

## **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	<ul> <li>Request Type: Service Request</li> <li>Place of Service: 11-Office</li> <li>Review Type: Initial</li> <li>Servicing and Facility Provider: Enter facility NPI/provider ID as both the servicing provider and facility</li> <li>Diagnosis: Enter the diagnosis code</li> <li>Procedure: Enter the appropriate CPT codes (see examples below)</li> </ul>
		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)	<ul> <li>Servicing and Facility Provider: Enter IVF provider NPI/provider ID</li> </ul>	
	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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MPC 100521-5G-QT (rev. 1/24)