Assisted Reproductive Technology (ART) Form Instructions

June 2023

Express Scripts Account Team

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How to Fill out the Assisted Reproductive Technology - ART Form

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DoD Fertility Assisted Reproductive Technology (ART) Referral Form

□ New Request

□ Update Existing Request

□ Check here if URGENT

Fax completed form to **1-866-684-4477**

MTF providers may submit this form securely via the MTF Provider Portal: esrx.com/mpp

(Instructions available in Document Repository within the MTF Provider Portal)

Check only if a 3 Day turnaround is needed

Beneficiary Information			Date:
Beneficiary Name:	Sponsor SSN:		DOB:
Address:	City:	State:	Zip:
Beneficiary Phone:			

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Choose your location for completion guidance

Requestor Name:
Please complete with the name and **email, etc.** of the person submitting the request.
(Provider, Nurse, Tech etc.)

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Fill out corresponding parts

Part B

Part B GME MTF:	

Requestor Name: Email:

Requestor Phone:	Requestor Fax:

Please check which GME MTF:

- ☐ Walter Reed National Military Medical Center (WRNMMC)
- ☐ Tripler Army Medical Center (TAMC)
- ☐ Womack Army Medical Center (WAMC)
- ☐ Madigan Army Medical Center (MAMC)
- ☐ Brooke Army Medical Center (BAMC)
- ☐ Naval Medical Center San Diego (NMCSD)
- ☐ Naval Medical Center Portsmouth (NMCP)
- ☐ Wright Patterson Medical Center/88th Medical Group (WPAFB)

Prescribing Physician Information

Prescribing Physician Name:			Prescriber DEA/NPI (Required):
Address:	City:	State:	Zip:
Prescribing Physician Phone:			

Proceed to Part C: Medication Information

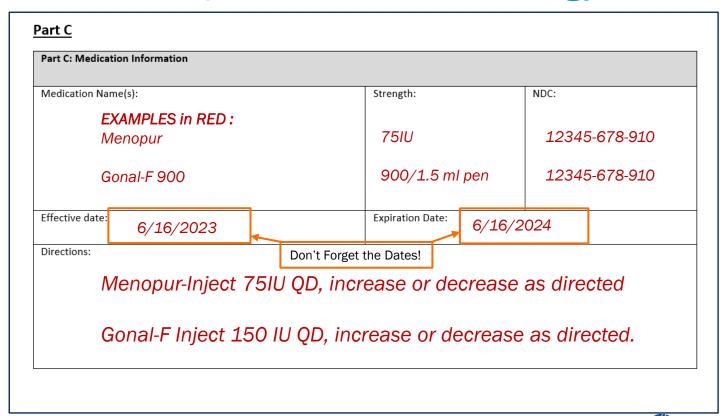**Requestor Name:**
Please complete with the name and **email**, etc. of the person submitting the request.
(Provider, Nurse, Tech etc.)

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Assisted Reproductive Technology - ART Form

Part C

Part C: Medication Information		
Medication Name(s):	**Strength:**	**NDC:**
EXAMPLES in RED :		
Menopur	*75IU*	*12345-678-910*
Gonal-F 900	*900/1.5 ml pen*	*12345-678-910*

Effective date:	Expiration Date:
6/16/2023	*6/16/2024*

Don't Forget the Dates!

Directions:

Menopur-Inject 75IU QD, increase or decrease as directed

Gonal-F Inject 150 IU QD, increase or decrease as directed.

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Assisted Reproductive Technology – Submission Process

1. MTF Staff will fill out the ART Forms and save as a PDF with the title: "**DOD ART Form - patientname – MTF"**
File Format Example: DODARTForm – JaneDoe,MarySmith – WRNMMC (If multiple patients list all names)

2. MTF can then electronically upload their ART Forms through the DPP Multiple RX TAB on the **Express Scripts MTF Provider Portal** @ esrx.com/mpp

3. You can confirm submission and see history in the portal (Date & Time Stamped)

Express Scripts' Specialized Coverage Review Department Team will review each ART Form.

- Express Scripts Team will send the requestor an email with approvals or denials with (non-PHI) included
  Email Examples from Express Scripts:
  Subject Line: DOD ART Form - Approved - 2 – Date Submitted
  Body of the Email: Submission Date: > Benes First & Last Initials ONLY: > Case Number - Drug 1: > Case Number - Drug 2

<div style="border:1px solid">

Any questions please send an email to:
ExpressScripts-MTFPharmacyTeam@express-scripts.com

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Providers must registers first at: esrx.com/mpp

- **Providers/Clinical Pharmacists will register** as an NPI owner or licensed provider

  (Information you will need to register: Name, NPI, Email and DOD ID)

  - With CAC (select DOD Email or PIV Authentication Certificate) or

  - With username and password (and one time authentication code)

- **Next add** – your Trusted Agents (Delegates) - Nurses/Technicians/Admin Staff

Trusted Agents

- Provider will need to add your role in the MTF Portal first, for trusted agents (delegates)

* Trusted agents will receive an email and link to finalize registration - **valid for up to 72 hours.**
* If the link has expired, the Provider will need to resend the invitation
* Trusted agents will complete their registration by setting up a username and password

- Trusted Agents/Delegates will then log in with a username and password combination before being able to login with CAC *(Log out and then log back in to set up CAC access)*

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Coverage Review
PH: 866.684.4488 Available 24/7

- Prior Authorization Status
- Start a New PA

Customer Service
PH: 877.363.1303 Available 24/7

- Prior Authorization (PA) Status
- Home Delivery Questions/Status
- Beneficiary Eligibility/Benefits
- Drug Coverage Details
- Internal Warm Transfers (if needed)

MTF Provider Portal Support
PH: 800.432.2295 Available 24/7
MTFProviderPortal@express-scripts.com

- Log on Support for MTF Providers or Trusted Agents

MTF Account Team
ExpressScripts-MTFPharmacyTeam@express-scripts.com

- Escalated Patient Concerns
- Claim Reject Trends & Complex Resolution
- Trainings/Briefings for MTF:
  - Deployment Prescription Program (DPP)
  - MHS PDMP/PMP
  - MTF ART Forms, CGMS, Accredo
  - MHS GENESIS (Initial & Refresher/Updates)
- Ordering Materials
  - Ex: Home Delivery flyers/bag stuffers and PA Post Cards
  - Request an order form

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Appendix

TOM Policy Guidelines For ART

2.4.2.11.2 Policy Guidelines For ART

The policy provides for the provision of ART to assist in the reduction of the disabling effects of the Service member's qualifying condition. The authority for this policy for care outside of the basic medical benefit is derived from Section 1633 of the 2008 National Defense Authorization Act (NDAA). This section allows the Service member to receive services that are outside the definition of "medical care." This benefit is provided through the authorization of the expenditure of SHCP funds and delivery of the needed services in either MTFs/eMSMs that offer assisted reproductive technologies or in the purchased care sector that are outside the medical benefit. Although purchased care is available for this benefit depending on the Service member's circumstances not allowing him or her to travel, the use of MTFs/eMSMs shall be encouraged, with Service members eligible for this benefit given priority for care at MTFs/eMSMs if there is a waiting list. If the Service member receives care or medications in the civilian sector, participating network providers shall be used if available. Preauthorization for every IVF cycle is required.

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TOM Policy Guidelines For ART

- 2.4.2.11.6 Process For Participating In Assisted Reproductive Services Program

- 2.4.2.11.6.1 For a Service member to be eligible, there must be documentation of Category II or III illness or injury designation as defined in DoDI 1300.24.

- 2.4.2.11.6.2 The referral to the contractor will contain the following information: • Service member's qualifying diagnosis(es); • Category (II or III); • Summary of relevant medical information supporting category designation; • Name of provider of reproductive services requested to be used; • Number of initiated IVF cycles; and • Number of cancelled IVF cycles. TRICARE Operations Manual 6010.59-M, April 1, 2015 Chapter 17, Section 3 Contractor Responsibilities 18

- 2.4.2.11.6.3 All TED records for this benefit shall include Enrollment/Health Plan Code "SR SHCP - Referred Care" regardless of the enrollment status returned by DEERS. The contractor shall follow all applicable TED coding requirements in accordance with TSM, Chapter 2.

- 2.4.2.11.6.4 All SHCP requirements and provisions of Chapters 16 and 17 apply to this benefit unless changed or modified by this paragraph. The appropriate chapter for the status of the Service member shall apply. Contractors shall follow the requirements and provisions of these chapters, to include MTF/eMSM or SAS referrals and authorizations, receipt and control of claims, authorization verification, reimbursement and payment mechanisms to providers, reimbursement specifying no cost-share, copay, or deductible to be paid by the Service member or their lawful spouse, and use of CMACs/DRGs when applicable.

- 2.4.2.11.7 Exclusions

- 2.4.2.11.7.1 – 2.4.2.11.7.3

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