

REPRODUCTIVE ENDOCRINOLOGY & INFERTILITY

Prices Subject to Change, Prices Are Not Exact
THESE ARE ESTIMATES ONLY

Fiscal Year 2010-2011 (until June 30, 2011)

For more general infertility information call
319-356-2936

FREQUENTLY ORDERED LABS

*LABORATORY TEST	UIHC code	Hospital Charge	CPT Code**
DHEAS	5060891H	\$ 142.00	82627
Testosterone	5060888H	\$ 148.00	84403
Prolactin	5060884H	\$ 112.00	84146
Thyroid			
T ₄	5060575H	\$ 52.00	84436
TSH	5060573H	\$ 106.00	84443
Progesterone	5060883H	\$ 140.00	84144
FSH	5060885H	\$ 107.00	83001
LH	5060886H	\$ 107.00	83002
Estradiol	5060882H	\$ 145.00	82670
Urine pregnancy test	32081025A	\$ 71.00	81025
HCG pregnancy test	5060887H	\$ 89.00	84702

* Fee does not include phlebotomy charge (\$21.00)

** CPT Codes; use these numbers when asking your insurance company if these procedures are covered.

***NON-covered services: Satellite Monitoring \$45.00/Injection teaching \$105.00/HMG cycle monitoring \$77.25

INTRAUTERINE INSEMINATION (IUI) CHARGES

Test/Procedure	CPT Code	Hospital Charge	Ob-Gyn Charge	Other	Total
1st IUI using partner's sperm	58322	\$125.00 ^f			\$125.00
Sperm Prep (FOR iui W/Morphology) <small>*Viscosity could add \$116.00 more for the sperm prep</small>	89261 ^m			Reproductive Testing Lab 14589261D	\$410.00
					\$535.00Total
Subsequent IUI Without Morphology (repeat IUI)	89261 ^m	\$125.00 ^f		Subsequent IUI Without Morphology 14589261	\$125.00
					\$291.00
					\$416.00Total
Donor IUI					
IUI using own donor sperm (if prewashed 14589310A)	58322	\$125.00 ^f			\$125.00
	58323			Total if sperm prewashed already	\$65.00
					\$190.00Total
IUI using own donor sperm needing prewashed 14558323A	58322	\$125.00 ^f			\$125.00
	58323			Add an additional If we do sperm prewash	\$ 65.00
					\$ 82.00
					\$272.00Total

f = female charges; **m** = male charges

** CPT Codes; use these numbers when asking your insurance company if these procedures are covered.

FREQUENTLY ORDERED ENDOCRINE PROCEDURES

Test/Procedure	CPT Code	Hospital Charge	Ob-Gyn Charge	Other	Total
Initial Visit	99245		\$ 609.00		\$ 609.00
Hysterosalpingogram (HSG) Only (Doesn't include ultra.)	58340	\$425.00	\$ 803.00	\$ 553.00 Radiology@ 74740 facility	\$ 1,781.00
Laparoscopy Diag. (ONLY) Est. \$9,500.00 -\$12,000.00	49320	\$8980.00	\$2020.00	1068.00	\$12,068.00
Hysteroscopy Diag (ONLY) est. \$8,500.00 -\$9,500.00	58555	\$8993.00	\$953.00	\$1020.00	\$10,966.00
Pap Smear (501)	88142	\$ 133.00			\$133.00
Gonadotropin cycle with medications (cost may vary due to length of stimulation and # of ultrasounds)	58322 76856-26 76857-26	\$795.00	\$377.00	MEDS EST \$500.00	\$1672.00
Ultrasound (Gynecology Dept)					
Complete Gyn scan	76856-26	\$ 399.00	\$179.00		\$ 578.00
Follow-up(follicle tracking)	76857A-26	\$ 199.00	\$ 99.00		\$ 298.00
Saline infusion	76831-26	\$ 440.00	\$ 187.00	\$803.00 (58340) + \$425.00 FOR FACILITY	\$ 1,855.00
Transvaginal (endo comp.)	76830-26	\$ 448.00	\$ 174.00		\$622.00
Transvaginal (endo limited)	76830-26	\$ 190.00	\$ 174.00		\$364.00

IVF PROCEDURES For Questions please call (319)356-3145	Estimate Cost
Office Consultations (initial \$609.00)	\$200.00 - \$609.00
Follow-up visits	\$150 - \$309.00
IVF Ultrasound (follicle tracking)	\$339.00
Laparoscopic Surgery	\$12,000.00 -\$20,000.00
Hysteroscopic Surgery	\$9,000.00 - \$14,000.00
Tubal Ligation (TL) Reversal	
Procedure only – work-up costs not Included	\$12,300.00
Standard In Vitro Fertilization	
Without preliminary appointment, ICSI or medication cost estimates	\$10,265.00
Without preliminary appointment or ICSI, but with medications	\$12,457.00
Without preliminary appointment but with ICSI and medications	\$13,714.00
Cryopreservation of Embryos	
Includes preparation, and storage of embryos for 2 years	\$618.00
Frozen Embryo Transfer	
Without medications	\$2,520.00