



Infertility Treatment — Commercial Members

Information Needed for Preauthorization Request

Member/Provider Information	
Date:	Requesting Provider:
Member Name:	Tax ID #:
Member ID #:	NPI ID #:
Member DOB:	Office Contact Name:
Provider contact email:	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 past intrauterine insemination (IUI) cycles have been performed? _____

How many past in vitro fertilization (IVF) cycles have been performed? _____

Procedure(s) Requested

ICD-10/CPT Code(s): _____

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

- IUI
 IVF
 Donor Services
 Preimplantation Genetic Testing (PGT)
 Assisted Hatching (AH)
 Fertility Preservation

Required Clinical Information for Preauthorization Request

- All applicable clinical notes.
- Diagnostic imaging of uterine cavity and fallopian tubes within last two years.
- Follicle-stimulating hormone (FSH), anti-müllerian hormone (AMH), antral follicle counts (AFC), estradiol (E2) (day three labs) dated within six months.
- Semen analysis dated one within one year (two within one year for intracytoplasmic sperm injection (ICSI)).
- Carrier screening report for PGT requests.
- Results of any previous IUI/IVF cycles.
- Documentation of substance abstinence (e.g., alcohol, tobacco, opioids, marijuana, cocaine) for three months by both member and partner. _____

See additional information below pertaining to authorization of services.

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 or ConnectiCare.
For preauthorization requests, submit this form via the secure provider portal to [EmblemHealth](#) or [ConnectiCare](#).