The Center for Reproductive Medicine

Dear Michigan Medicine Patient

The purpose of this letter is to help provide you with a review of your insurance benefits as they relate to IVF, and to give you a better understanding of your potential financial liability should you decide to go forth with services.

To help you navigate through your insurance coverage and benefits, we have begun partnering with the Patient Business Service Unit located within the University of Michigan. They will review your insurance and work to explain your insurance coverage. The Patient Business Service staff will also contact you prior to the procedure and explain your estimated out-of-pocket cost and discuss payment arrangements. Please keep in mind that estimated costs can vary, however, they can give you an assessment of what your charges could be.

Patient Business Services (PBS) can be reached at 877-480-8757 or 734-232-2627; Monday – Friday from 8:00am to 4:30pm.

Should you wish to do your own review with your insurance company, the following information is for your benefit.

<table>
<thead>
<tr>
<th>RETRIEVAL</th>
<th>CPT / Billing Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oocyte/semen processing</td>
<td>89250, 89254, 89261, 89268</td>
</tr>
<tr>
<td>Oocyte retrieval</td>
<td>58970</td>
</tr>
<tr>
<td>Ultrasound Guidance</td>
<td>76948</td>
</tr>
<tr>
<td>Embryo Preparation</td>
<td>89255</td>
</tr>
<tr>
<td>Embryo Transfer</td>
<td>58974</td>
</tr>
<tr>
<td>ICSI</td>
<td>89280 or 89281</td>
</tr>
<tr>
<td>PGS/PGD</td>
<td>89290 or 89291</td>
</tr>
</tbody>
</table>

If you are undergoing Fertility Preservation, your Primary Diagnosis code will be Z31.84
If you are undergoing Fertility Treatment (IVF), your Primary Diagnosis will be Z31.83

Insurance terms for your reference:

Deductible: Amount of covered expenses that the member must pay before the health plan/insurer will make payment.

Coinsurance: A percentage of eligible medical expenses that the member must pay until the maximum out-of-pocket is met.

Coinsurance Maximum Out-of-Pocket: The total amount of coinsurance the patient will owe in that benefit year.

Maximum Out-of-Pocket: Total amount of covered expenses that member must pay before services are covered in full.

Co-payment: A fixed fee for covered services that the member must pay.

Notes:

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Center for Reproductive Medicine

INFERTILITY PRE-TESTING – Approximate Fee Schedule July 1, 2021 - June 30, 2022

To assist you in your financial planning, we have prepared an **ESTIMATED** fee list for the cost of IVF pre-testing. These fees are only for the pre-testing. Some insurance companies will pay for these diagnostic tests. You will need to contact your insurance company to find what type of infertility benefits you have. If you have any financial questions regarding fees, please call 734-763-6295 Option 1 and ask for the Financial Counselor.

**STD Screening (HIV (86703), Hepatitis C(86803), Hepatitis B(87340), RPR(86592)) $525**
(Patients and partners both need STD screening within six months of the retrieval)

**Gonorrhea/Chlamydia cultures (87591, 87491) $314**
(within six months of retrieval - For Female Partner)

**Varicella (86787) $140**
(one per life time)

**Rubella (86762) $74**
(one per life time)

**Blood Type and Antibody Screen (86900, 86901, 86850) $250**
(one per life time)

**Anti Mullerian Hormone (83520) $145**

**CBC (85025) $87**

**TSH (84443) $129**

**FSH (83001) $187**

**Estradiol (82670) $250**

**LH (83002) $160**

**Prolactin (84146) $235**

**Progesterone (84144) $229**

**CMV IGG (86644) $136**

**CMV IGM (86645) $142**

**Pap fees vary**
(According to ACOG standards)

**Sonohysterogram, Hysterosalpingogram, or Office Hysteroscopy**
(Your doctor will order one of these tests and must be done within one year of retrieval)
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sonohysterogram (SONO) (76831, 58340)</td>
<td>$2,646</td>
</tr>
<tr>
<td>Hysterosalpingogram (HSG) (74740, 58340)</td>
<td>$4,774</td>
</tr>
<tr>
<td>Office Hysteroscopy (58555)</td>
<td>$5,495</td>
</tr>
<tr>
<td>Office Hysteroscopy with endometrial biopsy (58558)</td>
<td>$8,181</td>
</tr>
<tr>
<td>Mock Transfer (58974)</td>
<td>$1,820</td>
</tr>
<tr>
<td>Ultrasound guidance (76998)</td>
<td>$1,282</td>
</tr>
<tr>
<td>Antral Follicle Count (76998)</td>
<td>$1,282</td>
</tr>
<tr>
<td><strong>Semen Analysis (89322)</strong></td>
<td>$336</td>
</tr>
<tr>
<td><em>(Within three months of the retrieval)</em></td>
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<tr>
<td>Revised 11/01/2021</td>
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</tbody>
</table>
Center for Reproductive Medicine

EMBRYO TRANSFER WITH DONOR OOCYTES - Approximate Fee Schedule July 1, 2021-June 30, 2022

To assist you in your financial planning, we have prepared an estimated fee list for the cost of an Embryo Transfer Cycle when using Donor Oocytes. This list does not include all of the cost of office visits, diagnostics tests, laboratory test, and medication for services prior to beginning the cycle. Certain fees may be covered by your insurance carrier, but many services are not covered. You will be billed for services not covered by your insurance carrier. Questions regarding fee, please call (734) 763-6295 Option 1 and ask to speak to the Financial Counselor.

**PREPARATION:**

Depending on the length of time between the last embryo transfer, there may need to be a Hysteroscopy or Sonohysterogram and a mock transfer completed prior to the the embryo transfer.

- Hysteroscopy (58555) $5,495
- Mock Transfer (58974) $1,820
- Ultrasound Guidance (76998) $1,282

**ULTRASOUND** (2-3 PER CYCLE) (76998)

- Professional fee $315 each 3/cycle $945
- Hospital fee $967 each 3/cycle $2,901

**LAB TESTS**

- Serum Progesterone (2-3 per cycle) (84144) $230 each 3/cycle $690

**OOCYTE FERTILIZATION**

- Oocyte Thaw (89356) $1,023
- ICSI (89280 or 89281) $2,323
- Semen Processing (89261) $724
- Embryo Culture (89250) $714
- Extended Embryo Culture (89272) $776

Total: $5,560

**EMBRYO TRANSFER PROCEDURE**

- Embryo Preparation (89255) $710
- Hospital Fee (58974) $1,008
- Professional Fee (58974) $1,820
- Ultrasound Guidance (76998) $1,282

Total: $4,820

- Embryo Biopsy for PGS/PGD (89290/89291) $1,848
- Embryo Cryopreservation (89258) $1,255
- Annual Embryo Storage Fee (89342) $1,001

Total: $4,820

**Donor Egg cost is not included**

**Shipping costs are not included**
** Medications are not included **

Revised 11/01/2021