INFERTILITY TREATMENT PREAUTHORIZATION REQUEST FORM - COMMERCIAL

Member/Provider Information

Date:	Requesting Provider:
Member Name:	Requesting Provider ID #:
Member ID #:	Tax ID #:
Member DOB:	Office Contact Name:
Partner/Spouse DOB:	Office Contact Phone # and Ext:
	Office Contact Fax #:

Diagnoses Codes ______________________________

Treatment date change only? ☐ Yes ☐ No | If yes, from __________ to __________

Patient Infertility History

How many intrauterine insemination cycles has this member received?

How many IVF, GIFT, ZIFT or low tubal ovum transfer cycles has this member received?

Procedure(s) Requested

ICD-10/CPT Code(s): ______________________________

Please check the procedure(s) for which you are requesting coverage:

☐ Intrauterine insemination ☐ In Vitro fertilization ☐ Ovulation induction ☐ Oocyte donation

☐ Donor insemination ☐ PGD ☐ Other (please specify) ____________________

Number of cycles requested ____________________

Anticipated length of therapy: From __________ to __________

Required Clinical Information for Preauthorization Request

☐ H & P

☐ HSG, or sonohysterosalpingogram dated within 2 years (For all IVF/FET cycles, current cavity evaluation within 1 year)

☐ LMP, Day 3 Labs (E2, FSH, AMH, AFC); all must be dated within last 6 months

☐ Semen Analysis dated within 1 year (Two dated within last 3 months for severe male factor infertility — ICSI)

☐ Carrier Screening Report for PGT requests

☐ Member will self-pay for PGT

☐ Previous infertility treatment records

☐ Other clinical information: ______________________________

All medication/drug management requests are reviewed by Express Scripts (ESI).
For ESI preauthorization requests, call **877-417-5383** or fax **877-251-5896**

All non-medication/drug management requests are reviewed by EmblemHealth.
For EmblemHealth preauthorization requests, call **800-447-8255**, fax **212-946-7516**, or email IVF@emblemhealth.com

Please Note:

- **Services are not considered authorized until EmblemHealth issues an authorization. Lack of information will delay processing of request.**
- **All requests must also include both a completed form and supporting medical documentation.**

*This is confidential information. If you receive this form in error, please notify Provider Services immediately at **866-447-9717.***