## 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	We	IISense 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 <a href="wellsense.org">wellsense.org</a> 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 E	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
Eval	uation 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

This transmission may contain protected health information, transmitted pursuant to an authorization or as permitted by law.

The information herein is confidential and intended only for use by the designated recipient who/which must maintain its confidentiality and security. If you are not the designated recipient, you are strictly prohibited by state and federal law from disclosing, copying, distributing, or taking action in reliance on the contents hereof. Please notify the sender immediately and arrange for the return or destruction of all of its contents.

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Karyotyping and Y chromosome microdeletion (YCMD) testing results

Cystic fibrosis screening results