

Date: / /



Managed Infertility Program
Patient Treatment Plan



This form should be completed when requesting infertility treatments and/or procedures for Oxford members.

Member Information:

Last: First: MI: DOB:
Member/ID Number:

Patient Information: Same as above

Last Name: First Name:
Patient/ID Number: DOB: Sex:
Patient Preferred Phone Number:
Relationship to Patient:
Secondary Insurance: Name of Insurance:

Physician Information:

Requesting MD Name: Provider ID: Center ID-TIN:
Clinic Contact: Phone: Email:
Provider Fax:

Clinical Information:

Duration of Infertility:
less than 6 months
6 months to less than 12 months
12 months to less than 18 months
18 months to less than 24 months
24 months or more

FSH Levels: Antral Follicle Count: AMH Levels: BMI:
Guidelines for All Levels: Less than age 35 - Yearly, over age 35 - every 6 months

Semen Analysis Results:

Normal Abnormal Previous sterilization procedure male Previous sterilization procedure female

Number of Previous Cycles:

Fresh Frozen Donor Clomid IUI Cycle Gonadotropin IUI Cycle

Service Request: New Cycle Previously approved cycle

Only complete this section if you are contracted with OptumHealth.

Note: Natural IUI cycle should be billed as Fee for Service.

Table with 2 columns: Service description and Code. Rows include Fresh IVF cycle, Fresh IVF cycle - embryo transfer, Frozen IVF cycle, and IUI cycle Gonadotropin.

Daily dose for gonadotropin: <=225IU 226-300IU 301-450IU >450IU

Note: More information on daily dose >450IU will be needed

PLEASE ENSURE THAT ALL PERTINENT CLINICAL INFORMATION IS ATTACHED.

Services must be initiated within 90 days of the authorization. The authorization is valid only until the cycle is complete. If a cycle is not started within 90 days of the authorization, the authorization becomes invalid and a new Patient Treatment Plan must be submitted for review and authorization.

Please note: All procedures and testing are subject to benefit review and coverage.

Fax: 855-536-0491 Phone: 877-512-9340 Email: MIP@optum.com

For OptumHealth Use Only

Authorization Status:

Approved: Yes Auth/Ref #: Expiration Date: Date Authorization Complete:

Information included in this document is considered to be Protected Health Information (PHI). UnitedHealthcare/Oxford and/or OptumHealth must handle the receipt of this information according to all applicable state and federal laws, including, but not limited to the Health Information Portability and Accountability Act (HIPAA).

Complete the Diagnosis section for all cases and the Treatment Plan section only if not using a case rate.

Diagnosis

Infertility	Cervix	Miscellaneous	Other Situations
<input type="checkbox"/> Infertility, other 628.8	<input type="checkbox"/> Polyp Cervix 622.7	<input type="checkbox"/> Hirsutism 704.1	<input type="checkbox"/> Egg Donor V59.70-V59.74
<input type="checkbox"/> Infertility, unspecified 628.9	<input type="checkbox"/> Cervical Stenosis 622.4	<input type="checkbox"/> Pelvic Adhesions 614.6	<input type="checkbox"/> Gestational Carrier V26.89
<input type="checkbox"/> Infertility Testing V26.29, V26.21	Endometriosis	<input type="checkbox"/> Pelvic Mass 789.3	Diagnostic Procedures
<input type="checkbox"/> Infertility, Anovulation 628.0	<input type="checkbox"/> Endometriosis, peritoneal 617.3	<input type="checkbox"/> Ascites 789.5	<input type="checkbox"/> U/S transvag 76830
<input type="checkbox"/> Infertility, Cervical 628.4	<input type="checkbox"/> Endometriosis, ovary 617.1	Pain	<input type="checkbox"/> U/S follicle 76857
<input type="checkbox"/> Infertility, Tubal 628.2	Ovary/Ovulatory	<input type="checkbox"/> Dysmenorrhea 625.3	<input type="checkbox"/> U/S Pregnancy, limited 76815
<input type="checkbox"/> Infertility, Uterine 628.3	<input type="checkbox"/> PCO 256.4	<input type="checkbox"/> Pain, Pelvic 625.9	<input type="checkbox"/> HSG review 74740
<input type="checkbox"/> Infertility, LPD 628.1	<input type="checkbox"/> Diminished Ovarian Reserve	<input type="checkbox"/> Pain, Abdominal 789.0	<input type="checkbox"/> HSG injection 58340
<input type="checkbox"/> Infertility, male 606.9	<input type="checkbox"/> Ovarian Failure 256.3	Pituitary/Hypothalamus/Thyroid	<input type="checkbox"/> Sono-hysteroqram 76831
<input type="checkbox"/> Infertility, oligospermia 606.1	<input type="checkbox"/> Ovarian Dysfunction 256.8	<input type="checkbox"/> Hyperprolactinemia 253.1	<input type="checkbox"/> Office Hysteroscopy 58555
<input type="checkbox"/> Infertility, azoospermia 606	<input type="checkbox"/> Ovarian Cyst 620.2	<input type="checkbox"/> Hypogonadism 253.4	<input type="checkbox"/> Semen Analysis 89322
Uterus	<input type="checkbox"/> Hyperstimulation 256.1	<input type="checkbox"/> Hypothyroidism 244.9	<input type="checkbox"/> Post Coital Test 89300
<input type="checkbox"/> Fibroids 218.9	<input type="checkbox"/> Ovarian Neoplasm 239.5	<input type="checkbox"/> Endometriosis, peritoneal 617.3	<input type="checkbox"/> Endometrial Biopsy Test 58100
<input type="checkbox"/> Uterine Septum 752.2	<input type="checkbox"/> Irregular Cycle 626.4	<input type="checkbox"/> Hyperthyroidism 242.9	<input type="checkbox"/> Sperm Antibody Test 89325
<input type="checkbox"/> Fibroid submucos 218.0	<input type="checkbox"/> Amenorrhea 626.0	<input type="checkbox"/> Endometriosis, ovary 617.1	Other
<input type="checkbox"/> Uterine Synechiae 621.5	Other:	Other:	
<input type="checkbox"/> Endometrial Polyp 621.0			

Treatment Plan

Artificial Insemination	Male Procedures	Surgery	Surgery (continued)
<input type="checkbox"/> Intrauterine 58322	<input type="checkbox"/> Testicular Biopsy 54500, 54505	<input type="checkbox"/> Fulguration/excision of Endometriosis 58662	<input type="checkbox"/> D & C 58120
<input type="checkbox"/> Cervical 58321	<input type="checkbox"/> MESA S4028	<input type="checkbox"/> Myomectomy 58543, 58545, 58546	<input type="checkbox"/> Lysis of Adhesions 58660, 58740
<input type="checkbox"/> Sperm Washing 58323	<input type="checkbox"/> TESA S4028	<input type="checkbox"/> Tubal Ligation/occlusion (hydrosalpinx) 58670	<input type="checkbox"/> Ovarian Cystectomy 58925
<input type="checkbox"/> Spouse	<input type="checkbox"/> Micro-TESE S4028	<input type="checkbox"/> Fimbrioplasty 58672, 58760	<input type="checkbox"/> Oophorectomy 58661, 58720
<input type="checkbox"/> Partner	<input type="checkbox"/> PESA 55899	<input type="checkbox"/> Salpingostomy/Neosalpingostomy 58673, 58770	<input type="checkbox"/> Salpingectomy 58661, 58700
Ovulation Induction/Stimulation	<input type="checkbox"/> Sperm Identification 89257, 89264	<input type="checkbox"/> Diagnostic Hysteroscopy 58555	<input type="checkbox"/> Cystourethroscopy 52402
<input type="checkbox"/> Clomiphene	<input type="checkbox"/> Sperm Isolation 89260, 89261	<input type="checkbox"/> Hysteroscopic Myomectomy 58545, 58546	<input type="checkbox"/> Tubouterine Implantation 58752
<input type="checkbox"/> Letrozole	<input type="checkbox"/> Electro-ejaculation 55870	<input type="checkbox"/> Hysteroscopic Metroplasty 58540	Other
<input type="checkbox"/> Gonadotropin	<input type="checkbox"/> Retrograde ejaculate recovery 89331	<input type="checkbox"/> Hysteroscopic lysis of adhesions 58559	
<input type="checkbox"/> Gonal-f is the preferred FSH	Other:	<input type="checkbox"/> Hysteroscopic Polypectomy 58558	

In Vitro Fertilization

Ovarian Stimulation	Embryology	Embryology (continued)	Embryo Transfer
<input type="checkbox"/> Antagonist Protocol	<input type="checkbox"/> Oocyte Identification 89254	<input type="checkbox"/> Evaluation of Embryos for Transfer 89255	<input type="checkbox"/> Embryo Thaw 89352
<input type="checkbox"/> Agonist Protocol	<input type="checkbox"/> Fertilization 89268	<input type="checkbox"/> ICSI 89280, 89281	<input type="checkbox"/> Embryo Transfer 58974
<input type="checkbox"/> Oocyte Retrieval/U/S/guidance of follicular aspiration 76948	<input type="checkbox"/> Culture to cleavage stage 89250	<input type="checkbox"/> Assisted Hatching 89253	
<input type="checkbox"/> Follicle puncture for oocyte retrieval 58970	<input type="checkbox"/> Culture to blastocyst stage 89272		

Monitoring	Treatment/Testing Other
<input type="checkbox"/> U/S Monitoring of Follicle 76830	<input type="checkbox"/> Embryo Biopsy 89290, 89291 Biopsy and testing are only covered with a diagnosis of known genetic disorder. Additional information will be required.
<input type="checkbox"/> Lab Monitoring	
	<input type="checkbox"/> PGD <input type="checkbox"/> PGS <input type="checkbox"/> PCR 83890 - 83912 <input type="checkbox"/> FISH 88271, 88275, 88291, 88272 <input type="checkbox"/> SNP 83891 <input type="checkbox"/> aCGH

The form is intended to provide a comprehensive picture of a patient's treatment plan. Some listed procedures are not covered under all plans.

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