

**LABORATORY SERVICES REQUEST FORM**

**Doctor's Office Instructions:**

1. Please complete patient information, including the referring provider's name and **Fax** number, to receive test results (**Section #1**)
2. Check the tests/services requested (**Section #2**)
3. The Provider or their delegate must sign and date the form (**Section #3**)
4. Fax the completed Laboratory Services Request Form to our office (615-277-2455).
5. Have **NEW PATIENTS** complete new patient forms at [nashvillefertility.com/new-patient](http://nashvillefertility.com/new-patient).
6. Have the patient call our office to schedule an appointment (615-321-4740).

Lab use only:

Acc#: \_\_\_\_\_

**1 PATIENT INFORMATION (the patient being seen in our laboratory)**

**Male Patient's Name:** \_\_\_\_\_ DOB: \_\_\_\_\_

Partner's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

OR

**Female Patient's Name (TDI):** \_\_\_\_\_ DOB: \_\_\_\_\_

**Referring Provider** (print): \_\_\_\_\_ PHONE: \_\_\_\_\_

**FAX results to:** \_\_\_\_\_

**2**

**ASSAYS / SERVICES REQUESTED**

**ANDROLOGY TESTS**

- \_\_\_\_\_ Semen Analysis, complete (SA) CPT 89322, Dx Z31.41
- \_\_\_\_\_ Semen Analysis, post vasectomy, [Absence/Presence of Sperm, Semen] CPT 89321, Dx Z30.8
- \_\_\_\_\_ Retrograde Analysis (choose one below) + SA, complete (required) CPT 89322, Dx Z31.41
  - \_\_\_\_\_ [Complete Retrograde Analysis, Urine] CPT 89331, Dx Z31.41
  - \_\_\_\_\_ [Absence/Presence of Sperm, Urine] CPT 81015, Dx Z31.41
- \_\_\_\_\_ Semen Culture (specimen will be sent to Quest / Quest will bill patient's insurance) CPT 99000, Dx Z31.41

**ANDROLOGY PROCEDURES**

- \_\_\_\_\_ Sperm Cryopreservation CPT 89259, Dx 31.84 + SA, complete (required) CPT 89322; storage 1-year CPT 89343  
Reason for Sperm Cryo: \_\_\_\_\_ (cancer patient, IVF, IUI, military, planned vasectomy, etc.)
- \_\_\_\_\_ Sperm Isolation, simple (wash for IUI) CPT 89260, Dx N46.9
- \_\_\_\_\_ Sperm Isolation, complex (wash with chymotrypsin-galactose buffer for IUI) CPT 89261, 99070, 99000, Dx N46.9
- \_\_\_\_\_ TDI Sperm Isolation, simple (wash for TDI) CPT 89353, 89310 or 89260, Z31.89 \_\_\_\_\_
- \_\_\_\_\_ TDI Thaw Only; no wash or count (IUI-ready samples only) CPT 89353, Z31.89

Pre-authorization  
Code:

\_\_\_\_\_

\_\_\_\_\_

**3 SPECIAL INSTRUCTIONS:** \_\_\_\_\_

**PLEASE NOTE:** Ovation Fertility is **ONLY** contracted with Aetna and United Health plans. All others will **NOT** be filed, and payment will be required at the time of service. Prices are subject to change. Test results will be faxed to your office within seven business days. Your patient will be referred to your office to review the Andrology test results.

\_\_\_\_\_  
Provider / Delegate Signature

\_\_\_\_\_  
Date

**Do not file this form in chart. Return to Ovation Fertility Laboratory**

Laboratory Services Request 05-10-2024

# Patient Instructions

## Welcome to Ovation Fertility

Your provider has referred you to the Ovation Fertility Laboratory for testing. Please call our office to schedule an appointment for this test (615-321-4740). For any test on semen (semen analysis, semen culture, or sperm cryopreservation), abstinence from ejaculation for a period between **2 to 5 days** before your appointment date is required for accurate test results.

When you arrive for your appointment, you will be given some forms to fill out and will make payment for today's service. The lab will escort you to a private collection room and give you instructions.

Your test results will be faxed to the referring provider's office within seven **working** days. You will be referred to your referring provider's office for a review of the Andrology test results.

## **Address, Phone numbers, and Parking:**

### **Nashville Office**

**345 23<sup>rd</sup> Ave North, Suite 401, Nashville, TN 37203.**

Phone: **(615) 321-4740** Fax: **(615) 277-2455**

The parking garage is located directly across from our building on 23rd Avenue North, which is called Centennial Professional Plaza. Parking is free. Take the garage elevator to the 3rd floor and then take the overhead crosswalk to the building. When you reach the building, you will be on the 2nd floor. Take the building elevator to the 4th floor. The Ovation Fertility Lab is within the Nashville Fertility Center suite.

### **Murfreesboro Office**

**1725 Medical Center Pkwy, Suite 200, Murfreesboro, TN 37129**

Phone: **(615) 321-4740** Fax: **(615) 546-4496**

From Medical Center Parkway, turn south onto Arnhart Drive and then take the first right into the Gateway Medical Plaza parking lot. Our office is on the second floor of Gateway Medical Plaza I.

### **Franklin Office**

**4601 Carothers Pkwy, Suite 325, Franklin, TN 37067**

Phone: **(615) 321-4740** Fax: **(615) 216-2366**

From Carothers Parkway, turn east onto Physicians Way. Take the first right into the parking lot of Carothers Parkway Tower. Our office is on the third floor of Carothers Parkway Tower.



Dear Providers,

We hope this message finds you well. We are writing to inform you of an important update regarding treatment protocols for IUI Washes at our laboratory. Effective July 8th, 2024, we will implement a new requirement related to prior authorization codes as mandated by patient insurance policies.

Key Points:

- **Effective Date:** This requirement will take effect on July 8th, 2024.
- **Prior Authorization Requirement:** Treatment cannot proceed without a prior authorization code as required by the patient's insurance.
- **Affected Insurances:** This typically applies to patients with United Health Care and Aetna Insurance.
- **Payment Responsibility:** If you cannot provide an authorization code, please inform patients that they must pay out of pocket in full at the time of service.
- **Patient Action:** Alternatively, patients can request an authorization code themselves. This process usually takes approximately 15 business days.

We appreciate your cooperation in ensuring that all necessary prior authorizations are obtained in a timely manner to avoid any disruptions in patient care. If you have any questions or need further clarification, please do not hesitate to contact us.

Thank you for your attention to this critical matter. Best

Kind regards,

Lakingya T. Robinson, DHA, MHA, MLS<sup>cm</sup>  
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