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>
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</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>
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<tr>
<td>PGS/PGD</td>
<td>89290 or 89291</td>
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</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.
Center for Reproductive Medicine

FROZEN EMBRYO TRANSFER - 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 a Frozen Embryo Transfer Cycle. 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.

Unfortunately, most insurance carriers do not cover the cost of IVF/ET. You will be expected to make your pre-payment of the estimated charge(s) prior to the date of the retrieval. If you have any questions, please call 734-763-6295 Option 1 and ask for the Financial Counselor or the Clinic Manager.

PREPARATION:

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

Sonohysterogram (76831,58340) $2,646
Hysteroscopy (58555) $5,495
Mock Transfer-limited ultrasound (58974) $1,820
Ultrasound Guidance (76998) $1,282

ULTRASOUND (3-4 PER CYCLE) (76857)

Professional fee $315 each 4/cycle $1,260
Hospital fee $967 each 4/cycle $3,868

LAB TESTS

Serum Progesterone (2 per cycle) (84144) $236 each 2/cycle $472
Estradiol (1-2 per cycle) (82670) $242 each 2/cycle $484

EMBRYO TRANSFER PROCEDURE

Thawing Embryo(s) (89352) $775
Embryo Preparation (89255) $710
Hospital Fee (58974) $1,008
Professional Fee (58974) $1,820
Ultrasound Guidance (76998) $1,282

*EMBRYO TRANSFER FEE $5,595

* Full Pre-Payment Required at Time of Transfer

**Medications are not included

Numbers noted in brackets above after description of the procedure are the CPT codes.