

Sedgwick County Health Center
Price Transparency Effective January 1, 2021

The healthcare price for any given service is an estimate and the actual charges for healthcare services are dependent on the circumstances at the time the service is rendered.

If you are covered by health insurance, you are strongly encouraged to consult with your health insurer to determine accurate information about your financial responsibility for a particular healthcare service provided by a healthcare provider at this facility. If you are not covered by health insurance, you are strongly encouraged to contact one of our billing office personnel at (970) 474-3323 to discuss payment options. The healthcare prices listed may not reflect the actual amount of your financial responsibility.

In an effort to help our patients understand their healthcare options and cost of care, we are providing pricing for our Emergency Room and the most common inpatient and outpatient charges. The prices listed below do NOT include any additional services, including physician charges, pharmacy, lab or radiology, rendered while in our Emergency Room.

ER Level I \$267
 ER Level II \$401
 ER Level III \$620
 ER Level IV \$972 first two hours
 ER Level V \$2,700 first two hours

Listed below are the top 50 outpatient services performed at Sedgwick County Hospital.

	CPT Code	Outpatient Services	Cost
1	E0446	OXYGEN PER HOUR	\$34.00
2	00100-01999	ANESTHESIA PER UNIT/MINUTE	\$13.00
3	97110	THERAPEUTIC EX PROCEDURE PT	\$130.50
4	36415	BLOOD COLLECTION	\$20.50
5	85025	CBC	\$94.00
6	80053	COMPREHENSIVE METABOLIC PANEL (14)	\$197.00
7	97140	MANUAL THERAPY 15 MIN	\$130.50
8	1967	LABOR EPIDURAL	\$13.00
9	99218	OUTPATIENT OBS W/TELEMTRY EACH HOUR	\$66.00
10	96365	IV THERAPY	\$144.00
11	97116	GAIT TRAINING 15 MIN	\$95.00
12	99218	OUTPATIENT OBS EACH ADDITIONAL HOUR	\$51.00
13	86140	C-REACTIVE PROTEIN QUANT	\$110.50
14	84443	TSH	\$183.00
15	99284	ER LEVEL 4 ADD 1/2 HOUR	\$267.00
16	83880	NT-PRO BNP	\$168.50
17	80048	BASIC METABOLIC PANEL (CHEM 7)	\$153.00
18	82948	ACCU CHECK	\$19.50

19	81002	UA DIPSTICK	\$50.00
20	96374	INJECTION, IV	\$61.00
21	83036	HEMOGLOBIN A1C	\$110.50
22	84439	FREE T4	\$89.00
23	80061	LIPID PANEL W/DIRECT LDL	\$196.00
24	93005	EKG TRACING ONLY	\$218.00
25	93010	EKG INTERPRETATION ONLY	\$46.00
26	99283	ER LEVEL 3	\$620.50
27	97535	SELF CARE	\$136.00
28		COVID-19 ANTIGEN BY FIA	\$80.00
29	84481	FREE T 3	\$159.50
30	84484	TROPONIN I	\$187.00
31	1961	ANESTHESIA C-CECTION ONLY /MINUTE	\$13.00
32	A4556	ELECTRODES MONITORING PHILLIP	\$13.00
33	1480	ANESTHESIA OPEN BONE/MINUTE	\$13.00
34	97530	THERAPEUTIC ACTIVITY	\$136.00
35	83735	MAGNESIUM	\$95.00
36	97530	THERAPEUTIC ACTIVITIES 15 MIN	\$142.00
37	81015	URINE MICROSCOPIC	\$34.00
38	97162	EVAULATION MOD COMPX	\$265.50
39	85007	MANUAL DIFFERENTIAL	\$56.50
40	71046	CHEST, PA & LATERAL	\$253.00
41	87486	CHLAMYDIA PNEUMO PCR	\$290.00
42	87581	MYCOPLASMA PNEUMO PCR	\$290.00
43	87633	RESPIRATORY VIRUS PCR	\$290.00
44	87798	AMPLIFIED PROBE TECHNIQUE	\$145.00
45	83605	LACTIC ACID	\$55.50
46	82570	URINE CREATININE VALUE	\$145.00
47	85610	PROTHROMBIN TIME	\$83.00
48	85651	SEDRATE	\$83.00
49	97110	THERAPEUTIC PROCEDURE OT	\$136.00
50	01810	ANESTHESIA NERVE/WRIST/HAND/TENDON	\$13.00

Listed below are the top inpatient diagnosis codes for our facility where we had 11 or more patients with the same diagnosis in 2020.

<u>Diagnosis Code</u>	<u>Description</u>	<u>Estimated Cost</u>
I50.9	Heart Failure, unspecified	\$16,305