

Infertility Treatment Form

Prior authorization is recommended for Commercial plans and required for BlueCHiP for Medicare for each artificial intrauterine insemination (IUI) or in vitro fertilization (IVF) cycle.

Date:		
Patie	nt Information	
Name	:	
Date of	of Birth:	BCBSRI Member ID:
Orde	ring Physician Information	
Name	:	
Addre	ess:	
Telephone:		Fax:
CPT (Code:	
Start 1	Date of First Cycle for This 12-Mo	onth Benefit Period:
Cycle	# for This 12-Month Benefit Period	od: Total # of Cycles to Date:
marria		for married individuals (including valid common-law e state in which the couple was married) when all of the
<u> </u>	The member must be an individu	al in whom fertility would naturally be expected.
□ 2.		nented inability to conceive after one year of unprotected rm. For members aged 35 and older, the time is reduced

Please note the following:

- For a member who has miscarried, the time she attempted to conceive prior to achieving that pregnancy should be included in the calculation of the one-year or six-month period above, as applicable.
- For women without male partners or without exposure to sperm, infertility is the inability to conceive after six artificial insemination attempts, either intracervical insemination or intrauterine insemination (IUI) cycles performed by a qualified specialist using normal donor sperm. (These six cycles with donor sperm are not a covered benefit as a diagnosis of infertility is not established until the cycles are completed.) These failed six cycles must include the following number of documented failed medicated assisted IUI cycles to qualify for IVF services:

Female members < 35 years old: 3 medicated IUI cycles Female members 36-39 years old: 2 medicated IUI cycles Female members > 40 years old: No medicated IUI cycles are required

(Continued on back)

3.	Presumably healthy without a history of past sterilization (or reversal).
4.	A postmenopausal state is not the cause of infertility, unless the member is under age 42 and had premature ovarian failure.
12-	on renewal for 2014, all plans have yearly benefit limits of three IUI/IVF attempts in a month period and a lifetime maximum of eight IUI/IVF attempts not resulting in a ecessful pregnancy. Requests that do not meet the benefits limits are non-covered services.
phy sup phy	ter four IUI/IVF cycles that do not result in pregnancy and delivery, the requesting sysician must provide details of a revised methodology and the predicted success rate—ported by literature statements—of using the revised IUI/IVF methodology. The sysician shall indicate that the patient has been informed of the predicted success rate and septs the proposed services.
Ple	ase note that our Utilization Management Department has 14 days to review this request.
Ma	case fax this form and any supporting clinical documentation to the BCBSRI Utilization anagement at (401) 272-8885 for each cycle requested that has resulted in no pregnancy delivery. You can use the section below for any additional notes or comments.