



## **Frozen Donor Oocyte Transfer Cycle Financial Policy as of March 1, 2016**

This Financial Policy is designed to help you understand and anticipate the cost of your treatment at the Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine (CRM). Please refer back to this policy as you progress in your treatment.

Please note that all fees are subject to change.

### **Insurance Information**

#### **CRM Insurance Participation**

CRM participates with Cigna, United Healthcare, Oxford (Optum), and Empire Plan (New York State Government Plan administered by United Healthcare), Cornell Employee-Aetna PPO Plan, and Blue Cross Blue Shield.

While CRM participates with these insurances, **you are responsible for any fees not covered by your insurance.** For this reason, **it is important that you find out from your insurance company if you have fertility coverage; if so, what type of coverage you have; and if you need pre-authorization for medications or treatment.** (Please see attached Billing Bulletin for help with questions to ask your insurance company.)

**Please note that insurance coverage may be dependent upon the diagnosis code as well as the procedure code.**

If your insurance company confirms that you do have benefits that require prior authorization and/or predetermination for medication and for the cycle please send a request to [crm-precertification@med.cornell.edu](mailto:crm-precertification@med.cornell.edu) or call the following CRM telephone numbers:

- (646) 962 7247 — Cigna, UHC, BCBS cycle pre-authorization only and all Oxford (Optum) pre-authorization
- (646) 962 5372 — Cigna, UHC medication pre-authorization only and all Aetna pre-authorization
- (646) 962 3246 — All other insurance plans cycle pre-authorization and BCBS medication pre-authorization

#### **Out-of-network or self-pay patients**

If CRM does not participate with your insurance, or if you are a self-pay patient, **you will be responsible for paying for all services rendered by CRM.** **You should find out from your insurance company what out-of-network coverage, if any, you have and if you need pre-authorization for medications and treatment.** (Please see attached Billing Bulletin for help with questions to ask your insurance company.)

#### **Physician Insurance Participation**

Please contact the physician's office directly to find out about individual doctor participation, as this may differ from CRM. CRM charges are separate from physician charges.

#### **Reimbursement of out of pocket expenses**

CRM will provide health insurance claim (HIC) forms, which you can submit to your insurance company for reimbursement. It is extremely important to check with your insurance company before treatment to find out your level of coverage as reimbursement depends on your individual insurance benefits and plan.

## Frozen Donor Oocyte Transfer Cycle

You are required to pay for your Frozen Donor Oocyte Transfer (FOT) cycle in full prior to the beginning of the cycle. Your medications are not included in these fees. **If requested,** Health Insurance Claim (HIC) forms will be mailed to you after your cycle has been completed.

<b>Anonymous Donor IVF Cycle Fees</b>		
Donor IVF cycle fee	Waived	
Retrieval	Waived	
Donor compensation fee	\$4,000.00	
Donor evaluation	\$5,086.50	(including medications)
Cryopreservation of oocytes	\$1,050.00	
NYPH fee and anesthesia	\$ 877.92	
<b>Total Anonymous Donor Fees</b>	<b>\$11,014.42</b>	
<b>Recipient - FOT Cycle Fees</b>		
Laboratory testing and ultrasounds	\$2,700.00	
Thawing of cryopreserved oocytes	\$ 523.00	
Semen evaluation and preparation	\$ 375.00	
Culture of oocytes	\$1,100.00	
Preparation of embryo for transfer	\$ 337.00	
Intracytoplasmic Sperm Injection	\$1,315.00	
Embryo transfer	\$ 700.00	
<b>Total Recipient Fees</b>	<b>\$7,050.00</b>	
<b>TOTAL FEES TO RECIPIENT</b>	<b>\$18,064.42</b>	Payable to <b>CRM</b>

### Cost of Medications:

Types and quantities of medications vary by patient. Except as noted, the fees listed here **do not** include medications. You may purchase your medications through your selected pharmacy. **Please check with your insurance company to see if they have pharmacy restrictions or if medications need pre-authorization.** (Please contact the reception desk at (646) 962-2764 for a list of specialty pharmacies in the New York City area.)



# Frozen Donor Oocyte Transfer Cycle

## Additional Procedures Used in Conjunction with Oocyte Transfer

The following procedures are necessary for certain patients and under certain circumstances. Prior to beginning your cycle, you should understand which of these procedures **will** be necessary, and which **might** be necessary, so that you can anticipate the cost of your treatment. Please discuss any questions you may have regarding any of these procedures with your physician. **You are required to pay for any anticipated additional procedures on the first day of your cycle.**

You may want to get a Predetermination of Coverage letter from your insurance plan before you begin treatment.

<b>Assisted Hatching:</b>	<b>\$1,595.00</b>	} Payable to CRM
Involves the thinning or making a small hole in the egg coat (zona pellucida) that surrounds the embryo.		
<b>Intracytoplasmic Sperm Injection (ICSI):</b>	<b>\$1,315.00</b>	
A single sperm is selected and injected directly into an egg. Please note, \$2,630 is the full ICSI fee. \$1,315.00 (half fee) is already included in the shared cycle.		
	<b>\$1,050.00</b>	
<b>Embryo Cryopreservation:</b>		
Viable embryos are frozen for use at a later date. <b>Quarterly storage fee of \$262.50</b> will be charged effective six months after the initial cryopreservation date.		
<b>Pregnancy Assessments:</b> Pregnancy tests ( <b>Estradiol \$135.00, beta hCG \$105.00, Progesterone \$105.00</b> ) and pregnancy ultrasounds incur additional charges and are billed separately when they are performed. These tests are not included in the FOT fees.		

<b>Frozen Embryo Transfer (FET):</b>	<b>\$4,260.00</b>	Payable to CRM on the first day of monitoring.
Includes laboratory testing, ultrasounds, physician monitoring fees, embryo preparation and transfer.		
<b>Pregnancy Assessments:</b> Pregnancy tests ( <b>Estradiol \$135.00, beta hCG \$105.00, Progesterone \$105.00</b> ) and pregnancy ultrasounds incur additional charges and are billed separately when they are performed. These tests are not included in the above FET fees.		

## Frozen Donor Oocyte Transfer Cycle

### Transporting frozen sperm (donor or husband/partner source) from another laboratory:

1. CRM Andrology laboratory will accept frozen sperm for use in your cycle only from New York State (NYS) licensed sperm banks. CRM can provide a list of sperm banks upon request. If the frozen sperm (donor and/or husband/partner) is not from a NYS licensed laboratory, CRM must obtain permission from NYS (2-4 weeks needed) to send the frozen specimen to our laboratory. **Please contact CRM Andrology laboratory immediately at (646) 962-8448 to send vials to our laboratory.**
2. Before the frozen sperm is shipped to CRM the completed Donor Sperm Treatment Consent and Donor Sperm Order Forms must be submitted to the Donor Egg Nurse.
3. You are responsible for the ordering and shipping of the sperm samples to CRM's Andrology laboratory. You must contact CRM Andrology laboratory directly at (646) 962-8448 to confirm delivery arrangements. **Once CRM Andrology laboratory receives your vials, you are required to go to the CRM Andrology laboratory to sign consents to store and use frozen sperm.**
4. All Andrology Consents must be renewed annually.
5. **All frozen sperm must be received before starting medications.**
6. Deliveries are accepted Monday through Thursday from 8:00 am to 2:00 pm only. We suggest you use Federal Express "next day delivery".

**Please have your donor sperm delivered to:**  
 Weill Cornell Center for Reproductive Medicine  
 Andrology Laboratory  
 1305 York Avenue, 7th Floor, - Room 725  
 New York, NY 10021  
 (646)962-8448

**NO SAMPLES CAN BE ACCEPTED  
ON WEEKENDS.**

### Semen Cryopreservation Storage:

There will be a charge of \$160.00 per quarter for semen cryopreservation storage. This charge becomes effective three months after the initial cryopreservation date.

For billing related questions, contact:

**Letty Crespo - (646) 962-3248**