

**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)**



Infertility Services

Precertification Information Request Form

About this form

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

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.

How to fill out this form

As the patient's attending physician, you must complete all sections of the form. Please complete this form at least 15 days prior to the planned treatment start date. 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.

Infertility Medications

Once you've obtained precertification for infertility treatment, if the member has pharmacy benefits for injectable medications through Aetna, complete the Female Infertility Injectable Medication Precertification Request Form. You can find the specialty pharmacy precertification form at aetna.com/health-care-professionals/health-care-professional-forms.html

When you're done

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

- We prefer you submit precertification requests electronically. Use our provider portal on Availity® to also upload clinical documentation, check statuses, and make changes to existing requests. **Register today at availity.com/aetnaproviders.**
- Precertification- Commercial and Medicare (including expedited) using **FaxHub: 1-833-596-0339**
 - The fax number above (FaxHub) is for clinical information only. Please send specific information that supports your medical necessity review. Please continue to send all other information (claims etc.) to appropriate fax numbers. Thank you.
- 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 4: Provide ONLY the following documentation for your request

- **OI, IUI, and timed intercourse cycles:** Submit only LMP, start date, medication to be used (if any), and day three (3) blood work
- **Initial ART Cycle:** Submit indication for IVF/FET (i.e., severe male factor, previous ovulation induction cycles without pregnancy, stage IV endometriosis)
- **Additional ART cycle requests:** Submit only LMP, start date, day three (3) bloodwork, and complete #5 below in Section 5 for previous ART cycles

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Member name:

Reference number: _____ **Member ID:** _____

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		

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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Member name:	
Reference number:	Member ID:
Section 6: Share this information with the member	
Please ask the member to call Aetna's National Infertility Unit at 1-800-575-5999 to complete the infertility registration process, which includes confirming the member's preferred contact method and if they'd like to receive text messages with updates to their infertility file.	
Section 7: 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 8: Sign the form	
Just remember: You can't use this form to initiate a precertification request. To initiate a request, submit it electronically or you can call our Precertification Department.	
Signature of person completing form :	
Today's date: / /	