

Center for Reproductive Medicine

IVF RETRIEVAL PROCEDURE - Approximate Fee Schedule July 1, 2024 - June 30, 2025

To assist you in your financial planning, we have prepared an <u>ESTIMATED</u> fee list for the cost of IVF/ET (In Vitro Fertilization/Embryo Transfer). This list does not include all the costs of office visits, diagnostic tests, laboratory tests, and medications. All fees are subject to change.

Unfortunately, most insurance carriers do not cover the cost of IVF/ET. You will be expected to make full 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.

Retrieval:	<u> </u>	Professional Fee	Hospital Fee
	Anesthesia Charges (Estimated)	\$2,200	\$2,200
	Conscious Sedation Recovery (.5 hour)	\$0	\$850
	Oocyte/semen processing (89250,89254,89261,89268)	\$0	\$3,834
	Oocyte retrieval (58970)	\$2,296	\$2,195
	Ultrasound Guidance (76948)	\$242	\$1,012
Fresh Trans	fer		
	Embryo Preparation (89255)	\$0	\$752
	Embryo Transfer (58974)	\$1,600	\$1,275
	Ultrasound Guidance (76998)	\$315	\$1,285
ICSI	*Retrieval Total (without ICSI)		\$20,056
ICSI	ICSI (89280 or 89281)		\$3,139
	*Retrieval Total (with ICSI)		\$23,195
**Medic	eations are not included		
	*DUE ON DATE OF RETRIEVA	L	
Hospital Servi	ce Fees that may or may not be part of your medical plan related	d to IVF:	
Blastocyst (89272)			\$1,049
Embryo Cryopreservation (89258)			\$1,357
Embryo Biopsy for PGD/PGS (89290 AND 89291)			\$2,496
Ultrasound OB (76817) each			\$1,193

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