

Assisted Reproductive Technology (ART) Form Instructions

Express Scripts MTF Account Team
April 2025

Complete the form



DoD Fertility Assisted Reproductive Technology (ART) Referral Form

- New Request
- Update Existing Request
- Check here if URGENT

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)

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

Check Urgent box if a 3 Day turnaround is needed

Complete the "Beneficiary Information" Section

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

Choose your location for completion guidance

Complete the ART PA Form “Parts” based on Location Information



Location Information

Is the request from an MCSC, Non-GME MTF, or GME MTF?

- MCSC – please complete **Parts A & C**
- Non-GME MTF – please complete **Parts A & C**
- GME MTF – please complete **Parts B & C**

Complete Part A – MCSC or Non-GME MTF Location

Part A

Please check: <input type="checkbox"/> TriWest <input type="checkbox"/> Humana <input type="checkbox"/> MTF Requestor Name:			
Requestor Email:			
Requestor Phone:		Requestor Fax:	
Requestor acknowledges that the beneficiary is eligible for ART services and is seriously or severely ill (Category II, III) and has or will undergo cancer therapy that may have effected their fertility. Beneficiaries not meeting this requirement should undergo the normal prior authorization process. <input type="checkbox"/> Acknowledged			
Prescribing Physician Information			
Prescribing Physician Name:		Prescriber DEA/NPI (Required):	
Address:	City:	State:	Zip:
Prescribing Physician Phone:			
Is the prescribing physician also the physician deeming the beneficiary is eligible for fertility treatment under TOM Chapter 17, Sec 3. 2.5.2.10 Assisted Reproductive Technology (ART) Services. <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please provide that physician's information below)			
Physician Name:		Prescriber DEA/NPI (Required):	
Address:	City:	State:	Zip:
Physician Phone:			



Proceed to Part C: Medication Information

Fill out corresponding parts based on location

Part B

Requestor Information

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 (NMCSA)
- Naval Medical Center Portsmouth (NMCP)
- Wright Patterson Medical Center/88th Medical Group (WPAFB)

Check your appropriate GME MTF

Prescribing Physician Information

Prescribing Physician Name:

Prescriber DEA/NPI (Required):

Address:

City:

State:

Zip:

Prescribing Physician Phone:

Fill out medication details

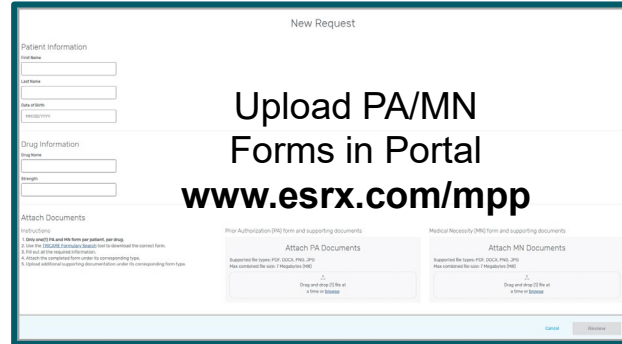
Part C

Part C: Medication Information		
Medication Name(s):	Strength:	NDC:
<i>EXAMPLES in RED :</i> <i>Menopur</i>	<i>75IU</i>	<i>12345-678-910</i>
<i>Gonal-F 900</i>	<i>900/1.5 ml pen</i>	<i>12345-678-910</i>
Effective date:	Expiration Date:	
<i>3/16/2025</i>	<i>3/16/2026</i>	
<p>Directions:</p> <p><i>Menopur-Inject 75IU QD, increase or decrease as directed</i></p> <p><i>Gonal-F Inject 150 IU QD, increase or decrease as directed.</i></p>		

Don't Forget the Dates!

ART Form - PA Process for MTFs

MTF staff will fill out the ART Forms and save as a PDF with the title:
"DOD ART Form - patientname – MTF"
Example:
DODARTForm – JaneDoe – WRNMMC



Pending Status

Approved

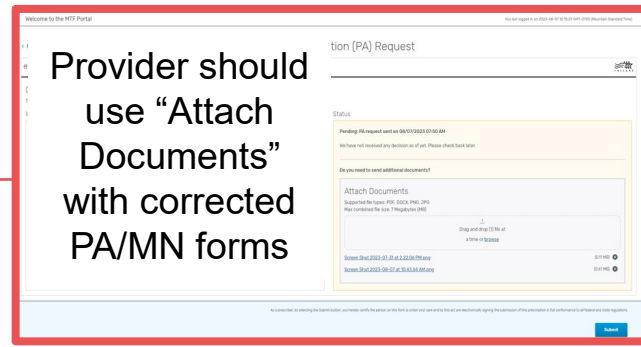
Denied

CRD TEAM Manually Reviews Forms (3-5 Days)

If forms are complete – CRD reviews

Cancelled

If docs are not received/completed within 10 days of CRD review/email sent to Provider – Status is changed to Cancelled



If forms are missing information – **CRD emails the MTF Requestor (Use Requestors email on the ART FORM)**
Emails sent within 3 days of review – typically within 24 hours

ART FORM decision letters may take up to 24 hours to appear

CONUS PROVIDERS: Use ONLY for Benes with ART Forms, OHI, Direct Care and Closed PAs through Surescripts

Upload ART Form

Once Registered in the MTF Provider Portal

- Start New Request
- Check Authorization Status

Tip: Requests will stay in Pending Status until review is complete

- Coverage Review will process with in **3-5 days**
- Coverage Review Team will **email** the Requestor on the ART Form submission if it is **MISSING CRITICAL INFORMATION**

EXPRESS SCRIPTS MTF PROVIDER PORTAL

Home Create Rx **Authorizations** Rx Renewals/Requests Rx Clarifications Resources

Welcome to the MTF Portal

Prior Authorizations & Medical Necessity

From: 10/27/2023 To: 11/10/2023 Search Start New Request

Reference ID	Patient Name	Drug Name	Created	Form Type	Status
MTF0000797	Peranteau, Cyndee 06/03/1983	Atorvaliq 60mg	11/07/2023 10:20 AM	Prior Authorization	Denied
MTF0000796	Wold, Caidence 02/12/2014	Anjevita 200mg	11/07/2023 10:19 AM	Prior Authorization	Approved
MTF0000795	Bauchhamruff, Jammie 11/11/1980	Enbrel 80mg	11/07/2023 10:18 AM	Prior Authorization	Approved
MTF0000794	Richards-Lewis, Ajani 08/16/1990	Enbrel 100mg	11/07/2023 10:16 AM	Medical Necessity	Denied
MTF0000793	Dipiero, Kalen 07/02/1995	Cosentyx 90mg	11/07/2023 10:15 AM	Medical Necessity	Approved
MTF0000792	Domellas, Azad 04/01/2015	Humira 30mg	11/07/2023 10:13 AM	Medical Necessity	Approved
MTF0000787	Domellas, Azad 04/01/2015	Anjevita 400mg	10/27/2023 07:42 AM	Medical Necessity	Denied

Cases missing information – provider should upload missing information into the same request.
 (*If not received in 10 days - Status will be updated to Cancelled and a New Request should be submitted.)

Upload Authorization and Medical Necessity Forms

New Request

Patient Name

Patient Information

First Name

Last Name

Date of Birth

Drug Name Enter: ART Form

Drug Information

Drug Name

Strength

Tip: Each Patient you will submit their ART Form here

Attach Documents

Instructions

1. Only one(1) PA and MN form per patient, per drug.
2. Use the [IRICARE Formulary Search](#) tool to download the correct form.
3. Fill out all the required information.
4. Attach the completed form under its corresponding type.
5. Upload additional supporting documentation under its corresponding form type.

Prior Authorization (PA) form and supporting documents

Attach PA Documents

Supported file types: PDF, DOCX, PNG, JPG
Max combined file size: 7 Megabytes (MB)

Drag and drop (1) file at a time or [browse](#)

Medical Necessity (MN) form and supporting documents

Attach MN Documents

Supported file types: PDF, DOCX, PNG, JPG
Max combined file size: 7 Megabytes (MB)

Drag and drop (1) file at a time or [browse](#)

[Cancel](#) [Review](#)

Upload Authorization and Medical Necessity Forms

Welcome to the MTF Portal You last logged in on 2025-08-07 12:15:29 GMT-0700 (Mountain Standard Time)

[Back](#) Prior Authorization (PA) Request

ff, ffsf (DOB: 08/04/2023)

Details
This Prior Authorization (PA) request has been sent and it's pending. No further information at this time.

Information Sent

Prescriber	
Name	Abboy, Ramadas
Patient	
Name	ff, ffsf
DOB	08/04/2023
Drugs	
Drug	999
Strength	999
Attachments	
Attach 1	Screen Shot 2023-07-31 at 12:42:24 PM.png (Sent 08/07/2023)

Reference ID: MTF0000567 Sent: 08/07/2023 07:50 AM

Upload Missing Documentation Here
When notified by email from Coverage Review

Pending: PA request sent on 08/07/2023 07:50 AM

We have not received any decision as of yet. Please check back later.

Do you need to send additional documents?

Attach Documents

Supported file types: PDF, DOCX, PNG, JPG
Max combined file size: 7 Megabytes (MB)

↓
Drag and drop (1) file at
a time or [browse](#)

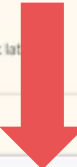
[Screen Shot 2023-07-31 at 2:22:06 PM.png](#) (0.11 MB)

[Screen Shot 2023-08-07 at 10:43:54 AM.png](#) (0.61 MB)

As a prescriber, by selecting the Submit button, you hereby certify the person on this form is under your care and by this act are electronically signing the submission of this prescription in full conformance to all federal and state regulations.

[Submit](#)

Tip: Confirm the PA/and or MN request has been sent and your documents attached



Contact

Coverage Review

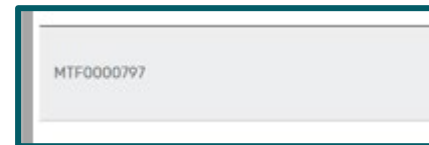
- + PH: 866.684.4488 Available 24/7
- + Prior Authorization Status
- + Start a New PA

MTF Provider Portal Support

- + PH: 800.432.2295 Available 24/7
- + MTFProviderPortal@express-scripts.com
- + Log on Support for MTF Providers or Trusted Agents

DoD MTF Account Team

- + ExpressScripts-MTFPharmacyTeam@express-scripts.com
- + Email if you have questions on an ART Form submission that has taken over 5 days for decisioning
- + Please include in your email:
 - The MTF number assigned once you submit the PA
 - The patient DoD ID (ONLY – no additional PHI or PII)
 - Date patient needs to start treatment



Appendix

TRICARE Operations Manual (TOM) Policy Guidelines For ART

2.5.2.10.1.1 ART services, including sperm retrieval, oocyte retrieval, IVF, intrauterine insemination (IUI), and blastocyst implantation, as well as cryopreservation and storage of oocytes, sperm, and embryos, are available for seriously or severely ill or injured Service members (Category II or III) to assist in reducing the disabling effects of the Service member's qualifying condition.

2.5.2.10.1.2 The policy applies to all Service members, regardless of gender or marital status, who sustained a serious or severe illness or injury (Category II or III) while on active duty that led to the inability of those members to procreate without the use of ART; hereafter, these Service members are referred to as a "qualifying Service member". This includes, but is not limited to, those suffering neurological, physiological, and/or anatomical injuries, and those who will, or have, undergone gonadotoxic therapy likely to impact fertility.

2.5.2.10.1.3 Qualifying Service members must be on a period of active duty greater than 30 days and scheduled to remain on active duty for the duration of the covered ART process.

2.5.2.10.1.4 The use of the SHCP is authorized as this extended benefit is offered based on the condition of the qualifying Service member and provided exclusively for the benefit of that Service member.

2.5.2.10.1.4.1 This benefit is provided through the authorization of the expenditure of SHCP funds for delivery of the needed services in either MTFs that offer ART or in private sector care. For qualifying Service members, the TOP contractor shall follow existing processes regarding where care is received for authorized ART services.

TOM Policy Guidelines For ART Cont.

2.5.2.10.1.4.2 Although private sector care is available for this benefit, the use of MTFs that offer ART services shall be encouraged, with qualifying Service members given priority for care at MTFs if there is a waiting list.

2.5.2.10.1.4.2.4 When a network provider is not available, the benefits provided under this policy may be provided by any TRICARE-authorized provider, including those authorized pursuant to 32 CFR 199.6(e). See also Chapter 8, Section 5.

2.5.2.10.1.6 Benefits may be authorized for the qualifying Service member's TRICARE-enrolled lawful spouse, TRICARE-enrolled unmarried partner, or TRICARE-enrolled third-party gestational carrier (collectively, hereafter "TRICARE-enrolled designee(s)"), as applicable, under this policy so long as those services are for the benefit of the qualifying Service member. A gestational carrier is defined by the ASRM as a person who carries a pregnancy resulting from the transfer of a preimplantation embryo created by one or more genetic parents or gamete donors. The medical care for a TRICARE-enrolled designee serving as a gestational carrier is covered, but compensation beyond the provision of medical care is not permitted.

2.5.2.10.1.7 This policy does not authorize provision of any additional care to TRICARE-enrolled designees with conditions impacting their own fertility that is not otherwise covered under the TRICARE Basic (i.e., medical) benefit.

2.5.2.10.7 Exclusions (2.5.2.10.7.1-2.5.2.10.7.7)