Infertility Treatment Pre-Authorization Request Form - Commercial

ConnectiCare, Inc. & Affiliates

Date:	Requesting Provider:
Member Name:	Requesting Provider ID #:
Member ID #:	Tax ID #:
Is this member in ConnectiCare's Solo Plan: ☐ Yes ☐ No *If yes, the member must also complete the State of Connecticut Infertility Treatment Form available at http://www.ct.gov/cid/lib/cid/bullhc64r.pdf*	Provider Address:
Member DOB:	Office Contact Name:
Partner/Spouse DOB:	Office Contact Phone # and Ext:
	Office Contact Fax #:

Treatment date change only? ☐ Yes ☐ No If yes, From _______________ to _______________

Medication extension only? ☐ Yes ☐ No If yes, From _______________ to _______________

Fax Form with Supporting Documentation (e.g., history and physical, prior infertility treatment, semen analysis, etc.) to Clinical Review at 1-800-923-2882 or 1-860-674-5893

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-9/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______________

Infertility Prescription Drug Request

Requested Drug(s)	Strength/Number of Vials/Vial Size
☐ Follistim or ☐ Bravelle	
☐ Menopur or ☐ Repronex	
☐ HCG (generic) or ☐ Novarel	
☐ Ganirelix	
☐ Progesterone in oil	
☐ Crinone	
☐ Other: __________________	

Fax form and medical documentation to Clinical Review at 1-800-923-2882 or 1-860-674-5893.

Please Note:
Services are not considered authorized until ConnectiCare issues an authorization.
Lack of information will delay processing of request.

Please note additional requests must also include both a completed form and supporting medical documentation.

Contact Clinical Review at 1-800-562-6833 (select option #4) with any questions about pre-authorization.
This is confidential information. If you receive this form in error, please notify Provider Services immediately at 1-800-828-3407.