

Managed Infertility Program

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- Oxford plans (all FI and any ASO with OptumRx PBM):
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



Managed Infertility Program

Notification/ Authorization: If requesting multiple, please send in individual forms and clinical for each patient. Submit completed form to mip@optum.com or via fax to (855) 536-0491.			
Contact Information			
Name			
Phone		Ext:	
Fax			
Member Demographics			
Name			
DOB		State	Zip Code
Member ID			
Facility Information			
<input type="checkbox"/> Check if this is a GAP Request			
Name			
Facility Tax ID		NPI #	
Address			
City/State/Zip			
Physician Information			
<input type="checkbox"/> Check if this is a GAP Request			
Name			
Physician Tax ID		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	
<i>Extensions must be received within 7 days of previous service end date and include rationale</i>			
<input type="checkbox"/> Check if this is an extension and include authorization number			
Oral Meds Planned for Cycle (Oral Medications Do Not Require PA)			
<input type="checkbox"/> Clomid <input type="checkbox"/> Letrozole <input type="checkbox"/> Non-Medicated			
Pharmacy – RX PA required for all FI plans and any ASO with OptumRX. 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
<input type="checkbox"/> S0128 – Follistim		<input type="checkbox"/> 300IU <input type="checkbox"/> 600IU <input type="checkbox"/> 900IU	
<input type="checkbox"/> S0122 – Menopur			
<input type="checkbox"/> S0126 – Gonal-F (Not Preferred)		<input type="checkbox"/> 75IU <input type="checkbox"/> 300IU <input type="checkbox"/> 450IU <input type="checkbox"/> 450IU Multi-dose <input type="checkbox"/> 900IU <input type="checkbox"/> 1050IU	
<input type="checkbox"/> 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.

	Facility	Physician		Facility	Physician		Facility	Physician
Non-Bundled Codes			Non-Bundled Codes			Bundled Codes for use by eligible MIP providers only		
IVF			GIFT					
58970	<input type="checkbox"/>	<input type="checkbox"/>	58970	<input type="checkbox"/>	<input type="checkbox"/>	S4011	<input type="checkbox"/>	<input type="checkbox"/>
58974	<input type="checkbox"/>	<input type="checkbox"/>	58976	<input type="checkbox"/>	<input type="checkbox"/>	S4013	<input type="checkbox"/>	<input type="checkbox"/>
76948	<input type="checkbox"/>	<input type="checkbox"/>	76948	<input type="checkbox"/>	<input type="checkbox"/>	S4014	<input type="checkbox"/>	<input type="checkbox"/>
89250	<input type="checkbox"/>	<input type="checkbox"/>	89254	<input type="checkbox"/>	<input type="checkbox"/>	S4015	<input type="checkbox"/>	<input type="checkbox"/>
89251	<input type="checkbox"/>	<input type="checkbox"/>	89260	<input type="checkbox"/>	<input type="checkbox"/>	S4016	<input type="checkbox"/>	<input type="checkbox"/>
89253	<input type="checkbox"/>	<input type="checkbox"/>	89261	<input type="checkbox"/>	<input type="checkbox"/>	S4018	<input type="checkbox"/>	<input type="checkbox"/>
89254	<input type="checkbox"/>	<input type="checkbox"/>	89268	<input type="checkbox"/>	<input type="checkbox"/>	S4020	<input type="checkbox"/>	<input type="checkbox"/>
89255	<input type="checkbox"/>	<input type="checkbox"/>	89280	<input type="checkbox"/>	<input type="checkbox"/>	S4021	<input type="checkbox"/>	<input type="checkbox"/>
89260	<input type="checkbox"/>	<input type="checkbox"/>	89281	<input type="checkbox"/>	<input type="checkbox"/>	S4022	<input type="checkbox"/>	<input type="checkbox"/>
89261	<input type="checkbox"/>	<input type="checkbox"/>	89353	<input type="checkbox"/>	<input type="checkbox"/>	S4023	<input type="checkbox"/>	<input type="checkbox"/>
89268	<input type="checkbox"/>	<input type="checkbox"/>	89398	<input type="checkbox"/>	<input type="checkbox"/>	S4025	<input type="checkbox"/>	<input type="checkbox"/>
89272	<input type="checkbox"/>	<input type="checkbox"/>	0357T	<input type="checkbox"/>	<input type="checkbox"/>	S4028	<input type="checkbox"/>	<input type="checkbox"/>
89280	<input type="checkbox"/>	<input type="checkbox"/>	Donor Services			S4030	<input type="checkbox"/>	<input type="checkbox"/>
89281	<input type="checkbox"/>	<input type="checkbox"/>	58970	<input type="checkbox"/>	<input type="checkbox"/>	S4035	<input type="checkbox"/>	<input type="checkbox"/>
89353	<input type="checkbox"/>	<input type="checkbox"/>	76948	<input type="checkbox"/>	<input type="checkbox"/>	S4037	<input type="checkbox"/>	<input type="checkbox"/>
FET			89254	<input type="checkbox"/>	<input type="checkbox"/>	Other/Unlisted		
58974	<input type="checkbox"/>	<input type="checkbox"/>	89268	<input type="checkbox"/>	<input type="checkbox"/>	58340	<input type="checkbox"/>	<input type="checkbox"/>
89253	<input type="checkbox"/>	<input type="checkbox"/>	IUI			74740	<input type="checkbox"/>	<input type="checkbox"/>
89255	<input type="checkbox"/>	<input type="checkbox"/>	58321	<input type="checkbox"/>	<input type="checkbox"/>	76831	<input type="checkbox"/>	<input type="checkbox"/>
89352	<input type="checkbox"/>	<input type="checkbox"/>	58322	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
89356	<input type="checkbox"/>	<input type="checkbox"/>	58323	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
PGT- A <input type="checkbox"/>	PGT-M/SR <input type="checkbox"/>		89260	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
89290	<input type="checkbox"/>	<input type="checkbox"/>	89261	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
89291	<input type="checkbox"/>	<input type="checkbox"/>	89353	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Cryopreservation			Male Only Codes				<input type="checkbox"/>	<input type="checkbox"/>
89258	<input type="checkbox"/>	<input type="checkbox"/>	89257	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
89337	<input type="checkbox"/>	<input type="checkbox"/>	89259	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
89342	<input type="checkbox"/>	<input type="checkbox"/>	89264	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
89343	<input type="checkbox"/>	<input type="checkbox"/>	89335	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
89344	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Check if Plan is for eSET Following ASRM Guidelines			If not eSET, provide the number of embryos to transfer and rationale in clinical notes		<input type="checkbox"/>
89346	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>

Managed Infertility Program

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/semen, 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/semen
 89344 – Storage, (per year); reproductive tissue, testicular/ovarian
 89346 – Storage, (per year); oocyte(s)

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/semen, 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:

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 – Laparoscopy,Surg,Lysis Of Adhesions(Separate Proc)
 58662 – Laparoscopy,Surg,Fulg/Exc Lesions/Ovary,Peritoneum
 58670 – Laparoscopy,Surg W/Fulgur
 68572 – Laparoscopy,Surg,W/Fimbrioplasty
 58673 – Laparoscopy Surg
 58740 – Lysis of adhesions (salpingolysis, ovariolysis)
 58752 – Tubouterine Implaontaion
 58760 – Fimbrioplasty
 58770 – Salpingostomy (salpingoneostomy)
 89354 – 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