



Infertility Pricing Information

Due to the variable and sometimes lack of coverage for infertility treatment, we would like to make you aware of our fees prior to initiating care. **Benefits quoted by insurance are not a guarantee of coverage.**

The lab prices listed are an **estimate**; the cost will be dependent on your type of insurance. Some insurance companies require our reference laboratory, M Health Fairview, to bill your labs. If this applies to you, your cost may differ from those prices listed below.

Diagnostic Labs	CPT Code	Cost	Diagnostic Labs	CPT Code	Cost
A1C	83036	\$40.00	Hepatitis C	86803	\$58.00
ABO	86900	\$12.00	HIV	86703	\$56.00
Anti-Mullerian Hormone*	83520	\$117.00	LH	83002	\$76.00
Beta HCG	84702	\$61.00	Progesterone	84144	\$85.00
Chlamydia	87491	\$117.00	Prolactin	84146	\$79.00
DHEA	82627	\$91.00	RH	86901	\$18.00
Estradiol (E2)	82670	\$114.00	Rubella	86762	\$59.00
FSH	83001	\$76.00	Testosterone, Free	84402	\$104.00
Gonorrhea	87591	\$117.00	Testosterone, Total	84403	\$105.00
Hepatitis B	87340	\$42.00	TSH	84443	\$69.00
			Venipuncture (Blood Draw Fee)	36415	\$27.00

**This lab is always billed by M Health Fairview, price is subject to change*

Saline Infusion Sonohysterogram (all 3 codes may be billed)	CPT Code	Cost
Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	76831	\$387.00
Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	58340	\$731.00
3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	76376	\$147.00
NOTE: If this is performed at the hospital, you will receive an additional bill from the hospital		

Ovulation Induction (Treatment Portion)	CPT Code	Cost
AI/IUI (Artificial Insemination/Inter-Uterine Insemination)	58322	\$324.00
Sperm Washing (Oakdale & MetroPartners Only)	58323	\$135.00
Ultrasound Complete Exam	76830	\$395.00
Ultrasound Limited Exam	76857	\$296.00
Ultrasound Review and Treatment Plan**	99212	\$175.00
Ultrasound Review and Treatment Plan**	99213	\$239.00
Ultrasound Review and Treatment Plan**	99214	\$349.00
Contact your specialty pharmacy for medication pricing (Letrozole, Clomid)		

***Ultrasound review will be determined by the medical decision-making documentation from the physician during your visit.*



Global Infertility Package Pricing Information

(This applies if your insurance benefits do not include treatment)

- If insurance denies your ultrasounds and reviews, you will qualify for our global infertility package pricing.
 - The current cost per global infertility cycle is \$725.00.
 - *This amount is due at the first ultrasound appointment of each new cycle.*
 - This includes ultrasounds and review visits.
 - This does not include: labs, medications, artificial insemination/inter-uterine insemination.
 - **Your cycle will be discounted after your entire cycle has been processed with insurance.**
 - All package pricing patients are manually tracked. Discounts are manually applied once per week.
 - In the meantime, you may receive statements for visits within your cycle that have already been processed.
 - Due to the way the discounts are manually applied, we must wait for your entire cycle to process with insurance prior to applying any discounts.
 - Please contact our billing office at 651-461-8866 with any questions.
- ✚ If insurance **covers any portion** of your cycle (ultrasound or review), you **do not qualify** for the global infertility package pricing.
- ✚ You will be required to make payment on any deductibles, co-payments, or co-insurance amounts as determined by your insurance company.

All charges and supply costs are subject to change without notice.

It is important to understand that you are responsible for any services not covered by your insurance company. We recommend contacting your insurance company to understand the limits for your care including number of visits, prior authorization requirements, deductible, co-insurance and out-of-pocket maximums.

Patient Signature

Date