



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 six 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 2020			
Date Range: 04/01/2020 – 09/30/2020	Price Range		
Obstetric Procedures	Minimum	Maximum	Average
Cesarean Section w/o Complications	\$5,026	\$16,164	\$7,685
Cesarean Section w/ Complications	\$5,354	\$23,675	\$9,301
Vaginal Delivery w/o Complicating Diagnosis	\$5,547	\$14,456	\$7,655
Vaginal Delivery w/ Complicating Diagnosis	\$5,851	\$16,342	\$8,985
General Surgery Procedures	Minimum	Maximum	Average
Laparoscopic Appendectomy	\$6,582	\$28,117	\$13,060
Gastric Bypass	\$23,818	\$34,261	\$27,330
Laparoscopic Cholecystectomy	\$10,216	\$26,442	\$15,702
Laparoscopic Sleeve Gastrectomy	\$14,078	\$26,124	\$19,897
Orthopedic Procedures	Minimum	Maximum	Average
ORIF- Upper Femur	\$16,786	\$47,428	\$26,488
Partial Hip Replacement	\$17,292	\$57,678	\$29,842
Total Knee Replacement	\$16,491	\$75,021	\$37,146
Cardiovascular Procedures	Minimum	Maximum	Average
Insertion of Dual-Chamber Device, Pacemaker	\$20,241	\$35,965	\$27,238
Left Heart Catheterization	\$7,611	\$13,205	\$10,227
Percutaneous Transluminal Coronary Angioplasty (PTCA)	\$10,911	\$29,200	\$19,306
Spine Procedures	Minimum	Maximum	Average
Multiple Cervical Spinal Fusion	\$28,910	\$58,293	\$39,412
Multiple Lumbar Spinal Fusion	\$38,520	\$102,908	\$63,883
Lumbar Sacral Spine Fusion	\$36,983	\$72,536	\$52,526
Lumbar Spinal Fusion	\$40,884	\$77,146	\$53,157
Neurosurgery Procedures	Minimum	Maximum	Average
Craniotomy - Brain Tumor Resection	\$13,332	\$37,343	\$22,142
Excision - Brain Lesion	\$23,905	\$62,328	\$37,787
Insertion of Neurostimulator Lead	\$28,559	\$37,376	\$33,968
Charges for Common Outpatient Surgical Procedures as of September 2020			
Date Range: 04/01/2020 – 09/30/2020	Price Range		
Gynecology Procedures	Minimum	Maximum	Average
Hysteroscopy w/ Biopsy	\$3,596	\$10,718	\$6,053
Hysteroscopic Myomectomy	\$6,407	\$11,795	\$8,705
Laparoscopic Adnexal Surgery	\$5,875	\$14,174	\$10,003
Total Laparoscopic Hysterectomy	\$9,330	\$18,676	\$12,873
General Surgery Procedures	Minimum	Maximum	Average
Inguinal Hernia Repair	\$3,681	\$10,915	\$6,078
Laparoscopic Appendectomy	\$6,905	\$11,926	\$8,594
Laparoscopic Cholecystectomy	\$6,113	\$14,710	\$9,314
Mediport Placement	\$2,692	\$8,168	\$4,120
Vascular & Ear, Nose & Throat Procedures	Minimum	Maximum	Average
Arteriovenous Fistula Revision	\$3,868	\$9,628	\$6,435
Tonsillectomy w/ Adenoidectomy	\$3,908	\$6,035	\$5,031
Orthopedic Procedures	Minimum	Maximum	Average
Knee Arthroscopy/Surgery	\$3,902	\$17,262	\$8,027
Total Hip Arthroplasty	\$19,937	\$35,891	\$27,053
Total Knee Arthroplasty	\$16,746	\$28,931	\$21,641

Charges for Common Laboratory Services as of September 2020

Date Range: 07/01/2020 – 09/30/2020	Price Range		
Laboratory Procedure	Minimum	Maximum	Average
Antibody Screen RBC	\$23	\$24	\$23
Basic Metabolic Panel	\$21	\$22	\$21
Blood Clotting Test – Prothrombin Time (PT)	\$15	\$16	\$16
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	\$51	\$48
CBC with Differential	\$19	\$20	\$19
COVID-19 Test	\$100	\$100	\$100
Comprehensive Metabolic Panel	\$29	\$31	\$29
Glycohemoglobin (HGB A1C)	\$38	\$41	\$39
Hepatic Function Panel	\$21	\$22	\$21
Lipase	\$15	\$16	\$16
Lipid Panel	\$36	\$39	\$37
Pregnancy Test (HCG Qualitative Blood test)	\$19	\$20	\$19
Thyroid Stimulating Hormone	\$29	\$31	\$29
Urinalysis (UA) w/ Microscopic Analysis	\$17	\$18	\$17
Urinary Tract Infection Test	\$38	\$41	\$39

Charges for Common Radiology Services as of September 2020

Date Range: 07/01/2020 – 09/30/2020	Price Range		
CAT Scans	Minimum	Maximum	Average
CAT Scan Abdomen & Pelvis w/ Contrast	\$230	\$253	\$239
CAT Scan Spine w/o Contrast	\$138	\$151	\$143
CAT Scan Chest w/ Contrast	\$175	\$192	\$181
CAT Scan Head w/o Contrast	\$78	\$86	\$81
Diagnostic Radiology	Minimum	Maximum	Average
X-Ray Chest 2 Views	\$59	\$71	\$66
X-Ray Chest 1 View	\$47	\$57	\$53
X-Ray Lumbar Spine 2-3 Views	\$83	\$99	\$93
MRA/MRI	Minimum	Maximum	Average
MRA Head w/o Contrast	\$477	\$511	\$484
MRA Neck w/o Contrast	\$481	\$515	\$487
MRI Brain w/o Contrast	\$225	\$241	\$228
Nuclear Medicine	Minimum	Maximum	Average
Nuclear Medicine – Pulmonary Perfusion Imaging	\$842	\$979	\$922
Ultrasound	Minimum	Maximum	Average
Ultrasound Abdomen Complete	\$272	\$326	\$304
Ultrasound Doppler Fetal Umbilical Artery	\$71	\$85	\$79
Ultrasound Early Pregnancy	\$177	\$212	\$199
Ultrasound Fetal Biophysical Profile (BPP)	\$166	\$198	\$185
Ultrasound Pregnancy Transvaginal	\$201	\$241	\$225
Ultrasound Pregnancy Detailed Single/First Gestation	\$284	\$340	\$317
Ultrasound Pelvis Non-Obstetric Complete	\$248	\$297	\$278
Ultrasound Transvaginal Non-Pregnant	\$296	\$354	\$331

*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, Holy Cross Anesthesia Associates Billing Group : Medac 800- 394- 4445</p> <p>Cardiologists, Forest Glen Cardiology 804-202-1190</p> <p>ER Physicians, Silver Spring Emergency Physicians Billing Group: US Acute Care Solutions 855-687 -0618</p> <p>Hospitalists, TeamHealth 866-661-7868</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 201-741-3560</p> <p>Radiologists, Diagnostic Medical Imaging Associates 866-953-5869</p> <p>Pathologists, Pathology Assoc. of Silver Spring Billing Group: ABEO 240-566-1603</p> <p>Other Healthcare Providers, Professional Services of Holy Cross Hospital Billing Group: Meridian Financial Management 443-274-2900 or 888-429-5380</p>
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