

Infertility Cost Estimation

Most insurance companies do not cover any of the cost associated with Infertility Treatment. They may cover DIAGNOSTIC charges like HSG. **It is the patient's responsibility to find out what is covered by their health insurance.**

When you are seen by a care provider, and or have any procedures or tests done, we are required to submit a diagnosis code with the charges. The codes used are based on the nature of your problem. We cannot change a diagnosis code.

Because it is rare that insurances will reimburse for charges related to Infertility Treatment, you will be asked for payment at the time of service. We are not able to set up payment plans for Infertility treatment as these charges are elective. The cost of the infertility work up and treatment varies from patient to patient because evaluation and treatment are so individualized. **If you do not have insurance or decide not to use your insurance for infertility treatment, payment will be due at time of service and you are eligible to receive a 20% discount on all infertility treatment.**

The following price list will enable you to estimate some of your costs. Actual prices may vary from this list and are subject to change.

Pre IUI	Culture Testing	\$275.00 (estimated cost)	
	Blood Work	\$280.00 (estimated cost)	
			Billing Codes:
Day 1-3	Office Visit	\$80.00 or \$130.00	99212 / 99213
Day 13	Office Visit	\$80.00 or \$130.00	99212 / 99213
	Ultrasound	\$160.00	76857
	Ovidrel Medication	<i>(price varies per Pharmacy/Prescription Coverage)</i>	
	Injection	\$43.00	96372
Day 15	IUI	\$300.00	58222
	Sperm Washing	\$100.00	58323
	Semen Analysis	\$51.00	89320

****These are estimated costs, they could be more or less depending on your individual needs. ****

Understanding Infertility

Having a baby is not always easy. The number of couples who have trouble conceiving is estimated at 1 in 12. In addition, because a woman's most fertile years are between 15 and 24, her likelihood of conceiving drops significantly as she grows older. Women and men are equally affected by fertility problems. Female-related problems account for 40% of infertility and male-related problems for another 40%. Combined female and male problems account for 10% and unexplained causes are another 10% of infertility.

The Infertility Workup

The process of determining where the problem(s) lie is called the infertility workup. This includes a variety of tests that answer three basic questions: Is there a problem with ovulation? Is there a sperm problem? Can the egg and sperm unite?

A woman's ovulatory status can be evaluated by performing a history and physical exam, basal body temperature charting, and blood tests. If the woman does not ovulate, she may be given medications to induce ovulation.

Sperm are evaluated with a semen analysis. This testing is done at the hospital laboratory. If the problem is a low sperm count or abnormal sperm, the couple may be referred to an infertility specialist. If the problem is no sperm, the man will be referred to a urologist for evaluation and possible treatment.

The physical condition of the cervix and its mucus, the uterus, and fallopian tubes can be evaluated in several ways:

- Vaginal Cultures to test for infection
- Cervical mucus testing mid-menstrual cycle
- Hysterosalpingogram: an x-ray test performed at the hospital to view the structure of the uterus and fallopian tubes on day 7 through 11 of a cycle.
- Hysteroscopy to visualize the inside surface of the uterus and openings from the fallopian tubes.
- Laparoscopic surgery to visualize the reproductive organs and surrounding tissue for the presence of adhesions, endometriosis, or other factors.

Ovulation Induction Therapy (Clomid or Femara)

If it is determined that your infertility problem is due to ovulatory dysfunction and other impediments have been excluded, you may be offered Clomid/Femara. Clomid and Femara are medication that assist with egg development by increasing the number of follicles and improving their quality. These medications are the simplest and thus most common starting point for treating ovulation dysfunction.

Clomid/Femara works causing the hypothalamus in the brain to "think" there is an estrogen deficiency in the bloodstream. As a result, the hypothalamus orders the pituitary gland to secrete more FSH and LH into the bloodstream. This spurs the development of a follicle and its egg. As the follicle grows, it secretes estrogen into the bloodstream. About a week after the last tablet is taken, the hypothalamus senses the increased estrogen level and signals the pituitary to release a surge of LH. This LH surge causes the egg to be released from the mature follicle in a process called ovulation. About 40-45 percent of couples receiving Clomid/Femara will become pregnant after 6 cycles.

The normal starting dose in women with ovarian dysfunction is 50mg per day for 5 days. If ovulation fails to occur at this level, the dosage may be increased until the effective dose is determined. Clomid/Femara is taken orally for 5 days starting on day 3-5 of the monthly menstrual cycle. We prefer to start your medication on the third day of your menstrual cycle. The first day of normal flow is considered cycle day 1. Take the pill(s) at the same time each day.

You will need to schedule an ultrasound to be performed on cycle day 12-14 of your menstrual cycle. This is to visualize the ovaries and measure the size and number of mature follicles (size 18-30mm). You will receive further instructions at the time of your ultrasound.

Prior to receiving Clomid/Femara each cycle, you will need to come into the office on day 1, 2, or 3 for a pelvic exam. The assessment will assure that the ovaries are back to a "resting state" before they are stimulated again.

What are the Risks and Side Effects of Clomid/Femara?

- Multiple pregnancy: Your chance of having a multiple gestation is 5-10% of which over 90% are twins.
- Ovarian Cysts: each month you are treated with Clomid/Femara, you will need to have an ultrasound or pelvic exam within the first three days of your cycle. If a large cyst is found, you will need to rest that cycle to allow the cyst to resolve.
- Ovarian Torsion: your ovaries can become larger while you are on this medication and may twist around their blood supply (torse). Call us immediately if you experience severe abdominal pain. To help prevent this potential problem, avoid any vigorous physical activity such as aerobics, jogging or horseback riding.
- Physical Symptoms: hot flashes, breast tenderness, pelvic discomfort, headaches, mood swings, nausea, fatigue, and temporary vision problems. These side effects should stop as soon as you have finished your five days of medication.
- Ovarian Cancer: some studies have suggested a possible increased risk of ovarian cancer. No definite proof of this is known. The most recent evidence suggests Clomid/Femara is not a causative factor of ovarian cancer.

Ovidrel

Women undergoing ovulation induction are also generally stimulated with injectable gonadotropins when a mature follicle has developed. HCG is virtually identical to LH (luteinizing hormone). In the normal menstrual cycle, a surge of LH mid-cycle triggers ovulation. While Clomid/Femara assists in the development of a mature ovarian follicle, HCG helps ovulation to occur. HCG is given by a subcutaneous injection (SQ). Ovulation usually occurs 36 to 72 hours after HCG is administered. You will be instructed when to have intercourse after your injection. Patients who are candidates for intrauterine insemination will have that procedure 40 hours after their injection.

What are the risks and side effects of HCG?

- Ovarian hyperstimulation (a syndrome of sudden ovarian enlargement and fluid in the abdomen with or without pain).
- Rupture of ovarian cysts with resulting bleeding into the abdomen.
- Blood clots in veins or arteries which could lead to strokes, pulmonary emboli (clots that go to the lungs) and in extreme cases, loss of a limb or death.
- Headache, irritability, restlessness, depression, fatigue, edema, and breast swelling or tenderness.
- Allergic reaction or sensitivity to the medication.
- Pain, rash, swelling, and/or irritation at the site of the injection.

Intrauterine Insemination (IUI)

You may be offered intrauterine insemination (a type of artificial insemination) to supplement your Clomid/Femara therapy. The sperm are injected directly into your uterine cavity near the time you ovulate. Your partner will be asked to provide a semen sample by masturbating into a sterile container at home. IUI improves chances for pregnancy by double over using Clomid/Femara alone. IUI bypasses many problems that take place in the vagina or cervix such as thick, dry cervical mucus that can result from Clomid/Femara therapy or incompatibility between the sperm and the cervical mucus. By allowing the sperm to bypass the cervix, an increased number can reach the fallopian tubes where fertilization usually occurs. The sperm washing done in conjunction with the IUI also increases the number of sperm that capacitate, or "connect" with the fallopian tube to become ready to fertilize the egg.

Insemination only takes a few minutes. Your care provider will place a speculum inside your vagina, insert a small catheter through your cervix into your uterine cavity, and inject the sperm through the catheter into your uterus. You most likely will not feel discomfort during the procedure. You will be expected to lay flat for 20 minutes after the insemination.

What should I expect?

It is important to realize that Clomid/Femara and IUI therapy are a course of treatment. The chance of getting pregnant in any given month for a couple with NO infertility problems is 25%. On Clomid/Femara therapy alone, the chance of pregnancy in any given month is about 6%. When you do Clomid/Femara and IUI together, the chance of pregnancy in any given month is 10-12%.

When we start you on Clomid/Femara it may take a number of cycles to achieve the dose that causes you to have mature follicles. We will also evaluate the thickness of the lining of your uterus and it may take several cycles to determine the dose of estrogen that will achieve the desired result. If Clomid/Femara alone does not result in pregnancy after 3 or 4 cycles, we will consider adding IUI. Clomid/Femara and IUI together are a course of therapy - plan on 3 to 5 cycles before considering other options.

What if we don't get pregnant?

When a couple does not get pregnant after a number of months, they will be referred to an infertility specialist. Some of the options to consider would be different infertility drugs with IUI, assisted reproductive techniques such as in vitro fertilization and egg or sperm donation.

Emotional Considerations

Determining the causes of infertility and pursuing various treatment options can be time-consuming and uncertain. A sense of urgency, the unpredictability of outcomes, and the expenses involved can contribute to anxiety, depression, and interpersonal conflicts. It is not uncommon for increasing anger, hurt, hopelessness or conflict to interfere with your work or relationships.

Many women experience that the most stressful aspect of Clomid/Femara/IUI treatment is the frequency of appointments and the constant waiting. In any given cycle you may be waiting to see how your ovaries or uterus respond to Clomid/Femara and estrogen therapy. Then you will wait to learn if you are pregnant or not.

If you experience overwhelming stress remember it is always reasonable to take a break. Taking a short break will not decrease your chances of getting pregnant.

Another way to reduce stress is to take time as a couple to discuss the options that are feasible for you. Discuss the financial, emotional, and ethical/moral issues that will determine an "end point" for you as a couple. This will clear the air in terms of help you to help you deal with emotional issues that arise "along the way."

Speak to your doctor or ask for help from a mental professional to deal with any emotional or relationship issues you may be dealing with.

The Infertility Workshop

Infertility therapy is a course of treatment. When we start you on Clomid/Femara it may take a number of cycles to achieve the dose that causes you to have mature follicles. We will also evaluate the thickness of the lining of your uterus and it may take several cycles on Estrogen to achieve the desired result.

If Clomid/Femara alone does not result in pregnancy after 3 or 4 cycles, we will consider adding IUI. Clomid/Femara and IUI together are a course of therapy. Plan on 3 to 5 cycles before considering other options.

Prior to starting IUI's, you and your spouse will both be required to have blood tests for infectious disease. You will also be required to have vaginal cultures done. These are one time tests. If you choose to continue therapy with a fertility specialist, these tests are required and will not need to be repeated.

Shown here is a typical monthly cycle. Use it as a guide to plan on the number of office appointments you will have, and estimate your costs.

Day 1 to 3: Clomid/Femara Check Appointment

Call as soon as your period starts for an office visit to have a pelvic exam and get your Clomid/Femara prescription. We will phone in your prescription for your first dose only. You are required to come in each month thereafter to make sure your ovaries have returned to their resting state after the previous month's Clomid/Femara.

Day 3 to 7: Clomid/Femara

Clomid/Femara once a day (Clomid/Femara costs range from \$30 to \$100 per cycle)

Day 7 to 28: Estrogen

Estrogen twice a day if needed.

Day 12 to 13: Follicle Check Appointment

You will have an office visit with ultrasound and an injection if your follicles are ready. (Cost is \$333 plus Ovidrel, which varies per pharmacy). If your follicles are not ready this appointment may be repeated the next day.

Day 14 or 15: IUI

This appointment will include a semen analysis, sperm washing, and IUI. You will not be charged for an office visit. (Cost for this day is \$451)

Day 15 to 28: Prometrium (*used in some cases*)

Taken twice a day. You will continue taking Prometrium until the 10 - 12th gestation if you become pregnant.

