

**Table 1: Ten procedures/services generating Facility Fees**

Col A	Col B	Col C	Col D
Identify the Reporting Health System and each of its affiliated hospitals	For each Entity listed in <u>Column A</u> , describe the ten procedures/services that generated the greatest amount of facility fee revenue	For each Entity listed in <u>Column A</u> , describe the ten procedures/services for which facility fees were charged based on patient volume	For each procedure/service description listed in <u>Column B</u> , list total revenue received by hospital or health system derived from facility fees
<i>Connecticut Childrens Medical Center</i>	<b>95810 - Polysom 6/&gt; yrs 4/&gt; param</b>	<b>93005 - Electrocardiogram tracing</b>	<b>\$1,009,927</b>
	<b>29888 - Knee Arthroscopy/Surgery</b>	<b>95819 - Eeg awake and asleep</b>	<b>\$942,276</b>
	<b>95782 - Polysom &lt;6 yrs 4/&gt; paramtrs</b>	<b>72069 - X-ray exam trunk spine stand</b>	<b>\$790,334</b>
	<b>95819 - Eeg awake and asleep</b>	<b>73564 - X-ray exam knee 4 or more</b>	<b>\$631,728</b>
	<b>69436 - Create eardrum opening</b>	<b>73560 - X-ray exam of knee 1 or 2</b>	<b>\$620,638</b>
	<b>42830 - Removal of adenoids</b>	<b>73610 - X-ray exam of ankle</b>	<b>\$341,465</b>
	<b>42820 - Remove tonsils and adenoids</b>	<b>95810 - Polysom 6/&gt; yrs 4/&gt; param</b>	<b>\$290,739</b>
	<b>29806 - Shoulder Arthroscopy/Surgery</b>	<b>73100 - X-ray exam of wrist</b>	<b>\$286,252</b>
	<b>93303 - Echo transthoracic</b>	<b>95782 - Polysom &lt;6 yrs 4/&gt; paramtrs</b>	<b>\$255,698</b>
	<b>54161 - Circum 28 days or older</b>	<b>73080 - X-ray exam of elbow</b>	<b>\$252,074</b>

**NOTE: For any information on this table, that is *estimated* by the Hospital/System using a formula or methodology, provide a full explanation of the estimating methodology and assumptions and explain why actual figures are unavailable.**



**From:** [Croke, David](#)  
**To:** [Foster, Tillman](#)  
**Subject:** RE: CT Children's Medical Center Facility Fee Filing  
**Date:** Wednesday, September 28, 2016 11:28:36 AM  
**Attachments:** [Facility Fee Tables Connecticut Childrens Revised with Addresses.xlsx](#)

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Sorry about that omission. Here is the revised table 2. Let me know if you need anything else. Dave

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**From:** Foster, Tillman [mailto:Tillman.Foster@ct.gov]  
**Sent:** Wednesday, September 28, 2016 10:46 AM  
**To:** Croke, David <Dcroke@connecticutchildrens.org>  
**Subject:** CT Children's Medical Center Facility Fee Filing

Mr. Croke -

This is acknowledgement of the Office of Health Care Access (OHCA) receiving your Calendar Year (CY) 2015 Facility Fee filing on September 2, 2016.

After reviewing the filing OHCA has a question in regards to the following:

1. On table 2, column A, the names of the facilities were entered but not the addresses. Revise column A of the filing to include the addresses of the facilities that facility fees are charged and facility fee revenues are collected.

Please respond by October 3, 2016.

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