In Vitro Fertilization (IVF) and Other Fertility Services

Prior Authorization Request Form

Point32Health

Harvard Pilgrim Health Care TUFTS Health Plan

FAX completed form to 800-232-0816 (HPHC) or 617-972-9409 (THP)

Requested Services/MD Name/Facility

Tax Identification Number (TIN) NPI #

Start Date / /

	Patient	Partner
Name:		
Plan ID #:		
Date of Birth:		
Gravida ( ), Para ( ), SAB ( ), TAB ( )		
Karyotype of POC (*if applicable*)		
Authorization of Preimplantation Genetic Diagnosis (PGD): • For THP members, please refer to the Preimplantation Genetic Testing Medical Necessity Guideline • HPHC and THP Direct: This process requires two authorizations, the first from AIM medical review and the second from Harvard Pilgrim UM.		
Infertility diagnosis:		
How long attempting to conceive?		
Hx: voluntary sterilization and reversal (yes/no); with dates if yes.		

Tests, Procedure, Clinical Notes	Date Completed	Results
☐ HSG ☐ Laparoscopy ☐ SHG ☐ Office hysteroscopy (*within the past year includes repeat cycles*)		
Rubella status		
Urine or Serum Cotinine level (*for member who has quit smoking within one year*)		
Thyroid Stimulating Hormone (TSH): • <35 years within two years • ≥35 within one year		
Age <40: Day 3 FSH/E2 results w/i 12 months ***or*** Anti-Müllerian Hormone (AMH)		Day 3 FSH: Day 3 E2: AMH:
Age ≥ 40: • CCCT w/i past 6 months, ***and*** • if CCCT > 6 months ago then also submit Day 3 FSH/E2 done within 6 months ***or*** Anti-Müllerian Hormone (AMH)		CCCT: Day 3 FSH: Day 3 E2: Day 10 FSH: Updated: Day 3 FSH: Day 3 E2: AMH:

Clear Form

In Vitro Fertilization (IVF) and Other Fertility Services *Prior Authorization Request Form (cont.)*

Tests, Procedure, Clinical Notes	Date Completed	Results
SEMEN ANALYSIS: 1 required (or 2, if first abnormal) within the past 12 months (Kruger preferred). Urology report if persistent abnormal results.		Volume (cc): Concentration (mil/cc): Number (million): Motility (%): Morphology (%): FSH: Testosterone (%):
Infertility MD Evaluation: Submit H and P and most recent clinical note.		
Consultation (e.g., urology, genetics): Submit clinical notes including any follow up and testing.		

Submission of IUI and IVF Cycle Results:

- IUI Cycles: Please submit results on The Plan IUI Summary Sheet
- IVF Cycles: Please submit results on The Plan IVF Summary Sheet

Completed by: (*Please print*)

Name

Fax Phone Date / /

To be completed by The Plan:

The Plan transaction number From To

The Plan reserves the right to request additional clinical information.

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