

AUTHORIZATION MANAGER TIPS

• Fertility Services/Assisted Reproductive Therapy (ART) providers

INTRODUCTION

Use these tips when you submit an authorization request for fertility services using the Authorization Manager tool. To correctly complete an authorization request, fertility service/Assisted Reproductive Technology (ART) providers are required to include certain information.

	FOR	THE FOLLOWING INFORMATION IS REQUIRED
REQUIRED INFORMATION FOR CERTAIN SERVICES	An authorization request for: • AH (assisted hatching) • Donor egg • Donor sperm • Egg preservation • FET (frozen embryo transfer) • ICSI (intracytoplasmic sperm injection) • IVF (in vitro fertilization) • IVF freeze all • Pre-implant genetic testing (PGT) • Sperm cryopreservation	 Request Type: Service Request Place of Service: 11-Office Review Type: Initial Servicing and Facility Provider: Enter facility NPI/provider ID as both the servicing provider and facility Diagnosis: Enter the diagnosis code Procedure: Enter the appropriate CPT codes (see examples below)
		Examples Procedure Code
		ProcedureCodeAH89253Donor egg\$4023Donor sperm\$4026Egg preservation89337, \$4021FET\$4016ICSI\$4022IVF\$4015IVF freeze all\$4021Sperm cryopreservation89259, 89343PGT A81228 (biopsy 89290 or 89291)PGT M84999 (biopsy 89290 or 89291)PGT SR88299 (biopsy 89290 or 89291)After you submit your request, a new window opens. Populatedetails as follows:••Quantity: 1•Units: Select units•Frequency: As prescribed•Start date: Enter requested start date of service*When prompted, please make sure to upload your Assisted Reproductive Technology (ART) Service Form and clinicals. Additional clinicals can also be added after your request is submitted.Notes For pre-implant genetic testing, a separate authorization request is required using the codes above.

For IVF-contracted	Before submitting, please make sure an approved IVF authorization	
providers,	is on file.	
HMO/POS plans		
only	Request Type: Outpatient Referral	
	Place of Service: 11-Office, or select appropriate from drop-	
EPM (early	down	
pregnancy	Review Type: Initial	
monitoring)	 Servicing and Facility Provider: Enter IVF provider NPI/provider ID 	
	Diagnosis: 009.811 (Supervision of Pregnancy)	
	• Procedure: 99243	
	After you submit your request, a new window opens. Populate	
	details as follows:	
	Quantity: 6	
	Units: Select units	
	Frequency: As prescribed	
	Start date: Enter requested start date of service	
	Note: On the next screen in the "Notes" section, please specify your request is for EPM.	
<u>Assisted Reproduc</u>	ctive Technology (ART) Service Form	
Authorization Man	ager page on Provider Central	

RELATED **RESOURCES**

- Authorization Manager page on Provider Central
- Accessing case details and printing correspondence •
- Video demonstration of how to submit a referral for Early Pregnancy Monitoring (EPM) •
- Video demonstration of how to submit an IVF authorization •

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