



# Duke Fertility Center

## Surrogate Pricing Guide

*These fees are not covered by insurance*

### Intended Parent Fees

#### MONITORING PHASE of the PROGRAM

*The actual number of visits may vary according to your specific needs and includes the following:  
1 baseline ultrasound, 4 or more monitoring ultrasounds, and up to 5 estradiols.*

*Ultrasounds & bloodwork are usually covered by insurance*

	CPT Code	IVF	IVF w/ICSI
<b>SCREENING</b> (psychological evaluation)	90801	314.00	314.00
<i>up to 6 ultrasounds @ 354.00 each</i>	76857	2,124.00	2,124.00
<i>up to 6 estradiols @ 237.00 each</i>	82670	1,422.00	1,422.00

#### OOCYTE (EGG) RETRIEVAL

*This fee includes the physician's fee,  
conscious sedation, recovery unit and OR medication.*

	58970	3,100.00	3,100.00
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#### OOCYTE CULTURE

*Oocyte Culture  
Extended culture of oocytes  
ICSI #1 (less than or equal to 10)*

	89250	2,014.00	2,014.00
	89272	1,818.00	1,818.00
	89280	N/A	1,791.00

#### MISCELLANEOUS

*Cryopreservation  
Sperm Prep*

	89258	794.00	794.00
	W0331	130.00	130.00

### Gestational Carrier Fees

	CPT Code	IVF	IVF w/ICSI
<b>SCREENING</b> (\$650.00 labs, \$514.00 psychological evaluation & testing)		1,164.00	1,164.00
<b>ADMINISTRATIVE FEE</b>	W0340	1,000.00	1,000.00

#### EMBRYO TRANSFER

*Physician's fee  
Gamete Transfer*

	58974	700.00	700.00
	89255	770.00	770.00

#### TOTAL

		\$18,828.00	\$20,619.00
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#### PACKAGE PRICE *required @ first ultrasound visit*

		<b>16,500.00</b>	<b>17,900.00</b>
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*This is an estimate of charges and does not include the cost of medications for the gestational carrier or intended parent.  
These charges are ESTIMATES and subject to change without prior notice. CHARGES MAY EXCEED ESTIMATED AMOUNT.*

updated 04/13/10