



Assisted Reproductive Technology Benefit

Support for Your Family-Building Journey

Eligible members may receive up to **\$4,000** in reimbursement for qualified expenses related to Assisted Reproductive Technology. In addition, we offer up to \$4,000 to help cover costs associated with repeat single embryo transfers.

Eligibility

- » Must be enrolled in a PEHP medical plan with ART as a covered benefit. Check your Benefits Summary.
- » Age restrictions apply:
 - › Under age of 40 when own oocytes are used.
 - › Under age 46 if oocytes are sourced from another woman; however, the donor must be under 36.
- » Surrogates are not eligible.
- » Donor charges are not eligible; however, once an embryo is created, the qualifying ART procedure becomes eligible.



ART Qualifying Procedures

Limited to single embryo/gamete/zygote transfers:

- » In Vitro Fertilization (IVF)
May include intracytoplasmic sperm injection (ICSI), frozen embryo transfer (FET).
- » Gamete intrafallopian transfer (GIFT)
Criteria must be met.
- » Zygote intrafallopian transfer (ZIFT)/ Tubal embryo transfer (TET) / Pronuclear stage tubal embryo transfer (PROUST)
Criteria must be met.
- » Specialized sperm retrieval
(i.e., Microsurgical epididymal sperm aspiration (MESA) / Percutaneous Epididymal Sperm Aspiration (PESA) / Testicular sperm aspiration (TESA) / Testicular sperm extraction (TESE) / Testicular aspiration techniques (TEFNA) / Other.

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Reimbursement Process

- » Reimbursement is issued directly to the PEHP member upon submission of proof of payment to the clinic where services were provided.
- » The clinic is required to submit a receipt, along with the attached **Physician Verification Form**, confirming the member's payment, and a procedure note documenting the use of a single embryo transfer.

Healthcare Facilities

In-network clinics in Utah that perform ART:

Clinic	Location
Utah Fertility Center	Midvale, Ogden, Pleasant Grove, St. George
Reproductive Care Center	Sandy, Clearfield Pleasant Grove
Conceptions Fertility Center	Provo
Utah Center for Reproductive Medicine	Salt Lake City



Questions?

Contact us via the secure Message Center when you log in to your PEHP account at www.pehp.org or call 801-366-7755.



ASSISTED REPRODUCTIVE TECHNOLOGY (ART) BENEFIT PHYSICIAN VERIFICATION and PROOF OF PAYMENT

Instructions: FAX completed form to PEHP Clinical Services at 801-366-7449 (FAX)
or mail to: 560 East 200 South Salt Lake City, UT 84102

Submit this form AFTER single embryo/gamete/zygote transfer performed. Attach proof of payment (receipt),
as well as the procedure note documenting a single transfer was used.

For benefit questions, please call 801-366-7755 or 800-753-7754.

Section I: PATIENT INFORMATION

PEHP Subscriber Name: _____ Subscriber DOB: _____
(Last name, First, Middle)

PEHP Subscriber #: _____ Spouse Name: _____ Spouse DOB: _____

Address: _____ Phone: _____

To be Completed by Physician

Section II: PHYSICIAN / PROVIDER INFORMATION

Date of Verification: _____ Physician Name: _____

Facility Name and Address: _____

Contact Name: _____ Phone: _____ Fax: _____

Service Provider Address: _____

Section III: PROVIDER VERIFICATION

Is there a demonstrated condition recognized by a physician as a cause of infertility that has either failed more traditional infertility treatments or is not a candidate for more traditional infertility treatments?

PEHP Subscriber Name: _____ YES NO (Circle one)

Diagnosis/ICD-10 Code: _____

Spouse Name: _____ YES NO (Circle one)

Diagnosis/ICD-10 Code: _____

Date of Service: _____

ART Procedure: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> IVF (may include ICSI, FET) | <input type="checkbox"/> ZIFT / TET / PROUST |
| <input type="checkbox"/> GIFT | <input type="checkbox"/> CPT/HCPCS code |
| <input type="checkbox"/> Speciliazed sperm retrieval
<i>(i.e., MESA / PESA / TESA /
TESE / TEFNA / Oher)</i> | |

Procedure Codes:

