



# Duke Fertility Center

## COH Pricing Guide

### 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.*

<i>Ultrasounds &amp; bloodwork are usually covered by insurance</i>	<b>CPT Code</b>	
<i>up to 5 ultrasounds @ 354.00 each</i>	76857	1,770.00
<i>up to 5 estradiols @ 237.00 each</i>	82670	1,185.00

<b>WIUI</b>		
<i>Intrauterine Insemination</i>	58322	260.00
<i>Sperm Washing</i>	89260	287.00

**TOTAL**

**547.00**

*Payment for each visit is due at the time services are rendered. The diagnosis code used for each visit is based upon your condition (e.g. unexplained infertility, endometriosis, tubal factor, etc). The treatment itself is suggestive of infertility regardless of diagnosis code used. This is an estimate of charges and does not include the cost of medications. These charges are estimates and are subject to change without notice.*