Intrauterine Insemination (IUI) Cycle Summary Form

Point32Health
Harvard Pilgrim Health Care TUFTS Health Plan

Submit the **completed** form and required documentation for review. We encourage you to complete and submit your request using our secure portals. For details on this and other options, please refer to our How to request prior authorization webpage.

Member name: Date of birth: / / Member ID#

Partner name: Member ID#

Provider of record: NPI#

Start date	Stim medication type/dose	Cycle day of ovulation	Peak E2	# of follicles >12 mm for FSH stimulation	Total Motile Sperm (TMS)/ morphology pre and post wash	Donor Sperm		Outcome
						Yes	No	

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In Vitro Fertilization (IVF) Cycle Summary Form

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Harvard Pilgrim Health Care TUFTS Health Plan

Submit the **completed** form and required documentation for review. We encourage you to complete and submit your request using our secure portals. For details on this and other options, please refer to our How to request prior authorization webpage.

Member name: Date of birth: / / Member ID#

Partner name: Member ID#

Provider of record: NPI#

Key for Procedure indicator:

10 = IVF attempted, no eggs retrieved biopsy	18 = IVF with ICSI	70 = cancelled cycle
11 = IVF with partner's fresh sperm	19 = IVF/ICSI/PGT	86 = cycle never started
12 = IVF with donor sperm	20's = Gift cycles	0 = Oocyte donor
13 = IVF with partner's frozen sperm	30's = Oocyte Recipient cycles	4 = Thaw Cycle
14 = IVF with epid. Asp. Sperm	51 = Gestational host with fresh embryo trans	
15 = IVF with EEJ sperm	54 = Gestational host w/thaw embryo trans	
16 = IVF attempted no sperm available	60's = sperm or oocyte source for Gest. host	
17 = IVF with sperm from test biopsy		

- Record the number of **new** embryos frozen for each IVF cycle and the **total** number of embryos frozen including prior cycles.

For frozen embryo transfers, record the number of thawed embryos and total frozen embryos remaining and record the number of embryos transferred in the **Trans** column.

	#	Start date	Procedure	Peak E2	# Eggs/ # mat	# Insem	ICSI		# Ferts	Trans	Embryo Quality	• Cryo # New/ # Total	Outcome
							Yes	No					
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													

***Note*:** Please use additional summary sheet if needed.

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