

**Infertility Services
Prior Authorization Request Form
for Clarity plan and NH Medicare Advantage
members**



Please attach supporting clinical information with all requests. Fax initial requests to 617-951-3464 and fax additional clinical information to 617-951-3461. Incomplete information may delay processing of request.

Member information		
Member Name	DOB	WellSense ID #
Requesting Provider Name		NPI #
ART Facility Provider Name		NPI #
Submitted by	Direct phone	Fax

Prior to submitting this request, WellSense network providers are required to access the Clinical Coverage Guidelines for Infertility Services (Policy #: OCA: 3.725) at wellsense.org to verify that the member meets the health plan definition of infertile, the eligibility and evaluation requirements, and the coverage criteria for the specific service being requested.

Required clinical information

Please submit the information below as required for the requested service (see Clinical Coverage

Length of time trying to conceive	
Diagnosis (description and code)	
Requested Service (description and code)	
Pregnancy dates & outcomes (if more space needed submit with clinical	
BMI (kg/m2)	

Please check the boxes on the next page that correspond to the information submitted with this request.

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For Evaluation of the Female:

Rubella Immunity status – Note: all non-immune members must be vaccinated 1 month before seeking approval for ART
Smoking status – Note: urine or serum cotinine levels required for members who quit smoking within the past 6 months
Thyroid stimulating hormone (TSH) level
Follicle stimulating hormone (FSH) and estradiol (E2) levels
Clomiphene citrate challenge test (CCCT) result
Normal uterine cavity evaluation within 1 year prior to the initial ART cycle
History of FSH/IUI cycles and ART cycles
BMI-related evaluations: Anesthesiology consult within 6 months prior to the initial approval of coverage for an IVF cycle

Evaluation of the Male:

Semen analysis – Note: tests completed within 1 year of this request
Smoking status – Note: urine or serum cotinine levels required for members who quit smoking within the past 6 months
Evaluation by an urologist or reproductive endocrinologist
Follicle stimulating hormone (FSH) and testosterone levels
Karyotyping and Y chromosome microdeletion (YCMD) testing results
Cystic fibrosis screening results