

Sedgwick County Health Center  
Price Transparency Effective January 1, 2020

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     \$262  
 ER Level II    \$393  
 ER Level III   \$608  
 ER Level IV    \$953 first two hours  
 ER Level V    \$2,647 first two hours

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

	CPT Code	Outpatient Services	Cost
1	97110	THERAPEUTIC EX 15 MIN	\$127.50
2	36415	BLOOD COLLECTION	\$20.00
3	97140	MANUAL THERAPY 15 MIN	\$127.50
4	E0446	OXYGEN PER HOUR	\$33.00
5	G0378	OUTPATIENT OBS EACH ADDITIONAL HOUR	\$50.00
6	00100-01999	ANESTHESIA PER UNIT	\$12.50
7	80053	COMPREHENSIVE METABOLIC PANEL (14)	\$193.00
8	85025	CBC	\$73.00
9	99218	OUTPATIENT OBS EACH ADDITIONAL HOUR	\$50.00
10	G0378	OUTPATIENT OBS W/TELEMETRY EACH HOUR	\$64.50
11	84443	TSH	\$179.00
12	96365	IV THERAPY	\$141.00
13	97116	GAIT TRAINING 15 MIN	\$93.00
14	86140	C-REACTIVE PROTEIN QUANT	\$108.00
15	80061	LIPID PANEL W/DIRECT LDL	\$192.00
16	97530	FUNCTION ACTIVITIES	\$133.00
17	83036	HEMOGLOBIN A1C	\$108.00
18	99218	OUTPATIENT OBS W/TELEMETRY EACH HOUR	\$64.50

19	84439	FREE T4	\$87.00
20	97035	US TREATMENT 15 MIN	\$93.00
21	1810	ANESTHESIA NERVE/WRIST/HAND/TENDON(unit)	\$12.50
22	97014	E-STIM UNATTENDED 15 MIN	\$82.00
23	97110	THERAPEUTIC PROCEDURE	\$133.00
24	97530	THERAPEUTIC ACTIVITIES 15 MIN	\$139.00
25	96374	INJECTION, IV	\$59.50
26	83880	NT-PRO BNP	\$165.00
27	80048	BASIC METABOLIC PANEL (CHEM 7)	\$150.00
28	97162	EVAULATION MOD COMPX	\$258.50
29	84481	FREE T3	\$156.00
30	93005	EKG TRACING ONLY	\$213.50
31	93010	EKG INTERPRETATION ONLY	\$45.00
32	81002	UA DIPSTICK	\$49.00
33	97535	SELF CARE	\$133.00
34	71046	CHEST, PA & LATERAL	\$248.00
35	85651	SED RATE	\$81.00
36	A4556	ELECTRODES MONITORING PHILLIP	\$12.50
37	97112	NEURMUSCULAR RE-EDUCATION	\$133.00
38	82570	URINE CREATININE VALUE	\$142.00
39	88305	TISSUE LEVEL 4	\$237.00
40	97012	TRACTION MECHANICAL	\$93.00
41	85610	PROTIME POC	\$88.00
42	82607	VIT B12	\$121.00
43	81015	URINE MICROSCOPIC	\$33.00
44	1480	ANESTHESIA OPEN BONE LOWER LEG FOOT(unit)	\$12.00
45	85007	MANUAL DIFFERENTIAL	\$55.00
46	85027	CBC W/OUT DIFF	\$92.00
47	82306	VITAMIN D, 25 HYDROXY	\$231.00
48	82746	FOLATE	\$93.00
49	82043	MICROABLUMIN QUANTITATIVE	\$170.00
50	84484	TROPONIN I	\$183.00

Listed below are the top inpatient diagnosis codes for our facility where we had 11 or more patients with the same diagnosis in 2019.

<u>Diagnosis Code</u>	<u>Description</u>	<u>Estimated Cost</u>
J18.9	Pneumonia, unspecified organism	\$5,688
Z38.0	Live Born, Infant	3,804
I50.9	Heart Failure, unspecified	9,680