



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.

REQUIRED INFORMATION FOR CERTAIN SERVICES

FOR	THE FOLLOWING INFORMATION IS REQUIRED																				
An authorization request for: <ul style="list-style-type: none"> AH (assisted hatching) Donor egg Donor sperm Egg preservation FET (frozen embryo transfer) ICSI (intracytoplasmic sperm injection) IVF (in vitro fertilization) IVF freeze all Sperm cryopreservation 	<ul style="list-style-type: none"> 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) <p><i>Examples</i></p> <table border="1"> <thead> <tr> <th>Procedure</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>AH</td> <td>89253</td> </tr> <tr> <td>Donor egg</td> <td>S4023</td> </tr> <tr> <td>Donor sperm</td> <td>S4026</td> </tr> <tr> <td>Egg preservation</td> <td>89337, S4021</td> </tr> <tr> <td>FET</td> <td>S4016</td> </tr> <tr> <td>ICSI</td> <td>S4022</td> </tr> <tr> <td>IVF</td> <td>S4015</td> </tr> <tr> <td>IVF freeze all</td> <td>S4021</td> </tr> <tr> <td>Sperm cryopreservation</td> <td>89259, 89343</td> </tr> </tbody> </table> <p>After you submit your request, a new window opens. Populate details as follows:</p> <ul style="list-style-type: none"> Quantity: 1 Units: Select units Frequency: As prescribed Start date: Enter requested start date of service <p>*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.</p> <p>Notes</p> <ul style="list-style-type: none"> If you are looking to include pre-implant genetic testing as part of your IVF request, indicate this in the "Notes" section. 	Procedure	Code	AH	89253	Donor egg	S4023	Donor sperm	S4026	Egg preservation	89337, S4021	FET	S4016	ICSI	S4022	IVF	S4015	IVF freeze all	S4021	Sperm cryopreservation	89259, 89343
Procedure	Code																				
AH	89253																				
Donor egg	S4023																				
Donor sperm	S4026																				
Egg preservation	89337, S4021																				
FET	S4016																				
ICSI	S4022																				
IVF	S4015																				
IVF freeze all	S4021																				
Sperm cryopreservation	89259, 89343																				
EPM (early pregnancy monitoring)	<ul style="list-style-type: none"> Request Type: Referral Place of Service: 11-Office, or select appropriate from drop-down Review Type: Initial 																				

	<ul style="list-style-type: none"> • Servicing and Facility Provider: Enter IVF provider NPI/provider ID • Diagnosis: O09.811 (Supervision of Pregnancy) • Procedure: 99243 <p>After you submit your request, a new window opens. Populate details as follows:</p> <ul style="list-style-type: none"> • Quantity: 6 • Units: Select units • Frequency: As prescribed • Start date: Enter requested start date of service <p>Note: On the next screen in the “Notes” section, please specify your request is for EPM.</p>
--	--

**RELATED
RESOURCES**

- [Assisted Reproductive Technology \(ART\) Service Form](#)
- [Authorization Manager page](#) on Provider Central
- [Video demonstration of how to submit a referral for Early Pregnancy Monitoring](#)

Blue Cross Blue Shield of Massachusetts refers to Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc., and/or Massachusetts Benefit Administrators LLC, based on Product participation.® Registered Marks of the Blue Cross and Blue Shield Association. ©2021 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.
MPC_100521-5G-QT (11/21)