

## FERTILITY CODES AND PRICE LIST

The treatment for infertility is not always covered by your insurance policy. Please contact your insurance carrier to verify whether you have coverage. There may be prior authorization (preapproval) needed for coverage.

If prior authorization is needed, you will need to notify our billing department (Phone # 207-885-8400, Option 5) on Cycle Day 1 to initiate a prior authorization for each treatment cycle.

Each cycle of services will need to be paid in full prior to the scheduled services. Should you become pregnant, your balance will need to be paid in full prior to your first prenatal appointment.

## Listed below are LAB services that may be ordered:

	CODE:	PRICE:
Estradiol	82670	\$ 180
FSH	83001	\$ 120
TSH	84443	\$ 128
LH	83002	\$ 140
Semen Analysis	89322	\$ 144
Prolactin	84146	\$ 158

## Listed below are ULTRASOUND and OFFICE VISIT services that may be ordered:

	CODE:	PRICE:
Transvaginal Ultrasound	76830	\$ 422.80
Sonohysterogram	58340	\$ 924
	76831	\$ 413
	76376	\$ 88
Clomid Check	99214	\$ 443.80

## **Cost for INTRAUTERINE INSEMINATION (IUI):**

Prices below reflect the cost for one IUI.

	CODE:	PRICE:
IUI – Partner	58322	\$ 280
+ Sperm Washing	89261	<u>\$ 150</u>
Total Amount Due		\$ 430
IUI – Donor	58322	\$ 280
+ Sperm Prepping	89353	<u>\$ 50</u>
Total Amount Due		\$ 330

Prices are as of 3/6/2024 and are subject to change without notice.