient. Submit completed form to uhcprovider.com, 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	Z31.84 Encounter for fertility preservation procedure
Secondary Diagnosis Code	
Service Start Date	
Service End Date	
Is this an extension for a previously approved treatment	Extensions must be received within 7 days of previous service end date

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

Procedure Codes: Fertility Preservation for Iatrogenic Infertility

CPT/HCPCS		Description
58970	<input type="checkbox"/>	Follicle puncture for oocyte retrieval, any method
89250	<input type="checkbox"/>	Culture of oocyte(s)/embryo(s), less than 4 days;
89251	<input type="checkbox"/>	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos
89253	<input type="checkbox"/>	Assisted embryo hatching, microtechniques (any method)
89254	<input type="checkbox"/>	Oocyte identification from follicular fluid
89258	<input type="checkbox"/>	Cryopreservation; embryo
89259	<input type="checkbox"/>	Cryopreservation; sperm
89260	<input type="checkbox"/>	Sperm isolation; simple prep (e.g., sperm wash and swim-up) for insemination or diagnosis with semen analysis
89261	<input type="checkbox"/>	Sperm isolation; complex prep (e.g., Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis
89264	<input type="checkbox"/>	Sperm identification from testis tissue, fresh or cryopreserved
89268	<input type="checkbox"/>	Insemination of oocytes
89272	<input type="checkbox"/>	Extended culture of oocyte(s)/embryo(s), 4-7 days
89280	<input type="checkbox"/>	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes
89281	<input type="checkbox"/>	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes
89320	<input type="checkbox"/>	Semen analysis; volume, count, motility, and differential
89337	<input type="checkbox"/>	Cryopreservation, mature oocyte(s)
89342	<input type="checkbox"/>	Storage, (per year); embryo(s)
89343	<input type="checkbox"/>	Storage, (per year); sperm/semen
89346	<input type="checkbox"/>	Storage, (per year); oocyte(s)
S4011	<input type="checkbox"/>	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
S4022	<input type="checkbox"/>	Assisted oocyte fertilization, case rate
S4027	<input type="checkbox"/>	Storage of previously frozen embryos
S4030	<input type="checkbox"/>	Sperm procurement and cryopreservation services; initial visit
S4031	<input type="checkbox"/>	Sperm procurement and cryopreservation services; subsequent visit
S4040	<input type="checkbox"/>	Monitoring and storage of cryopreserved embryos, per 30 days

HCPCS		Description	Daily Dose	Total Dose
S0122	<input type="checkbox"/>	Injection, menotropins, 75 IU (menopur)		
S0126	<input type="checkbox"/>	Injection, follitropin alfa, 75 IU (gonal-f) (Not Preferred)		
J3490	<input type="checkbox"/>	Cetrotide (Not Preferred)		
S0128	<input type="checkbox"/>	Injection, follitropin beta, 75 IU (follistim)		
S0132	<input type="checkbox"/>	Injection, ganirelix acetate 250 mcg		
J0725	<input type="checkbox"/>	Injection, chorionic gonadotropin, per 1,000 USP units		
J3355	<input type="checkbox"/>	Injection, urofollitropin, 75 IU		