

Sedgwick County Health Center
Price Transparency Effective January 1, 2023

The healthcare price for any given service is an estimate and the actual charges for the 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	\$281.00
ER Level II	\$422.00
ER Level III	\$653.00
ER Level IV	\$1,607.00
ER Level V	\$2,837.00

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

	CPT Code	Outpatient Services	Cost
1	00813	ANESTHESIA SCOPE PRO FEE	\$14.00/Unit
2	E0446	OXYGEN PER HOUR	37.00
3		ANESTHESIA PER UNIT	187.00
4	97110	THERAPEUTIC EX PROCEDURE	138.00
5	36415	BLOOD COLLECTION	22.00
6	90853	GROUP PSYCHOTHERAPY	1,179.00
7	G0378	OUTPATIENT OBS EACH ADDITIONAL HOUR	55.00
8	00830	ANESTHESIA HERNIA REPAIR PRO FEE	14.00/unit
9	85025	CBC	79.00
10	80053	COMPREHENSIVE METABOLIC PANEL (14)	208.00
11	00790	ANESTHESIA GENERAL PRO FEE	14.00/unit
12	G0378	OUTPATIENT OBS W/TELEMTRY EACH HOUR	70.00
13	86140	C-REACTIVE PROTEIN QUANT	117.00
14	83880	NT-PRO BNP	178.00
15	97116	GAIT TRAINING 15 MIN	100.00
16	1810	ANESTHESIA NERVE/WRIST/HAND/TENDON	14.00/unit
17	97530	THERAPEUTIC ACTIVITY	144.00
18	96365	IV THERAPY	152.00
19	80048	BASIC METABOLIC PANEL (CHEM 7)	162.00
20	83735	MAGNESIUM	100.00
21	97140	MANUAL THERAPY 15 MIN	138.00
22	81002	UA DIPSTICK	53.00
23	01480	ANESTHESIA OPEN PROCEDURE PRO FEE	14.00/unit
24	84443	TSH	193.00

25	96374	INJECTION INTRAVENOUS	65.00
26	83036	HEMOGLOBIN A1C	117.00
27	00902	ANESTHESIA ANORECTAL PRO FEE	14.00/unit
28	99283	ER LEVEL 3	653.00
29	97110	THERAPEUTIC PROCEDURE	144.00
30	93005	EKG TRACING ONLY	230.00
31	87426	COVID-19 ANTIGEN BY FIA	85.00
32	80053	COMPREHENSIVE METABOLIC PANEL (14)	208.00
33	Q4186	EPI FIX GRAFT	605.00
34	87428	INFLU A&B + COVID--19 AG BY FIA	111.00
35	97535	SELF CARE	144.00
36	84484	TROPONIN I	197.00
37	99214	EVALUATION MGMT EST PATIENT PRO FEE	262.00
38	99214	EVALUATION MGMT ESTABLISHED PATIENT	295.00
39	84439	FREE T4	94.00
40	71046	CHEST, PA & LATERAL	267.00
41	87486	CHLAMYDIA PNEUMO PCR	305.00
42	87581	MYCOPLASMA PNEUMO PCR	305.00
43	87633	RESPIRATORY VIRUS PCR	305.00
44	87798	AMPLIFIED PROBE TECHNIQUE	153.00
45	84481	FREE T 3	168.00
46	00832	ANESTHESIA HERNIA VENTRAL PRO FEE	14.00/unit
47	81015	URINE MICROSCOPIC	37.00
48	88305	TISSUE LEVEL 4	255.00
49	93010	EKG INTERPRETATION ONLY	49.00
50	80061	LIPID PANEL W/DIRECT LDL	207.00

Listed below are the top inpatient diagnosis codes for our facility where we had 11 or more patients with the same diagnosis in 2022.

Diagnosis Code	Description	Estimated Cost
150.9	Heart Failure, unspecified	\$16,794.00