Infertility Treatment Prior Authorization Program
Frequently Asked Questions

UnitedHealthcare requires prior authorization for certain infertility services for the following members, unless otherwise disallowed by state-specific requirements:

- Starting Oct. 1, 2015
  - UnitedHealthcare Commercial – excluding Indemnity/Options PPO members
  - Mid-Atlantic Health Plan
- Starting 2016 – exact date will be published in Jan.
  - UnitedHealthcare of the River Valley
  - UnitedHealthcare Life Insurance Company
  - Golden Rule Insurance Company

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**Q1. What services are included in UnitedHealthcare’s Infertility Treatment Prior Authorization Program?**

A. This program includes infertility services performed to enable or induce pregnancy, including:

- Infertility surgeries such as fimbrioplasty, neosalpingostomy, tubal anastomosis, myomectomy, surgery to treat endometriosis-related infertility, sperm extraction procedures and male infertility surgery
- Artificial insemination, whether intrauterine or cervical, including donor insemination
- Assisted reproductive technologies including in vitro fertilization, intracytoplasmic sperm injection (ICSI) and assisted hatching
- Ovulation induction
- Controlled ovarian stimulation

Care providers should continue to submit laboratory and radiology prior authorization requests for Mid-Atlantic Health Plan (MAHP) members due to the capitated structure of the lab and radiology contracts.

**Q2. How does this program differ from the existing process?**

A. With the new prior authorization process, to be eligible for reimbursement a care provider must submit prior authorization before providing infertility services. Prior authorization may include a medical necessity review depending on the member’s benefit plan.

**Q3. What policy/policies is used to review infertility treatment plans?**
A. Requests are reviewed according to UnitedHealthcare’s Infertility Diagnosis and Treatment Medical Policy. The policy will be posted on UnitedHealthcareOnline.com for easy reference by those requesting prior authorization.

Q4. Who is administering the Infertility Treatment Prior Authorization Program?
A. Optum, under the direction of its national reproductive endocrinologist medical director, will perform reviews of treatment plans to help ensure they align with UnitedHealthcare’s medical policies.

Q5. When should my practice begin submitting prior authorization requests?
A. Prior authorization requests can be made starting Sept. 16, 2015, and must be made for all treatments as of Oct. 1, 2015 for UnitedHealthcare Commercial, UnitedHealthcare Life Insurance Company, Golden Rule Insurance Company and Mid-Atlantic Health Plan members. For RiverValley members, prior authorization requests can be made starting Dec. 14, 2105 and must be made for all treatments as of Jan. 1, 2016.

Q6. If a member is in the middle of an infertility treatment cycle on Oct. 1, 2015, do I need to request prior authorization for the remaining services?
A. Yes, a prior authorization request must be submitted for UnitedHealthcare to process the claims. However, for treatment cycles with treatment services delivered before Oct. 1, 2015, remaining services in the cycle will be approved upon receipt of the prior authorization request. For example, a fresh embryo transfer on Oct. 3, 2015, will be approved upon receipt of request if the egg retrieval was done on Sept. 29, 2015.

Administrative and Claims

Q1. Does an infertility treatment prior authorization approval guarantee that UnitedHealthcare will pay the claim?
A. No, payment for covered services depends on the member’s eligibility on the date of service, the member’s benefit plan, any claim processing requirements and the terms of your participation agreement. Some of our Commercial benefit plans have specific requirements that may also affect reimbursement:

 UnitedHealthcare Navigate, UnitedHealthcare Charter and UnitedHealthcare Compass benefit plans require members to choose a primary care physician and require physicians to submit referrals to specialists. A referral should be validated as part of patient consultations and prior to seeking prior authorization for these plans.

Q2. What happens if I do not submit an infertility treatment prior authorization review request?
A. If you do not complete the prior authorization process before performing the procedure(s), your claim may be administratively denied. A member cannot be billed for services determined to be medically unnecessary unless the member, with knowledge of UnitedHealthcare’s coverage determination, agrees in writing to be responsible for the cost of the services.

Q3. What date should I enter in the prior authorization request if we have not determined the exact date to start the treatment cycle?
A. If you do not know the start date for the infertility treatment, enter the date that you submit the prior authorization request.
Q4. What should I do if I forgot to obtain the infertility treatment prior authorization for the infertility treatment cycle?
A. Please submit a request for a prior authorization as soon as possible for future dates of service. Claims for the first date of service will be administratively denied as “no Prior Authorization.” The claim denial notice outlines the appeal process.

Prior Authorization Process

Q1. How do I submit a prior authorization request?
A. You can submit a prior authorization request by fax at 855-349-8479, or by calling 888-936-7246.

Q2. Do all prior authorization reviews for UnitedHealthcare members use the same criteria?
A. Each prior authorization request will be reviewed according to the member’s benefit plan. Some of UnitedHealthcare’s benefits plans provide for medical necessity review of clinical information.

Q3. What information do I need to include to obtain an infertility treatment prior authorization?
A. Please be prepared to include the following information for infertility treatment prior authorization:

- **Member information**: UnitedHealthcare ID number, group number, name and date of birth
- **Contact information**: Phone number, fax number, care provider and facility taxpayer identification numbers (TINs)
- **Clinical information**: Diagnosis, CPT and/or HCPCS service codes, dates of service, care provider and facility information

Q4. Will additional clinical information be required during the prior authorization process?
A. Based on the diagnosis and/or the treatment plan that has been selected, you may be asked to provide the following clinical information so we can make an accurate determination:

- History and Physical
- Laboratory results including diagnostic testing results such as ovarian reserve testing, semen analysis, and uterine cavity evaluation such as hysterosalpingogram or hysterosonogram
- Clinical notes including a summary of findings, treatments and cycles performed at or by previous facilities/providers
- Previous cycle flow sheets
- Embryology reports
- Operative reports
- Infertility treatment plan

Q5. What is the turnaround time for UnitedHealthcare infertility prior authorization request decisions?
A. The standard turnaround time is 15 days after all required clinical information is submitted. Certain policies and state regulations may require less than a 15 day turnaround time.

Q6. How long is an infertility treatment prior authorization valid?
A. An infertility treatment prior authorization is valid for 90 days.
Q7. Is prior authorization required for patients receiving fertility preservation services prior to gonadotoxic treatment such as chemotherapy?
A. Yes. Prior authorization is required for infertility treatment services regardless of diagnosis.

Q8. If prior authorization was received and the patient’s prognosis changes, can the treatment plan be changed without obtaining an authorization?
A. No, if the treatment plan changes after an authorization has been obtained, you must submit a new authorization request.

Q9. How will I be notified of the outcome of a prior authorization request?
A. UnitedHealthcare will mail a decision letter to you and the member for all prior authorization requests. If submitted prior authorization requests do not meet medical necessity criteria, a clinical denial will be issued and the member and provider will receive a denial notice outlining the appeal process. For more information on appeals go to UnitedHealthcareOnline.com > Clinician Resources > Advance and Admission Notification Requirements.

**Clinical**

Q1. How did UnitedHealthcare develop its medical policies for infertility treatment?
A. Our medical policies and clinical guidelines are developed from published clinical evidence and professional specialty society guidance. All clinical policies are reviewed annually. Practicing physicians are invited to submit published clinical evidence they would like to see included in that review.

Q2. If my patient has a medical contraindication to a UnitedHealthcare approved medication, what should I do?
A. You will have the opportunity to submit clinical information to support your decision for a treatment plan outside of UnitedHealthcare’s medical policy during the prior authorization process. The information will be reviewed by a physician before a coverage decision is made.

Q3. Does a patient need to undergo artificial insemination treatment cycles to have an in vitro fertilization cycle approved?
A. No, UnitedHealthcare does not require artificial insemination prior to in vitro fertilization.

Q4. Do I need to obtain another prior authorization for injectable medications to treat infertility, such as gonadotropins?
A. If a member’s pharmacy benefits manager requires prior authorization, you must obtain a separate prior authorization.

Q5. Who can I contact for more information?
A. You can reach the Managed Infertility program by calling 888-936-7246, 7 a.m. – 6 p.m. CT, Monday – Friday.

Thank you.