**MEDICAL PRE-AUTHORIZATION CRITERIA**

<table>
<thead>
<tr>
<th>PROCEDURE/ EQUIPMENT</th>
<th>Single Embryo Transfer (eSET)</th>
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<tbody>
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<td>CPT/HCPCS CODES</td>
<td>S4015</td>
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**CRITERIA-INITIAL REQUEST**

**Initial Request for eSet**

**MUST MEET ALL OF THE FOLLOWING:**

- Member meets criteria for coverage of IVF
- The member is under the age of 37

**CRITERIA-FAILED eSET**

If eSet did not produce a pregnancy, ConnectiCare will consider the frozen embryo transfer cycle immediately subsequent to the fresh embryo transfer as part of the same in vitro fertilization cycle.

**Must meet all of the following:**

1. Member was previously approved for eSET.
2. eSET was performed but did not produce a pregnancy.
3. The frozen embryo transfer procedure is being performed immediately subsequent to the failed eSet.

**DEFINITIONS**

**eSet cycle** is defined as a cycle that includes ovulation induction, egg harvest, transferring one high quality blastocyst embryo; while the remaining embryos are frozen, stored and subsequently implanted if pregnancy does not result from the initial eSet.

**REFERENCES**


"https://www.nice.org.uk/guidance/cg156"


