

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
 - Specific genetic disorder and carrier

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

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

Please submit your prior authorization request for Preimplantation Genetic Testing through the Genetic and Molecular prior authorization system first before requesting the other needed services.

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	
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

***This form should only be used for services requested in relation to Preimplantation Genetic Testing (PGT-M and SR) and Related Services**

Effective 7.1.2021

HCPCS	Description	Check Appropriate Box	Daily Dose	Total Dose
S0128	Follistim	<input type="checkbox"/>		
S0122	Menopur	<input type="checkbox"/>		
S0126	Gonal-f (Not Preferred)	<input type="checkbox"/>		
J3490	Cetrotide (Not Preferred)	<input type="checkbox"/>		
S0132	Ganirelix			
J8499	Clomiphene	<input type="checkbox"/>		
J3490	Crinone	<input type="checkbox"/>		
J3490	Letrozole	<input type="checkbox"/>		
J8999	Letrozole	<input type="checkbox"/>		
J1950	Leuprolide Depot 3.75	<input type="checkbox"/>		
J9217	Leuprolide Depot 7.5 mg	<input type="checkbox"/>		
J9218	Leuprolide 1mg	<input type="checkbox"/>		
J0725	Novarel	<input type="checkbox"/>		
J3590	Ovidrel	<input type="checkbox"/>		
J0725	Pregnyl	<input type="checkbox"/>		
J0725	Human Chorionic Gonadotropin	<input type="checkbox"/>		
J3490	Estrace	<input type="checkbox"/>		
J8499	Estrace	<input type="checkbox"/>		

Procedure Codes for Preimplantation Genetic Testing (PGT-M and SR) and Related Services							
<i>If requesting authorization for a service not listed on this form, please contact UHC for authorization.</i>							
		Facility	Physician			Facility	Physician
IVF Non-Case Rate				GIFT			
58970	Follicle puncture for oocyte retrieval, any method	<input type="checkbox"/>	<input type="checkbox"/>	S4022	Assisted oocyte fertilization	<input type="checkbox"/>	<input type="checkbox"/>
58974	Embryo transfer, intrauterine	<input type="checkbox"/>	<input type="checkbox"/>	FET			
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	<input type="checkbox"/>	<input type="checkbox"/>	89352	Thawing of cryopreserved; embryo(s)	<input type="checkbox"/>	<input type="checkbox"/>
89250	Culture of oocyte(s)/embryo(s), less than 4 days	<input type="checkbox"/>	<input type="checkbox"/>	S4016	Frozen in vitro fertilization cycle, case rate	<input type="checkbox"/>	<input type="checkbox"/>
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	<input type="checkbox"/>	<input type="checkbox"/>	S4037	Cryopreserved embryo transfer, case rate	<input type="checkbox"/>	<input type="checkbox"/>
89253	Assisted embryo hatching, microtechniques	<input type="checkbox"/>	<input type="checkbox"/>	Cryopreservation			
89254	Oocyte identification from follicular fluid	<input type="checkbox"/>	<input type="checkbox"/>	89258	Cryopreservation; embryo	<input type="checkbox"/>	<input type="checkbox"/>
89255	Preparation of embryo for transfer (any method)	<input type="checkbox"/>	<input type="checkbox"/>	89342	Storage, (per year); embryo(s)	<input type="checkbox"/>	<input type="checkbox"/>
89260	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis	<input type="checkbox"/>	<input type="checkbox"/>	PGT			
89261	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	<input type="checkbox"/>	<input type="checkbox"/>	89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos	<input type="checkbox"/>	<input type="checkbox"/>
89268	Insemination of oocytes	<input type="checkbox"/>	<input type="checkbox"/>	89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos	<input type="checkbox"/>	<input type="checkbox"/>
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days	<input type="checkbox"/>	<input type="checkbox"/>	Male Procedures			
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	<input type="checkbox"/>	<input type="checkbox"/>	89257	Sperm identification from aspiration (other than seminal fluid)	<input type="checkbox"/>	<input type="checkbox"/>
89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	<input type="checkbox"/>	<input type="checkbox"/>	89264	Sperm identification from testis tissue, fresh or cryopreserved	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
S4015	Complete in vitro fertilization cycle, not otherwise specified	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>