

Procedure Pricing Rainbows Babies & Childrens Hospital

In compliance with state law, UH Rainbow Babies & Childrens Hospital is providing this price list containing our charges for room and board, emergency department, operating room, delivery, physical therapy and other procedures. The hospital's charges are the same for all patients, but a patient's responsibility may vary, depending on payment plans negotiated with individual health insurers. Uninsured or underinsured patients should consult with our admitting and billing staff to determine whether they qualify for discounts. These prices are correct as of January 1, 2025.

ROOM AND BOARD	COST
Room Rate Pediatric Semi-Private	\$ 3,908.00
Intensive Care Pediatric Semi-private	\$ 11,301.00
ICU Intermediate Semi Private	\$ 6,504.00

RADIOLOGY	COST
<i>Prices for common radiological procedures are:</i>	
X-RAY EXAM CHEST 3 VIEW	\$ 322.00
CT HEAD/BRAIN W/O DYE	\$ 1,581.00
X-RAY EXAM ABDOMEN, 2 VIEWS WITH CHEST 1 VIEW	\$ 605.00
CT ABD & PELV W/CONTRAST	\$ 3,138.00
X-RAY EXAM OF FOOT MIN 3 VIEWS	\$ 580.00
CT THORAX DX C+	\$ 2,199.00
X-RAY EXAM OF ANKLE MIN 3 VIEWS	\$ 504.00
CT THORAX , W/O CONTRAST	\$ 2,170.00
MRI BRAIN STEM W/O & W/DYE	\$ 2,876.00
X-RAY EXAM OF SHOULDER COMPLETE Min 2 VIEWS	\$ 506.00
ECHO TRANSTHORACIC - CONGENITAL TEE COMPLETE	\$ 1,891.00
X-RAY EXAM HIP UNI 2-3 VIEWS	\$ 497.00
X-RAY EXAM OF WRIST COMPLETE MIN 3 VIEWS	\$ 530.00
X-RAY EXAM KNEE 4 OR MORE	\$ 532.00
US EXAM ABDO BACK WALL COMP	\$ 1,429.00
CT ABD & PELVIS W/O CONTRAST	\$ 3,093.00
X-RAY EXAM OF KNEE 3	\$ 426.00
CT NECK SPINE W/O DYE	\$ 1,974.00
CT ANGIOGRAPHY CHEST W AND W/O CONTRAST	\$ 3,074.00
X-RAY EXAM L-2 SPINE 4/>VWS	\$ 658.00
US CHEST, REAL TIME	\$ 839.00
ULTRASOUND ABDOMEN LIMITED	\$ 964.00
US EXAM OF HEAD AND NECK - US THYROID	\$ 1,024.00
X-RAY EXAM CHEST 2 VIEWS	\$ 376.00

LABORATORY	COST
<i>Prices for common laboratory procedures are:</i>	
ASSAY GLUCOSE BLOOD QUANT	\$ 58.00
COMPLETE CBC W/AUTO DIFF WBC	\$ 126.00
ASSAY OF MAGNESIUM	\$ 88.00

RENAL FUNCTION PANEL	\$	241.00
COMPLETE CBC AUTOMATED	\$	116.00
COMPREHEN METABOLIC PANEL	\$	254.00
ROUTINE VENIPUNCTURE	\$	29.00
ASSAY OF CALCIUM	\$	58.00
PROTHROMBIN TIME	\$	49.00
ASSAY OF LACTIC ACID	\$	100.00
BLOOD GASES W/O2 SATURATION	\$	142.00
HEMOGLOBIN	\$	42.00
ASSAY OF SERUM POTASSIUM	\$	77.00
ASSAY OF SERUM SODIUM	\$	73.00
ASSAY OF BLOOD CHLORIDE	\$	55.00
BILIRUBIN TOTAL	\$	57.00
BILIRUBIN DIRECT	\$	61.00
LACTATE (LD) (LDH) ENZYME	\$	70.00
METABOLIC PANEL TOTAL CA	\$	157.00
SARSCOV2 & INF A&B AMP PRB	\$	384.00
TISSUE EXAM BY PATHOLOGIST	\$	85.00
TRANSFERASE (AST) (SGOT)	\$	64.00
ALANINE AMINO (ALT) (SGPT)	\$	78.00
ASSAY ALKALINE PHOSPHATASE	\$	60.00
URINALYSIS AUTO W/SCOPE	\$	119.00
ASSAY OF TROPONIN QUANT	\$	172.00
ASSAY THYROID STIM HORMONE	\$	237.00

EMERGENCY ROOM SERVICES	COST
-------------------------	------

The prices for basic emergency room services are as follows:

ER Level 1	\$	329.00
ER Level 2	\$	539.00
ER Level 3	\$	1,029.00
ER Level 4	\$	1,406.00
ER Level 5	\$	2,601.00
ER Crit Care 30-74 min	\$	3,879.00
ER Crit Care EA ADDL 30	\$	1,060.00

OPERATING ROOM SERVICES	COST
-------------------------	------

OR LEVEL 1 - BASE RATE	\$	1,897.00
OR LEVEL 1 - PER MIN	\$	88.00
OR LEVEL 2 - BASE RATE	\$	2,686.00
OR LEVEL 2 - PER MIN	\$	107.00
OR LEVEL 3 - BASE RATE	\$	3,293.00
OR LEVEL 3 - PER MIN	\$	130.00
OR LEVEL 4 - BASE RATE	\$	4,115.00
OR LEVEL 4 - PER MIN	\$	138.00
OR LEVEL 5 - BASE RATE	\$	4,742.00

OR LEVEL 5 - PER MIN	\$	159.00
OR LEVEL 6 - BASE RATE	\$	6,177.00
OR LEVEL 6 - PER MIN	\$	178.00

THERAPY SERVICES	COST
-------------------------	-------------

Prices for the most common physical therapy services are:

Therapeutic exercise ea 15min	\$	172.00
Manual Therapy 1>/ Regions	\$	168.00
Therapeutic activities ea 15min	\$	170.00
PT Evaluation: low complexity	\$	306.00
Gait training therapy	\$	156.00
Neuromuscular Reeducation	\$	159.00

OCCUPATIONAL THERAPY	COST
-----------------------------	-------------

Prices for the most common occupational therapy services are:

OT evaluation: low complexity	\$	381.00
Self care mgmt training ADL ea 15 min in OT	\$	157.00
Therapeutic activities ea 15min in OT	\$	170.00
Therapeutic exercise ea 15 min in OT	\$	172.00

PULMONARY THERAPY	COST
--------------------------	-------------

Prices for the most common pulmonary therapy procedures are:

Spirometry without Bronchodilator	\$	538.00
Spirometry pre/post bronchodilator	\$	740.00
Aerosol demo/eval	\$	205.00
Lung Volume Plethysmography	\$	460.00
Exhaled air analysis O2 / CO2	\$	433.00
DLCO Diffusing Capacity	\$	679.00

All charges are subject to change without notice.

Patients may have additional charges depending on the service performed.

These charges do not include fees for the services of hospital based anesthesiologist, radiologist, pathologist, and emergency room physicians.

If you received services at UH Rainbow Babies & Children Hospital, your hospital charges are managed through the Central Business Office of University Hospitals.

Shortly after receiving services, you will receive your Personal Account Statement. The statement is generated and mailed to you at the same time your charges are submitted to your insurance carrier.

In addition to your hospital bill, you may receive separate bills from your physician or other professional service providers involved in your hospital care. If you have a question regarding your Hospital Based Physician Bill or would like to make payment, we ask that you contact them directly. Please refer to the Hospital Based Physician Information on this web site.