

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 March 2025

Date Range: 01/01/2025 -03/31/2025	Price Range		
General Surgery Procedures	Minimum	Maximum	Average
Laparoscopic Appendectomy	\$8,775	\$18,880	\$13,223
Laparoscopic Bowel Resection	\$18,422	\$35,941	\$26,313
Laparoscopic Cholecystectomy	\$10,497	\$23,920	\$16,595
Laparoscopic Gastric Bypass	\$16,429	\$33,082	\$23,701
Gynecology Procedures	Minimum	Maximum	Average
Abdominal Myomectomy	\$11,614	\$19,589	\$15,978
Total Abdominal Hysterectomy w/ & w/o Removal of Tube/Ovary	\$12,690	\$29,347	\$18,786
Obstetric Procedures	Minimum	Maximum	Average
Cesarean Section w/o Complication	\$7,207	\$20,406	\$10,746
Cesarean Section w/ Complication	\$7,586	\$32,317	\$13,028
Vaginal Delivery w/o Complication	\$8,277	\$17,070	\$10,835
Vaginal Delivery w/ Complication	\$8,701	\$23,318	\$12,242
Orthopedic Procedures	Minimum	Maximum	Average
ORIF- Upper Femur	\$14,160	\$53,738	\$24,522
Tibia Replacement	\$10,492	\$50,931	\$27,297

Charges for Common Outpatient Surgical Procedures as of March 2025

Date Range: 01/01/2025 -03/31/2025	Price Range		
Cardiac Procedures	Minimum	Maximum	Average
Revision of Arteriovenous (AV) Fistula w/o Thrombectomy	\$5,374	\$9,145	\$7,229
Gastroenterology Procedures	Minimum	Maximum	Average
Colonoscopy w/ Biopsy	\$2,118	\$3,974	\$2,688
Colonoscopy w/ Snare Polypectomy	\$2,252	\$3,801	\$2,843
Esophagogastroduodenoscopy (EGD) with insertion of a guide wire & dilation of esophagus	\$1,962	\$3,043	\$2,710
EGD w/ Biopsy	\$2,074	\$7,204	\$3,659
Endoscopic Retrograde cholangiopancreatography	\$4,114	\$16,803	\$7,630
Screening Colonoscopy	\$1,910	\$4,576	\$2,394
Transendoscopic Ultrasound-Guided Fine Needle Biopsy	\$4,159	\$8,745	\$6,133
General Surgery Procedures	Minimum	Maximum	Average
Complete Mastectomy	\$15,846	\$51,187	\$31,373
Laparoscopic Appendectomy	\$6,398	\$10,896	\$8,418
Laparoscopic Cholecystectomy	\$5,988	\$14,277	\$8,787
Laparoscopic Inguinal Hernia Repair	\$7,621	\$16,731	\$9,824
Laparoscopic Sleeve Gastrectomy	\$12,341	\$20,169	\$15,502
Partial Mastectomy	\$5,102	\$16,088	\$10,162
Gynecology Procedures	Minimum	Maximum	Average
Hysteroscopic Myomectomy	\$6,223	\$10,656	\$8,042
Hysteroscopy w/ Biopsy	\$4,208	\$9,917	\$6,776
Laparoscopic Adnexal Surgery	\$7,334	\$14,443	\$10,430
Laparoscopic Ovarian Cystectomy	\$7,124	\$14,400	\$10,556
Total Abdominal Hysterectomy	\$13,557	\$25,554	\$18,024
Total Laparoscopic Hysterectomy	\$8,698	\$19,455	\$13,511

Interventional Radiology Procedures	Minimum	Maximum	Average
Abdominal Paracentesis	\$1,283	\$8,624	\$4,332
Pleural Thoracentesis	\$1,811	\$6,746	\$3,466
Neurosurgery Procedures	Minimum	Maximum	Average
Cerebral Angiogram	\$2,997	\$5,275	\$3,958
Replacement of Deep Brain Stimulator	\$26,320	\$70,563	\$55,506
Orthopedic Procedures	Minimum	Maximum	Average
Total Hip Arthroplasty	\$19,171	\$29,607	\$25,722
Total Knee Arthroplasty	\$15,775	\$25,456	\$19,912
Pulmonary Procedures	Minimum	Maximum	Average
Diagnostic Bronchoscopy	\$3,409	\$11,655	\$9,268
Endobronchial Ultrasound Guided Bronchoscopy with needle sampling	\$6,044	\$20,167	\$11,452
Spine Procedures	Minimum	Maximum	Average
Laminectomy	\$5,957	\$14,611	\$9,172
Urology Procedures	Minimum	Maximum	Average
Cystourethroscopy w/ Lithotripsy & Insertion of Ureteral Stent	\$5,116	\$10,196	\$7,534
Vascular Procedures	Minimum	Maximum	Average
Arteriovenous Fistula Creation with Autogenous Graft	\$5,824	\$9,547	\$7,359
Arteriovenous Fistula Creation with Non-autogenous Graft	\$5,752	\$11,185	\$7,918
Lower Extremity Angiography	\$8,394	\$33,399	\$16,338
Charges for Common Laboratory Services as of March 2025			
Date Range: 01/01/2025 – 03/31/2025	Price Range		
Laboratory Procedure	Minimum	Maximum	Average
Antibody Screen RBC	\$24	\$25	\$25
Basic Metabolic Panel (Calcium Total)	\$22	\$23	\$23
Blood Alcohol Concentration Test	\$60	\$64	\$62
Blood Clotting Test - Prothrombin Time (PT)	\$16	\$17	\$17
Blood Draw - Venipuncture *	\$16	\$17	\$17
Blood Type Test - ABO	\$8	\$8	\$8
Blood Type Test - RH (D)	\$8	\$8	\$8
Cardiac Test - Troponin	\$50	\$53	\$52
CBC	\$16	\$17	\$17
CBC with Differential	\$20	\$21	\$21
Comprehensive Metabolic Panel	\$30	\$32	\$31
Lipase	\$16	\$17	\$17
Magnesium	\$12	\$13	\$12
Phosphorus	\$4	\$4	\$4
Pregnancy Test (HCG Qualitative Blood test)	\$20	\$21	\$21
Pregnancy Test (HCG Quantitative Blood test)	\$48	\$51	\$50
Presumptive Drug Screening Test	\$112	\$119	\$116
Respiratory Pathogen Panel Test (COVID-19/Influenza/RSV)	\$143	\$143	\$143
Thyroid Stimulating Hormone	\$30	\$32	\$31
Urinalysis (UA) w/ Microscopic Analysis	\$18	\$19	\$19
Urinary Tract Infection Test	\$40	\$42	\$42

Charges for Common Radiology Services as of March 2025			
Date Range: 01/01/2025 – 03/31/2025	Price Range		
CAT Scans	Minimum	Maximum	Average
CAT Scan Abdomen & Pelvis w/ Contrast	\$314	\$330	\$324
CAT Scan Angiography Chest w/o & w/ Contrast	\$298	\$314	\$308
CAT Scan Cervical Spine w/o Contrast	\$187	\$197	\$193
CAT Scan Head/Brain w/o Contrast	\$106	\$112	\$110
Diagnostic Radiology	Minimum	Maximum	Average
X-Ray Chest 2 Views	\$83	\$88	\$86
X-Ray Chest 1 View	\$67	\$70	\$69
X-Ray Lumbosacral Spine 2-3 Views	\$117	\$123	\$120
MRA/MRI	Minimum	Maximum	Average
MRA Head w/o Contrast	\$727	\$767	\$750
MRA Neck w/o Contrast	\$734	\$775	\$759
MRI Brain w/o Contrast	\$344	\$363	\$355
MRI Brain w/o & w/ Contrast	\$578	\$610	\$598
Nuclear Medicine	Minimum	Maximum	Average
Nuclear Medicine Lymph System Scan	\$1,875	\$1,978	\$1,935
Nuclear Medicine Pulmonary Ventilation/Perfusion	\$1,767	\$1,864	\$1,832
Nuclear Medicine	Minimum	Maximum	Average
Duplex Ultrasound - Abdomen/Pelvis/Retroperitoneal Limited	\$584	\$617	\$604
Ultrasound Abdomen Limited	\$300	\$317	\$311
Ultrasound Early Pregnancy	\$250	\$264	\$259
Ultrasound Fetal Biophysical Profile (BPP)	\$233	\$247	\$241
Ultrasound Pregnancy Transvaginal	\$283	\$300	\$294
Ultrasound Pregnancy >=14 weeks Single/First Gestation	\$433	\$458	\$448
Ultrasound Pelvis Non-Obstetric Complete	\$350	\$370	\$362
Ultrasound Transvaginal Non-Pregnant	\$417	\$441	\$431

*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:

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