

## REQUEST FORM FOR PRECERTIFICATION / INFERTILITY REFERRAL

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I. Reason for Infertility for \_\_\_\_\_ years Workup:

- \_\_\_\_\_ Ovulatory Dysfunction (628.0)
- \_\_\_\_\_ Tubal Origin/Pelvic Adhesions (628.2)
- \_\_\_\_\_ Endometriosis (628.3)
- \_\_\_\_\_ Cervix/vaginal Origin (628.4)
- \_\_\_\_\_ Previous BTL (628.8)
- \_\_\_\_\_ Unknown Origin (628.9)

II. Work up Phase:

\*All costs covered if performed at MMA

- \_\_\_\_\_ Physician Consult (99205)
- \_\_\_\_\_ Coordinator Consult (99203)
- \_\_\_\_\_ Endocrine Profile (FSH, LH, Prolactin, Testosterone, TSH, E2, DHEA-

S)

(83001, 83002, 84146, 84403, 84443, 82670, 82627)

- \_\_\_\_\_ Semen Analysis (89320)
- \_\_\_\_\_ Sperm Cryopreservation (89259)
- \_\_\_\_\_ Postcoital Test (89330)
- \_\_\_\_\_ Hysterosalpingogram (58340)
- \_\_\_\_\_ Diagnostic Laparoscopy (56300)
- \_\_\_\_\_ Diagnostic Hysteroscopy (56350)
- \_\_\_\_\_ "In-office" Hysteroscopy (56350)
- \_\_\_\_\_ Dilatation and Curettage (58120)
- \_\_\_\_\_ Endometrial Biopsy (58100)
- \_\_\_\_\_ Pelvic Sonography (76856)
- \_\_\_\_\_ RPR (Husband) (86593)
- \_\_\_\_\_ Hep A, B & C Screen (Husband) (80059)
- \_\_\_\_\_ HIV (Husband) (87390)
- \_\_\_\_\_ Pap Smear (88150)
- \_\_\_\_\_ Chlamydia Cervical Culture (87490)
- \_\_\_\_\_ Gonorrhea Cervical Culture (87590)
- \_\_\_\_\_ Mycoplasma Cervical Culture (87109)
- \_\_\_\_\_ Hepatitis A, B & C Screen (Patient) (80059)
- \_\_\_\_\_ Prenatal Panel (Patient) (80055)

III. Treatment Phase:

- \_\_\_\_\_ Ovulation Induction with Clomiphene Citrate (99499)
- \_\_\_\_\_ Ovulation Induction with Gonadotropins (99499)
- \_\_\_\_\_ Artificial Intrauterine Insemination with Husband (58322)
- \_\_\_\_\_ Artificial Intrauterine Insemination with Donor (58322)
- \_\_\_\_\_ Sperm Wash for Insemination (58323)

- \_\_\_\_\_ Folliculogram (76857)
- \_\_\_\_\_ Operative Laparoscopy (56303)
- \_\_\_\_\_ Operative Hysteroscopy (56350)
- \_\_\_\_\_ Labs (serum)
  - \_\_\_ Estradiol (82670)
  - \_\_\_ LH (83003)
  - \_\_\_ Progesterone (84144)
- \_\_\_\_\_ IVF
  - \_\_\_ Transvaginal Aspiration (58970)
  - \_\_\_ Embryo Transfer (58974)
  - \_\_\_ Culture and Fertilization of Oocytes (89250)
  - \_\_\_ ICSI (89252)
  - \_\_\_ Embryo Cryopreservation (89399)
  - \_\_\_ Anesthesia for TVA (99141)
- \_\_\_\_\_ Medications
  - \_\_\_ Oral Contraceptive Pills
  - \_\_\_ Estrace
  - \_\_\_ Lupron (2 vials)
  - \_\_\_ Gonadotropins for Injection
- \_\_\_ Fertinex
- \_\_\_ Follistim
- \_\_\_ Gonal-F
- \_\_\_ Repronex
- \_\_\_ Pergonal
- \_\_\_ Humegon
  - \_\_\_ hCG (1 vial)
  - \_\_\_ Progesterone (Crinone)
  - \_\_\_ Progesterone in Oil
- \_\_\_\_\_ FROZEN EMBRYO TRANSFER
  - \_\_\_ Embryo Transfer (58974)
  - \_\_\_ Folliculogram (76857)
  - \_\_\_ Estradiol (82670)
  - \_\_\_ Endometrial biopsy (58100)