



The table below provides the historical range of charges for the most commonly used inpatient and outpatient services at Holy Cross Hospital, and the average charge for the service. This table is updated quarterly and is based on the patient charges actually incurred for these services during the past three months and may be used by patients to estimate the charge for services that they may incur. The actual charges for services received may be higher or lower depending on the level of care provided, medical supplies used, pharmacy items administered, and other services provided to the patient. Please contact our Financial Counseling Office via email for assistance or for services not listed below at sshsfincounseling@holycrosshealth.org or at 301-754-7195. The amounts below reflect hospital charges, only. Holy Cross Hospital does not employ the physicians who practice at the hospital, and each physician group that provides service to you will charge you separately for their services. Please contact these physician groups directly for charge estimates (see Page 3.)

Charges for Common Inpatient Surgical Procedures as of June 2024			
Date Range: 04/01/2024- 06/30/2024	Price Range		
General Surgery Procedures	Minimum	Maximum	Average
Laparoscopic Appendectomy	\$8,343	\$27,676	\$13,509
Laparoscopic Cholecystectomy	\$9,078	\$36,690	\$20,740
Gynecology Procedures	Minimum	Maximum	Average
Abdominal Myomectomy	\$11,954	\$25,523	\$17,467
Total Laparoscopic Hysterectomy	\$10,395	\$23,995	\$17,839
Total Abdominal Hysterectomy w/ & w/o Removal of Tube/Ovary	\$12,771	\$31,331	\$19,464
Obstetric Procedures	Minimum	Maximum	Average
Cesarean Section w/o Complication	\$6,648	\$17,134	\$9,308
Cesarean Section w/ Complication	\$7,103	\$26,462	\$11,100
Vaginal Delivery w/o Complication	\$6,490	\$12,753	\$8,642
Vaginal Delivery w/ Complication	\$7,254	\$16,717	\$9,694
Orthopedic Procedures	Minimum	Maximum	Average
ORIF- Upper Femur	\$17,092	\$38,961	\$26,128
Partial Hip Replacement	\$22,850	\$41,787	\$29,746
Spine Procedures	Minimum	Maximum	Average
Lumbar Spinal Fusion	\$37,705	\$71,514	\$54,877
Multiple Cervical Spinal Fusion	\$23,415	\$85,432	\$51,087
Charges for Common Outpatient Surgical Procedures as of June 2024			
Date Range: 04/01/2024 – 06/30/2024	Price Range		
Cardiovascular Procedures	Minimum	Maximum	Average
Dual Chamber Pacemaker Replacement	\$9,498	\$18,209	\$12,053
Gastroenterology Procedures	Minimum	Maximum	Average
Colonoscopy w/ Biopsy	\$2,314	\$3,852	\$2,808
Colonoscopy w/ Snare Polypectomy	\$2,443	\$4,466	\$3,117
EGD w/ Biopsy	\$2,202	\$10,593	\$4,456
Screening Colonoscopy	\$1,908	\$3,344	\$2,342
Transendoscopic Ultrasound-Guided Fine Needle Biopsy	\$4,158	\$10,599	\$6,664
General Surgery Procedures	Minimum	Maximum	Average
Laparoscopic Appendectomy	\$6,240	\$11,312	\$8,853
Laparoscopic Cholecystectomy	\$6,409	\$13,561	\$8,745
Laparoscopic Gastric Bypass (Roux-En-Y)	\$13,979	\$31,088	\$20,968
Laparoscopic Sleeve Gastrectomy	\$12,962	\$17,776	\$15,486
Partial Mastectomy	\$5,619	\$16,855	\$10,139
Gynecology Procedures	Minimum	Maximum	Average
Hysteroscopic Myomectomy	\$6,648	\$10,379	\$8,185
Hysteroscopy w/ Biopsy	\$4,419	\$10,830	\$7,231
Laparoscopic Ovarian Cystectomy	\$7,322	\$17,037	\$11,307
Sling Operation for Stress Incontinence	\$6,223	\$16,915	\$9,121
Total Laparoscopic Hysterectomy	\$8,578	\$18,360	\$12,721

Interventional Radiology Procedures	Minimum	Maximum	Average
Abdominal Paracentesis	\$1,369	\$12,460	\$6,452
Pleural Thoracentesis	\$658	\$11,089	\$3,809
Ultrasound-guided Percutaneous Breast Biopsy	\$1,501	\$3,116	\$3,116
Orthopedic Procedures	Minimum	Maximum	Average
Surgical Knee Arthroscopy w/ Meniscectomy	\$3,944	\$20,087	\$12,875
Total Hip Arthroplasty	\$18,874	\$29,135	\$25,118
Total Knee Arthroplasty	\$16,770	\$24,909	\$20,024
Spine Procedures	Minimum	Maximum	Average
Laminectomy	\$5,928	\$11,102	\$8,196
Low Back Disk Surgery	\$6,563	\$9,312	\$7,637
Urology Procedures	Minimum	Maximum	Average
Cystourethroscopy w/ Lithotripsy & Insertion of Ureteral Stent	\$5,305	\$9,785	\$7,193
Cystourethroscopy w/ removal of foreign body, bladder or ureteral stent	\$2,560	\$5,024	\$3,154

Charges for Common Laboratory Services as of June 2024

Date Range: 04/01/2024-06/30/2024	Price Range		
Laboratory Procedure	Minimum	Maximum	Average
Antibody Screen RBC	\$23	\$24	\$23
Blood Alcohol Concentration Test	\$58	\$60	\$58
Basic Metabolic Panel (Calcium Total)	\$21	\$22	\$21
Blood Clotting Test - Prothrombin Time (PT)	\$15	\$16	\$15
Blood Draw - Venipuncture *	\$15	\$16	\$16
Blood Type Test - ABO	\$8	\$8	\$8
Blood Type Test - RH (D)	\$8	\$8	\$8
Cardiac Test - Troponin	\$48	\$50	\$48
CBC	\$15	\$16	\$16
CBC with Differential	\$19	\$20	\$19
Comprehensive Metabolic Panel	\$29	\$30	\$29
Glycohemoglobin (HGB A1C)	\$39	\$40	\$39
Lipase	\$15	\$16	\$15
Lipid Panel	\$37	\$38	\$37
Magnesium	\$12	\$12	\$12
Pregnancy Test (HCG Qualitative Blood test)	\$19	\$20	\$19
Respiratory Pathogen Panel Test (COVID-19/Influenza/RSV)	\$143	\$143	\$143
Thyroid Stimulating Hormone	\$29	\$30	\$29
Urinalysis (UA) w/ Microscopic Analysis	\$17	\$18	\$17
Urinary Tract Infection Test	\$39	\$40	\$39

Charges for Common Radiology Services as of June 2024

Date Range: 04/01/2024-06/30/2024	Price Range		
CAT Scans	Minimum	Maximum	Average
CAT Scan Abdomen & Pelvis w/ Contrast	\$302	\$314	\$304
CAT Scan Angiography Chest w/o & w/ Contrast	\$287	\$299	\$289
CAT Scan Cervical Spine w/o Contrast	\$180	\$187	\$181
CAT Scan Head/Brain w/o Contrast	\$102	\$106	\$103

Diagnostic Radiology	Minimum	Maximum	Average
X-Ray Chest 2 Views	\$92	\$95	\$92
X-Ray Chest 1 View	\$74	\$76	\$74
X-Ray Lumbosacral Spine 2-3 Views	\$129	\$133	\$129
MRA/MRI	Minimum	Maximum	Average
MRA Head w/o Contrast	\$724	\$749	\$727
MRA Neck w/o Contrast	\$732	\$757	\$735
MRI Brain w/o & w/ Contrast	\$576	\$596	\$579
MRI Brain w/o Contrast	\$343	\$354	\$344
Nuclear Medicine	Minimum	Maximum	Average
Nuclear Medicine Lymph System Scan	\$1,808	\$1,876	\$1,815
Nuclear Medicine Pulmonary Perfusion	\$1,226	\$1,235	\$1,231
Nuclear Medicine	Minimum	Maximum	Average
Duplex Ultrasound - Abdomen/Pelvis/Retroperitoneal Limited	\$644	\$666	\$647
Ultrasound Abdomen Limited	\$331	\$343	\$332
Ultrasound Early Pregnancy	\$276	\$286	\$277
Ultrasound Fetal Biophysical Profile (BPP)	\$257	\$266	\$259
Ultrasound Pregnancy Transvaginal	\$313	\$324	\$314
Ultrasound Pelvis Non-Obstetric Complete	\$386	\$400	\$388
Ultrasound Transvaginal Non-Pregnant	\$460	\$476	\$462
Venous Duplex Ultrasound - Both Legs	\$846	\$876	\$850

*A venipuncture is charged each time blood is drawn for any blood-based lab test. This is charged once per day for inpatient stays, and once per visit for outpatients, in addition to the charges for the lab tests.

Fees for professional services you received at the hospital from hospital-based physicians and other healthcare providers such as physician assistants, nurse practitioners, etc. will be billed separately to you and are not part of hospital charges. If you have questions regarding their bills, please contact the following:

<p>Anesthesiologists, US Anesthesia Partners 888-339-8727</p> <p>Cardiologists, Associates in Cardiology 301-681-5700</p> <p>ER Physicians, Silver Spring Emergency Physicians Billing Group: US Acute Care Solutions 855-687-0618</p> <p>Hospitalists Billing Group: US Acute Care Solutions 855-687-0618</p> <p>Intensivists, Capital Critical Care, LLC Maximus Medical Billing, LLC 301-774-1320</p>	<p>Neonatologists, Community Neonatal Associates 240-566-1600</p> <p>Perinatologists, Greater Washington Maternal Fetal Medicine 202-741-3560</p> <p>Radiologists, Professional Services of Holy Cross 833-961-2458</p> <p>Pathologists, Pathology Assoc. of Silver Spring Billing Group: Ventra Health 972-861-1270</p> <p>Other Healthcare Providers, Professional Services of Holy Cross 833-961-2458</p>
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