

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 September 2025			
Date Range: 07/01/2025 -09/30/2025	Price Range		
General Surgery Procedures	Minimum	Maximum	Average
Laparoscopic Appendectomy	\$8,604	\$38,965	\$17,355
Laparoscopic Cholecystectomy	\$11,769	\$41,573	\$21,280
Gynecology Procedures	Minimum	Maximum	Average
Abdominal Myomectomy	\$11,017	\$24,919	\$18,340
Total Abdominal Hysterectomy w/ & w/o Removal of Tube/Ovary	\$13,701	\$38,586	\$20,405
Obstetric Procedures	Minimum	Maximum	Average
Cesarean Section w/o Complication	\$7,490	\$18,849	\$10,768
Cesarean Section w/ Complication	\$7,901	\$28,924	\$12,680
Vaginal Delivery w/o Complication	\$8,233	\$16,690	\$10,916
Vaginal Delivery w/ Complication	\$8,676	\$21,800	\$12,341
Orthopedic Procedures	Minimum	Maximum	Average
ORIF- Upper Femur	\$15,347	\$37,865	\$25,438
Spine Procedures	Minimum	Maximum	Average
Lumbar Spinal Fusion	\$31,392	\$74,381	\$52,275
Charges for Common Outpatient Surgical Procedures as of September 2025			
Date Range: 07/01/2025 -09/30/2025	Price Range		
Gastroenterology Procedures	Minimum	Maximum	Average
Colonoscopy w/ Biopsy	\$2,587	\$4,473	\$3,338
Colonoscopy w/ Snare Polypectomy	\$2,539	\$4,346	\$3,645
Esophagogastroduodenoscopy (EGD)	\$2,639	\$10,352	\$6,322
EGD w/ Biopsy	\$2,243	\$7,818	\$4,117
ERCP w/ Stent Removal & Stone Extraction	\$3,794	\$8,273	\$6,192
Screening Colonoscopy	\$2,056	\$4,093	\$3,032
Transendoscopic Ultrasound-Guided Fine Needle Biopsy	\$3,848	\$19,377	\$8,108
General Surgery Procedures	Minimum	Maximum	Average
Laparoscopic Appendectomy	\$6,656	\$12,840	\$9,379
Laparoscopic Cholecystectomy	\$6,201	\$14,894	\$9,925
Laparoscopic Gastric Bypass (Roux-En-Y)	\$14,466	\$37,863	\$25,507
Laparoscopic Inguinal Hernia Repair	\$9,092	\$16,421	\$11,252
Laparoscopic Sleeve Gastrectomy	\$12,615	\$20,997	\$16,619
Partial Mastectomy	\$5,645	\$14,214	\$9,942
Gynecology Procedures	Minimum	Maximum	Average
Hysteroscopic Myomectomy	\$6,345	\$11,414	\$8,011
Hysteroscopy w/ Biopsy	\$4,616	\$11,585	\$7,503
Laparoscopic Adnexal Surgery	\$9,014	\$15,923	\$11,868
Laparoscopic Myomectomy	\$10,888	\$27,199	\$16,895
Laparoscopic Ovarian Cystectomy	\$8,626	\$16,739	\$11,978
Loop Electrosurgical Excision Procedure	\$4,026	\$5,740	\$4,918
Total Laparoscopic Hysterectomy	\$9,256	\$21,359	\$14,448
Vaginal Hysterectomy	\$10,440	\$16,408	\$12,762

Interventional Radiology Procedures	Minimum	Maximum	Average
Abdominal Paracentesis	\$3,240	\$11,976	\$6,992
Mediport Placement	\$1,777	\$7,620	\$4,076
Percutaneous Breast Biopsy	\$1,433	\$4,829	\$2,525
Thoracentesis	\$1,106	\$11,505	\$5,651
Neurology Procedures	Minimum	Maximum	Average
Cerebral Angiogram	\$2,694	\$6,651	\$4,280
Lumbar Puncture	\$1,533	\$9,480	\$4,098
Placement of Pulse Generator for Deep Brain Stimulation	\$45,980	\$66,147	\$55,612
Orthopedic Procedures	Minimum	Maximum	Average
Surgical Knee Arthroscopy w/ Meniscectomy	\$4,143	\$21,664	\$10,775
Total Hip Arthroplasty	\$18,171	\$30,712	\$30,712
Total Knee Arthroplasty	\$15,444	\$26,844	\$20,278
Pulmonary Procedures	Minimum	Maximum	Average
Diagnostic Bronchoscopy	\$3,695	\$13,352	\$6,629
Endobronchial Ultrasound Guided Bronchoscopy with needle sampling	\$7,827	\$22,550	\$15,061
Spine Procedures	Minimum	Maximum	Average
Anterior Cervical Discectomy & Fusion	\$18,548	\$32,259	\$23,987
Laminectomy, Facetectomy & Foraminotomy	\$7,286	\$14,601	\$10,116
Urology Procedure	Minimum	Maximum	Average
Cystourethroscopy w/ Insertion of Ureteral Stent	\$2,528	\$10,265	\$5,928
Cystourethroscopy w/ Lithotripsy & Insertion of Ureteral Stent	\$5,514	\$10,855	\$7,452
Vascular Procedures	Minimum	Maximum	Average
Arteriovenous Fistula Creation in the Upper Arm	\$6,078	\$13,403	\$8,453
Arteriovenous Fistula Creation with Autogenous Graft	\$5,773	\$8,905	\$7,332
Lower Extremity Angiography	\$9,297	\$30,454	\$17,627

Charges for Common Laboratory Services as of September 2025

Date Range: 07/01/2025 – 09/30/2025	Price Range		
Laboratory Procedure	Minimum	Maximum	Average
Antibody Screen RBC	\$25	\$29	\$27
Basic Metabolic Panel (Calcium Total)	\$23	\$26	\$25
Blood Alcohol Concentration Test	\$62	\$71	\$68
Blood Clotting Test - Prothrombin Time (PT)	\$17	\$19	\$18
Blood Draw - Venipuncture *	\$17	\$19	\$18
Blood Type Test - ABO	\$8	\$10	\$9
Blood Type Test - RH (D)	\$8	\$10	\$9
Cardiac Test - Troponin	\$52	\$59	\$57
CBC	\$17	\$19	\$18
CBC with Differential	\$21	\$24	\$23
Comprehensive Metabolic Panel	\$31	\$36	\$34
Lipase	\$17	\$19	\$18
Magnesium	\$12	\$14	\$14
Phosphorus	\$4	\$5	\$5
Pregnancy Test (HCG Qualitative Blood test)	\$21	\$24	\$23
Pregnancy Test (HCG Quantitative Blood test)	\$50	\$57	\$55
Respiratory Pathogen Panel Test (COVID-19/Influenza/RSV)	\$131	\$131	\$131
Thyroid Stimulating Hormone	\$31	\$36	\$34
Urinalysis (UA) w/ Microscopic Analysis	\$19	\$21	\$21
Urinary Tract Infection Test	\$41	\$48	\$46
Urine Pregnancy Test	\$21	\$24	\$23

Charges for Common Radiology Services as of September 2025			
Date Range: 07/01/2025 – 09/30/2025	Price Range		
CAT Scans	Minimum	Maximum	Average
CAT Scan Abdomen & Pelvis w/ Contrast	\$319	\$323	\$320
CAT Scan Abdomen & Pelvis w/o Contrast	\$165	\$166	\$165
CAT Scan Cervical Spine w/o Contrast	\$191	\$193	\$191
CAT Scan Head/Brain w/o Contrast	\$108	\$109	\$109
Diagnostic Radiology	Minimum	Maximum	Average
X-Ray Chest 2 Views	\$86	\$102	\$95
X-Ray Chest 1 View	\$69	\$81	\$77
X-Ray Lumbosacral Spine 2-3 Views	\$120	\$143	\$135
MRA/MRI	Minimum	Maximum	Average
MRA Head w/o Contrast	\$780	\$818	\$805
MRA Neck w/o Contrast	\$789	\$827	\$814
MRI Brain w/o Contrast	\$369	\$387	\$381
MRI Brain w/o & w/ Contrast	\$621	\$651	\$643
Nuclear Medicine	Minimum	Maximum	Average
Nuclear Medicine Pulmonary Ventilation/Perfusion	\$1,821	\$2,536	\$2,321
Nuclear Medicine	Minimum	Maximum	Average
Duplex Ultrasound - Abdomen/Pelvis/Retroperitoneal Limited	\$602	\$713	\$678
Ultrasound Abdomen Limited	\$310	\$367	\$350
Ultrasound Early Pregnancy	\$258	\$305	\$290
Ultrasound Fetal Biophysical Profile (BPP)	\$241	\$285	\$274
Ultrasound Pelvis Non-Obstetric Complete	\$361	\$428	\$404
Ultrasound Pregnancy >=14 weeks Single/First Gestation	\$448	\$530	\$505
Ultrasound Pregnancy Transvaginal	\$293	\$346	\$329
Ultrasound Transvaginal Non-Pregnant	\$430	\$509	\$482

*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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