

**Infertility Services  
Precertification Information Request Form**

**Applies to:**

**Aetna plans**

**Innovation Health® plans**

**Health benefits and health insurance plans offered, underwritten and/or administered by the following:**

**Allina Health and Aetna Health Insurance Company (Allina Health | Aetna)**

**Banner Health and Aetna Health Insurance Company and/or Banner Health and Aetna Health Plan Inc. (Banner | Aetna)**

**Sutter Health and Aetna Administrative Services LLC (Sutter Health | Aetna)**

**Texas Health + Aetna Health Plan Inc. and Texas Health + Aetna Health Insurance Company (Texas Health Aetna)**

**aetna®**

## Infertility Services

# Precertification Information Request Form

### About this form

**You can't use this form to initiate a precertification request.** To initiate a request, you have to submit it electronically. Or you can call our Precertification Department. **Failure to complete this form and submit all of the medical records we are requesting may result in the delay of review.**

Effective **December 21, 2018**, this form replaces all other Infertility Services precertification information request documents and forms. This form will help you supply the right information with your precertification request. You don't have to use the form. But it will help us adjudicate your request more quickly.

### How to fill out this form

As the patient's attending physician, you must complete all sections of the form. You can use this form with all Aetna health plans, including Aetna's Medicare Advantage plans. You can also use this form with health plans for which Aetna provides certain management services.

### When you're done

Once you've filled out the form, submit it and all requested medical documentation to our Precertification Department by:

- **(Preferred)** Upload your clinical information electronically on our secure provider website on NaviNet® at **connect.navinet.net**.
  - Complete a Precertification Inquiry transaction for the patient.
  - When the inquiry is successful, click the "Add Attachment" link in the upper right corner of the screen.
  - Upload your document(s) and click "Attach." The window will close and you will return to Precert Inquiry screen.
- Send your clinical information by confidential fax to:
  - Precertification: **859-455-8650**
  - Effective 3/1/2019, we won't accept faxed submissions to initiate infertility precertification requests. The fax number 866-488-9429 will be disconnected. We encourage you to begin electronic submissions today.
- Mail your clinical information to: **PO Box 14079**  
**Lexington, KY 40512-4079**

### What happens next?

Once we receive the requested documentation, we'll perform a clinical review. Then we'll make a coverage determination and let you know our decision. Your administrative reference number will be on the electronic precertification response.

### How we make coverage determinations

The Clinical Policy Bulletins referenced will be used as a resource in decision making. We encourage you to review **Clinical Policy Bulletin #327: Infertility** and **Clinical Policy Bulletin #358: Invasive Prenatal Diagnosis of Genetic Diseases**, before you complete this form.

You can find the Clinical Policy Bulletins and Precertification Lists by visiting the website on the back of the member's ID card.

### Questions?

If you have any questions about how to fill out the form or our precertification process, call us at:

- **800-575-5999** (TTY:711) and follow the prompts to connect with Aetna's Infertility Department.



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### Section 5: Advanced Reproductive Technology (ART) Requests

**1. Completion of previous ovulation induction (OI) cycles:** Please do not send cycle sheets unless specifically requested.

Cycle #	Medication taken for OI Cycle	Month/Year Completed
1		
2		
3		
4		
5		
6		

**2. Endometriosis or pelvic surgeries:** Submit the operative report

**3. Tubal factor:** A hysterosalpingogram (HSG) is required. Submit the HSG with dye report. Do not include Sono HSG or Femvue.

History of ectopic pregnancy during infertility treatment:  Yes  No

**4. Male factor:** Submit two (2) abnormal semen analyses at least two (2) weeks apart. May include sperm prep reports.

**5. Previous ART cycles: Fill in below for each ART cycle.**

IVF		
Retrieval date: /    /	Retrieval date: /    /	Retrieval date: /    /
# of oocytes retrieved:	# of oocytes retrieved:	# of oocytes retrieved:
# of oocytes with conventional insemination:	# of oocytes with conventional insemination:	# of oocytes with conventional insemination:
# of oocytes with ICSI:	# of oocytes with ICSI:	# of oocytes with ICSI:
# of oocytes fertilized:	# of oocytes fertilized:	# of oocytes fertilized:
# of embryos transferred:	# of embryos transferred:	# of embryos transferred:
# of embryos cryopreserved:	# of embryos cryopreserved:	# of embryos cryopreserved:
# of embryos biopsied for PGD/PGS testing:	# of embryos biopsied for PGD/PGS testing:	# of embryos biopsied for PGD/PGS testing:
Results of PGD/PGS:	Results of PGD/PGS:	Results of PGD/PGS:

FET		
Transfer date:      /    /	Transfer date:      /    /	Transfer date:      /    /
# of embryos thawed:	# of embryos thawed:	# of embryos thawed:
# of embryos transferred:	# of embryos transferred:	# of embryos transferred:
# of embryos still frozen:	# of embryos still frozen:	# of embryos still frozen:

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**Section 6: Read this important information**

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Section 7: Sign the form**

**Just remember: You can't use this form to initiate a precertification request.**

To initiate a request, you have to submit it electronically. Or you can call our Precertification Department.

**Your signature:**

**Today's date:**     /     /