

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>HSC Autism Center/370 Osgood Ave, New Britain, CT</i>	1) E&M - Office visit approx 25mins	1) E&M - Office visit approx 25mins	1) \$11,591
	2) Psychological Testing	2) Psychotherapy - 45mins	2) \$6,649
	3) Psychotherapy - 45mins	3) Psychological Testing	3) \$5,744
	4) Psych Diag Eval with Med services	4) E&M - Office visit approx 15mins	4) \$5,047
	5) E&M - Office visit approx 15mins	5) Psych Diag Eval with Med services	5) \$4,642
	6) E&M - Office visit New Patient approx 30mins	6) E&M - Prolonged Service - 1st Hr	6) \$3,849
	7) E&M - Office visit New Patient approx 60mins	7) E&M - Office visit New Patient approx 30mins	7) \$2,805
	8) Family Psychotherapy w/o patient	8) E&M - Prolonged Service - Add'l 30mins	8) \$2,614
	9) E&M - Prolonged Service - Add'l 30mins	9) Psychotherapy - 30mins	9) \$1,668
	10) E&M - Office visit approx 40mins	10) Psychiatric diagnostic evaluation	10) \$1,642

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.

