

Calendar Year "CY" 2022 - 2024 Statewide Hospital-based On Campus Outpatient Center Facility Fees										
Facility Fees (Net Revenue)						Facility Fee Visits				
Hospital	CY 2022 <sup>4</sup>	CY 2023	CY 2024 <sup>4</sup>	Change Between CY23 & CY24		Hospital	CY 2022 <sup>4</sup>	CY 2023	CY 2024 <sup>4</sup>	Change Between CY23 & CY24
Hartford Hospital	\$198,778,728	\$200,207,797	\$222,399,012	▲		Hartford Hospital	161,876	185,509	199,437	▲
John Dempsey Hospital	\$146,093,212	\$163,625,139	\$183,467,241	▲		John Dempsey Hospital	139,359	153,679	162,765	▲
Yale New Haven Hospital	\$125,132,264	\$132,724,563	\$130,380,084	▼		Yale New Haven Hospital	302,795	329,631	311,651	▼
Danbury Hospital <sup>1</sup>	\$127,734,143	\$143,041,875	\$130,416,314	▼		Danbury Hospital <sup>1</sup>	115,884	132,908	130,670	▼
Midstate Medical Center	\$68,606,098	\$79,549,544	\$92,352,736	▲		Midstate Medical Center	51,560	54,631	57,080	▲
William W. Backus Hospital <sup>1</sup>	\$73,115,341	\$78,312,826	\$86,088,918	▲		William W. Backus Hospital <sup>1</sup>	69,250	75,647	77,301	▲
Hospital of Central CT	\$63,612,882	\$74,562,114	\$83,322,547	▲		Hospital of Central CT	74,073	83,384	85,700	▲
Saint Vincent's Medical Center	\$61,375,504	\$73,600,356	\$82,246,567	▲		Saint Vincent's Medical Center	50,889	52,381	55,932	▲
Stamford Hospital	\$79,515,412	\$83,982,978	\$82,001,751	▼		Stamford Hospital	38,794	46,658	54,408	▲
Griffin Hospital	\$43,325,667	\$49,949,858	\$51,112,394	▲		Griffin Hospital	53,508	52,463	46,254	▼
Norwalk Hospital <sup>1</sup>	\$41,112,450	\$44,580,270	\$45,520,543	▲		Norwalk Hospital <sup>1</sup>	43,102	35,015	34,103	▼
CT Children's Medical Center	\$26,370,574	\$33,635,902	\$36,502,228	▲		CT Children's Medical Center	38,915	44,325	45,381	▲
Bristol Hospital	\$25,602,672	\$30,316,061	\$33,908,150	▲		Bristol Hospital	62,312	67,827	81,955	▲
Charlotte Hungerford Hospital	\$21,815,177	\$26,148,348	\$27,581,879	▲		Charlotte Hungerford Hospital	49,766	58,586	59,604	▲
Middlesex Hospital	\$25,695,944	\$29,171,485	\$27,404,546	▼		Middlesex Hospital	18,580	20,220	21,051	▲
Windham Memorial Hospital	\$21,959,125	\$25,229,094	\$26,319,706	▲		Windham Memorial Hospital	38,967	36,854	38,374	▲
Lawrence + Memorial Hospital	\$21,739,647	\$21,865,283	\$22,218,296	▲		Lawrence + Memorial Hospital	49,789	51,240	50,586	▼
Greenwich Hospital	\$19,708,210	\$22,223,478	\$22,167,636	▼		Greenwich Hospital	61,327	65,697	64,089	▼
Bridgeport Hospital	\$14,174,844	\$15,777,856	\$15,767,894	▼		Bridgeport Hospital	79,716	92,263	100,663	▲
Waterbury Hospital <sup>1,2</sup>	\$9,000,719	\$13,826,987	\$14,942,399	▲		Waterbury Hospital <sup>1,2</sup>	75,621	41,344	43,349	▲
Manchester Memorial Hospital	\$13,704,028	\$12,100,807	\$13,998,244	▲		Manchester Memorial Hospital	12,966	12,675	13,550	▲
Vassar Health CT dba Sharon Hospital <sup>1</sup>	\$10,251,951	\$11,557,501	\$12,293,039	▲		Vassar Health CT dba Sharon Hospital <sup>1</sup>	16,846	19,543	20,257	▲
Day Kimball Hospital	\$12,110,596	\$11,800,934	\$10,307,297	▼		Day Kimball Hospital	38,967	38,127	30,679	▼
Johnson Memorial Medical Center <sup>1</sup>	\$5,534,766	\$5,374,998	\$4,561,529	▼		Johnson Memorial Medical Center <sup>1</sup>	4,266	6,433	5,130	▼
St. Francis Hospital & Medical Ctr <sup>1,2</sup>	\$3,709,231	\$2,856,322	\$2,900,604	▲		St. Francis Hospital & Medical Ctr <sup>1,2</sup>	22,511	19,593	16,580	▼
Saint Mary's Hospital <sup>1</sup>	\$706,797	\$923,839	\$1,140,569	▲		Saint Mary's Hospital <sup>1</sup>	825	1,070	1,247	▲
Hospital for Special Care <sup>3</sup>	\$861,205	\$500,195	\$609,127	▲		Hospital for Special Care <sup>3</sup>	6,955	4,540	3,889	▼
Rockville General Hospital	\$784,583	\$571,982	\$568,472	▼		Rockville General Hospital	1,038	793	760	▼
Grand Total	\$1,262,131,770	\$1,388,018,393	\$1,462,499,722	▲		Grand Total	1,680,457	1,783,036	1,812,445	▲

Source: CT Office of Health Strategy Hospital-based On Campus Outpatient Centers Facility Fee filings for CY 2024.

Ordered by highest to lowest CY 2024 Net Revenue.

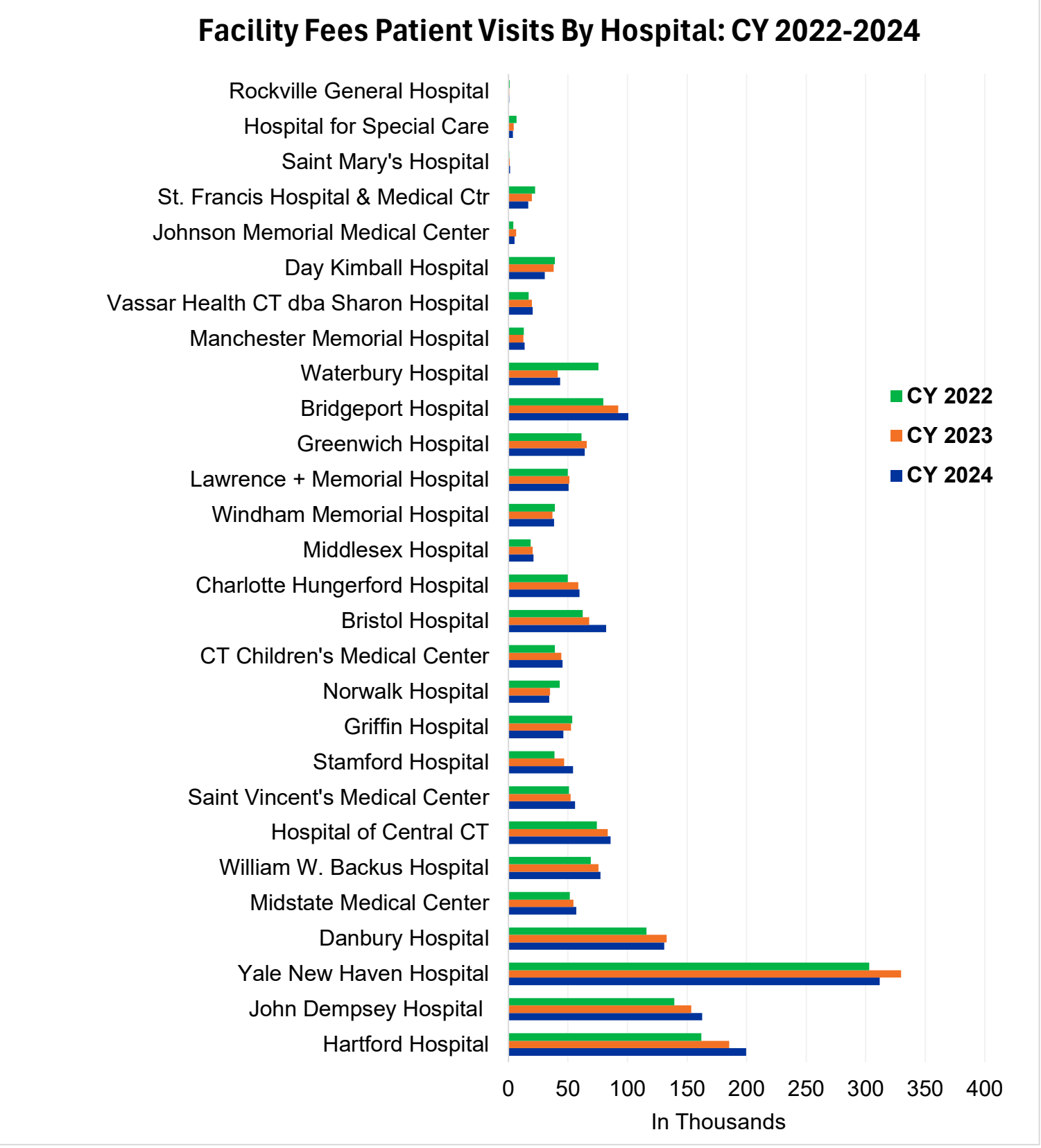
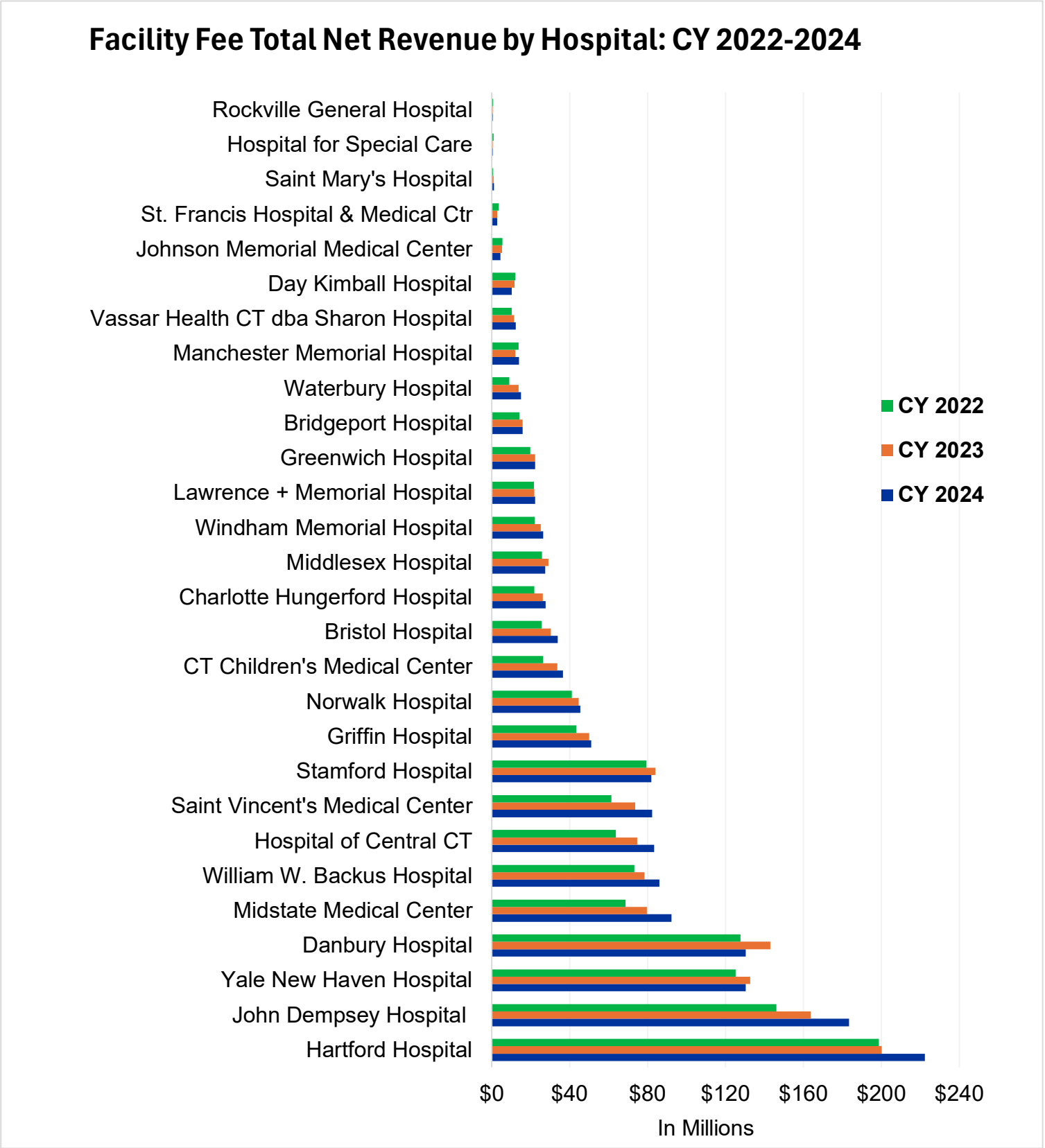
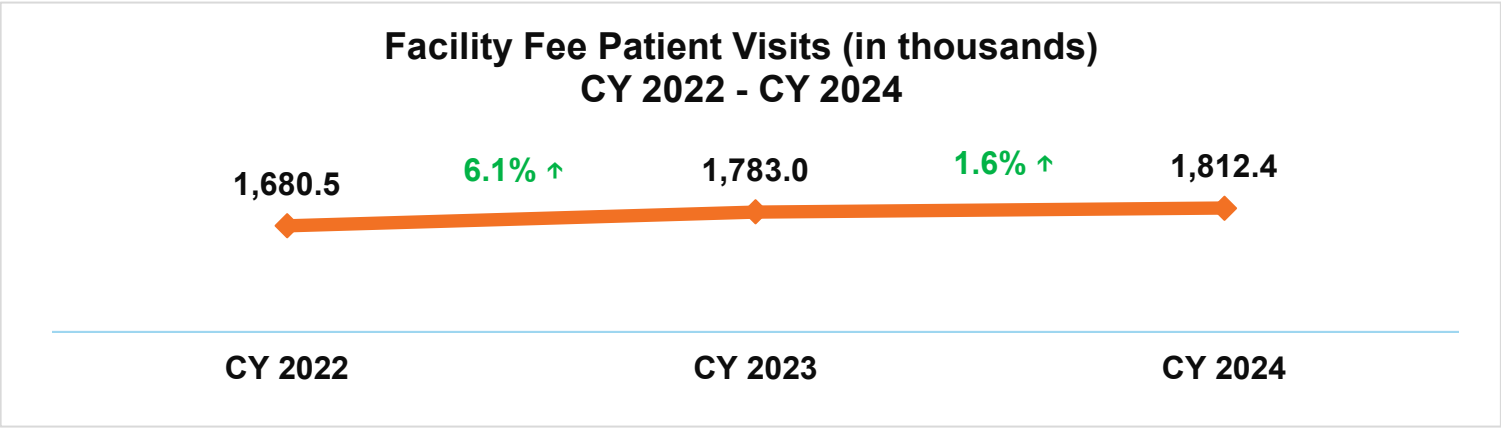
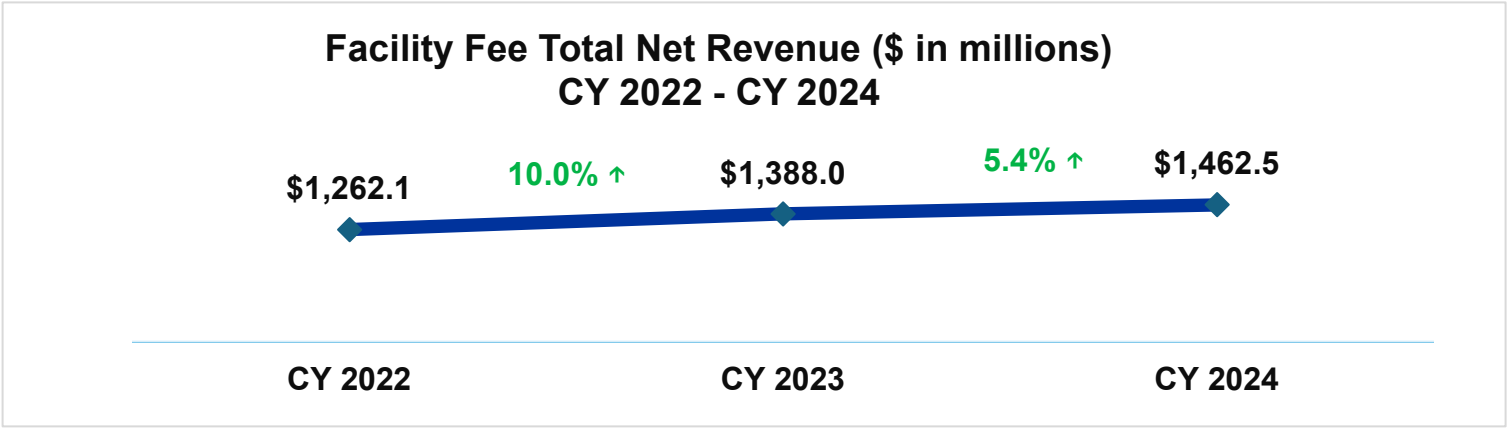
The table includes hospitals that charge a facility fee as defined under C.G.S Sec 19a-508c. Hospitals that do not charge a facility fee are as follows:Gaylord Hospital, Hebrew Home and Hospital, Masonicare Health Center, Natchaug Hospital, and Silver Hill Hospital.

<sup>1</sup>Nuvance Hospitals (Danbury, Norwalk, and Sharon), Trinity Health of New England Hospitals (St. Francis, St. Mary's, and Johnson Memorial), Waterbury Hospital, and William W. Backus Hospital submitted revised data for CY2023.

<sup>2</sup>Mount Sinai Rehabilitation Hospital facility fee revenue and visits is included in the Saint Francis Hospital & Medical Center facility fee filing, but had no on campus facility fees in 2024.

<sup>3</sup>Hospital for Special Care facility fees paid was down in CY 2023 due to staffing shortages in the patient financial services department for billing. Staffing was back up in CY 2024, billing resumed which led to increased payment

<sup>4</sup>New prohibitions: in CY 2022, no Facility Fees for A&M visits was mandated; in CY 2024 beginning July 1st, no Facility Fees for on campus A&M and E&M visits with exclusions was mandated.



Calendar Year 2024 On Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by hospital)			
Hospital Name	Procedure Code	Procedure/Service	Total Net Revenue
Bridgeport Hospital	G0463	Hospital Outpatient Clinic Visit For Assessment And Management Of A Patient	\$3,834,191
Bridgeport Hospital	15275	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area	\$820,137
Bridgeport Hospital	11042	Debridement, Subcutaneous Tissue (Includes Epidermis And Dermis, If Performed); First 20 Sq Cm Or Less	\$751,475
Bridgeport Hospital	59025	Fetal Non-Stress Test	\$647,871
Bridgeport Hospital	29581	Application Of Multi-Layer Compression System; Leg (Below Knee), Including Ankle And Foot	\$436,490
Bridgeport Hospital	11044	Debridement, Bone (Includes Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed); First 20 Sq Cm Or Less	\$430,071
Bridgeport Hospital	74177	Computed Tomography, Abdomen And Pelvis; With Contrast Material(S)	\$356,748
Bridgeport Hospital	71260	Computed Tomography, Thorax; With Contrast Material(S)	\$293,004
Bridgeport Hospital	93306	Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, And With Color Flow Doppler Echocardiography	\$289,318
Bridgeport Hospital	11043	Debridement, Muscle And/Or Fascia (Includes Epidermis, Dermis, And Subcutaneous Tissue, If Performed); First 20 Sq Cm Or Less	\$264,386
Bristol Hospital	93306	Tte W/Doppler Complete	\$1,413,651
Bristol Hospital	78452	Nm Myocar Perfspect Multstudy	\$1,183,990
Bristol Hospital	47562	Laparoscopic Cholecystectomy	\$674,479
Bristol Hospital	74177	Ct Abd/Pel W/Contrast	\$655,947
Bristol Hospital	88305	Level Iv Gross & Micro	\$610,720
Bristol Hospital	49650	Laparoscopy,Surgical; Repair Initial Inguinal Hernia	\$516,858
Bristol Hospital	19318	Breast Reduction	\$465,193
Bristol Hospital	77067	Screening Mammo Bi Incl Cad	\$463,896
Bristol Hospital	64415	Injection Of Anesthetic Agent (Nerve Block)	\$452,296
Bristol Hospital	66984	Xcapls Cataract Removal	\$427,156
Charlotte Hungerford Hospital	G0463	Hospital Outpt Clinic Visit	\$2,540,282
Charlotte Hungerford Hospital	93306	Tte W/Doppler Complete	\$644,113
Charlotte Hungerford Hospital	47562	Laparoscopic Cholecystectomy	\$622,989
Charlotte Hungerford Hospital	66984	Xcapsl Ctrc Rmvl W/O Ecp	\$546,053
Charlotte Hungerford Hospital	62323	Njx Interlaminar Lmbr/Sac	\$463,590
Charlotte Hungerford Hospital	94010	Breathing Capacity Test	\$453,581
Charlotte Hungerford Hospital	52000	Cystourethroscopy	\$402,239
Charlotte Hungerford Hospital	52356	Cysto/Uretero W/Lithotripsy	\$385,469
Charlotte Hungerford Hospital	50590	Fragmenting Of Kidney Stone	\$377,117
Charlotte Hungerford Hospital	64628	Trml Dstrj los Bvn 1St 2 L/S	\$371,302
Connecticut Children's Medical Center	42820	Tonsillectomy Adenoidectomy <Age 12	\$2,485,228
Connecticut Children's Medical Center	93306	Echo Tthrc R-T 2D W/Wom-Mode Compl Speccolr D	\$1,469,549
Connecticut Children's Medical Center	93303	Complete Tthrc Echo Congenital Cardiac Anomaly	\$1,438,032
Connecticut Children's Medical Center	93653	Compre Ep Eval Abltj 3D Mapg Tx Svt	\$1,306,195
Connecticut Children's Medical Center	45380	Colonoscopy W/Biopsy Single/Multiple	\$1,137,707
Connecticut Children's Medical Center	43239	Egd Transoral Biopsy Single/Multiple	\$1,032,605
Connecticut Children's Medical Center	G0330	Facility Svs Dental Rehab	\$924,107
Connecticut Children's Medical Center	70553	Mri Brain Brain Stem W/O W/Contrast Material	\$862,139
Connecticut Children's Medical Center	93304	F-Up/Limited Tthrc Echo Congenital Car Anomaly	\$794,274
Connecticut Children's Medical Center	94010	Spmtry W/Vc Expiratory Flo W/Wo Mxml Vol Vntj	\$764,439
Danbury Hospital	45380	Colonoscopy Flexible, With Biopsy, Single Or Multiple	\$5,907,110
Danbury Hospital	93306	Transthoracic Echocardiogram, Complete	\$4,988,474
Danbury Hospital	45385	Colonoscopy, Flexible, With Remover Of Tumors, Polyps, Or Other Lesions By Snare	\$4,519,133
Danbury Hospital	43239	Egd With Biopsy, Single Or Multiple	\$3,876,566
Danbury Hospital	93656	Comprehensive Ep Eval	\$3,844,152
Danbury Hospital	77385	Imrt Treatment Delivery,Simple	\$3,752,648
Danbury Hospital	88305	Level Iv Surgical Pathology, Gross And Microscopic Examination	\$3,314,896
Danbury Hospital	45378	Colonoscopy, Flexible, Diagnostic, Including Collection Of Specimen By Brushing Or Washing, When Performed	\$3,112,165
Danbury Hospital	77386	Imrt Treatment Delivery, Complex	\$3,066,813
Danbury Hospital	77412	Radiation Treatment Delivery, Complex	\$2,144,716



Calendar Year 2024 On Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by hospital)			
Hospital Name	Procedure Code	Procedure/Service	Total Net Revenue
Day Kimball Hospital	77067	Screening Mammography 2 Views Bi-Lateral	\$989,183
Day Kimball Hospital	93306	Electrocardiography, Transthoracic	\$960,326
Day Kimball Hospital	77063	Screening Digital Breast Tomosynthesis Bi-Lateral	\$436,832
Day Kimball Hospital	9581	Polysomnography And Sleep Testing	\$401,795
Day Kimball Hospital	78452	Myocardial Perfusion Imaging, Tomographic	\$368,671
Day Kimball Hospital	93798	Cardiac Rehabilitation	\$341,471
Day Kimball Hospital	70553	Mri Brain Without & With Dye	\$337,038
Day Kimball Hospital	74177	Ct Abdominal & Pelvic With Contrast	\$300,883
Day Kimball Hospital	95811	Polysomnography And Sleep Testing	\$298,501
Day Kimball Hospital	77065	Diagnostic Mammography unilateral	\$273,197
Greenwich Hospital	77067	Screening Mammography, Bilateral (2-View Study Of Each Breast), Including Computer-Aided Detection (Cad) When Performed	\$3,033,415
Greenwich Hospital	76641	Ultrasound, Breast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; Complete	\$2,390,029
Greenwich Hospital	G0463	Hospital Outpatient Clinic Visit For Assessment And Management Of A Patient	\$1,544,429
Greenwich Hospital	78815	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Skull Base To Mid-Thigh	\$1,126,533
Greenwich Hospital	19083	Biopsy, Breast, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, Percutaneous; First Lesion, Including Ultrasound Guidance	\$848,181
Greenwich Hospital	77063	Screening Digital Breast Tomosynthesis, Bilateral (List Separately In Addition To Code For Primary Procedure)	\$744,409
Greenwich Hospital	72197	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences	\$458,191
Greenwich Hospital	59025	Fetal Non-Stress Test	\$416,785
Greenwich Hospital	19081	Biopsy, Breast, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, Percutaneous; First Lesion, Including Stereotactic Guidance	\$414,566
Greenwich Hospital	76819	Fetal Biophysical Profile; Without Non-Stress Testing	\$395,619
Griffin Hospital	27130	Total Hip Arthroplasty	\$3,229,681
Griffin Hospital	66984	Xcapsl Ctrc Rmvl W/O Ecp	\$2,695,579
Griffin Hospital	27447	Total Knee Arthroplasty	\$2,359,329
Griffin Hospital	43239	Egd Biopsy Single/Multiple	\$2,132,078
Griffin Hospital	77067	Scr Mammo Bi Incl Cad	\$1,937,107
Griffin Hospital	45378	Diagnostic Colonoscopy	\$1,917,788
Griffin Hospital	45380	Colonoscopy And Biopsy	\$1,825,779
Griffin Hospital	45385	Colonoscopy W/Lesion Removal	\$1,654,655
Griffin Hospital	49650	Lap Ing Hernia Repair Init	\$1,440,334
Griffin Hospital	93306	Tte W/Doppler Complete	\$1,323,609
Hartford Hospital	93656	Compre Ep Eval Abltj Atr Fib	\$10,498,033
Hartford Hospital	93458	L Hrt Artery/Ventricle Angio	\$9,501,083
Hartford Hospital	G0463	Hospital Outpt Clinic Visit	\$6,087,566
Hartford Hospital	93653	Compre Ep Eval Tx Svt	\$6,087,179
Hartford Hospital	78815	Pet Image W/Ct Skull-Thigh	\$5,505,463
Hartford Hospital	77386	Ntsty Modul Rad Tx Dlvr Cplx	\$5,380,837
Hartford Hospital	58571	Tlh W/T/O 250 G Or Less	\$4,824,231
Hartford Hospital	36224	Place Cath Carotd Art	\$3,944,864
Hartford Hospital	92928	Prq Card Stent W/Angio 1 Vsl	\$3,528,712
Hartford Hospital	77385	Ntsty Modul Rad Tx Dlvr Smpl	\$3,513,675
Hospital for Special Care	99214	Fc Office O/P Est Mod 30	\$154,293
Hospital for Special Care	99215	Fc Office O/P Est Hi 40 M	\$153,928
Hospital for Special Care	94375	Spirometry	\$80,893
Hospital for Special Care	99213	Fc Office O/P Est Low 20	\$71,017
Hospital for Special Care	99205	Fc Office O/P New Hi 60 M	\$42,282
Hospital for Special Care	62369	Tc Anlyz Refill Pump Non	\$37,582
Hospital for Special Care	99204	Fc Office O/P New Mod 45	\$25,646
Hospital for Special Care	31502	Tc Tracheostomy Tube Chg	\$7,760
Hospital for Special Care	62368	Tc Anlyz Implant Pump W/R	\$6,665
Hospital for Special Care	99203	Fc Low Lev Evi Mgt New Pt	\$5,892

Calendar Year 2024 On Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by hospital)			
Hospital Name	Procedure Code	Procedure/Service	Total Net Revenue
John Dempsey Hospital	G0463	Hospital Outpt Clinic Visit	\$4,345,423
John Dempsey Hospital	93306	Echo Tthrc R-T 2D W-Wom-Mode Compl Specandcolr D	\$3,808,355
John Dempsey Hospital	43239	Egd Transoral Biopsy Single/Multiple	\$3,238,089
John Dempsey Hospital	45385	Colsc Flx W/Rmvl Of Tumor Polyp Lesion Snare Tq	\$2,506,123
John Dempsey Hospital	88305	Level Iv Surg Pathology Grossandmicroscopic Exam	\$2,047,285
John Dempsey Hospital	95806	Sleep Std Airflow Hrt Rateando2 Sat Effort Unatt	\$1,723,190
John Dempsey Hospital	70553	Mri Brain Brain Stem W-O W-Contrast Material	\$1,711,655
John Dempsey Hospital	78815	Pet Imaging Ct Attenuation Skull Base Mid-Thigh	\$1,698,728
John Dempsey Hospital	95810	Polysom 6-Greater Than Yrs Sleep 4-Greater Than Addl Param Attn	\$1,501,166
John Dempsey Hospital	64483	Njx Aaand-Strd Tfml Epi Lumbar-Sacral 1 Level	\$1,408,891
Johnson Memorial Medical Center	45380	Flexible Colonoscopy With Biopsy, Encompassing Both Single And Multiple Biopsies	\$287,947
Johnson Memorial Medical Center	45385	Colonoscopy Procedure Where The Physician Removes Tumors, Polyps, Or Other Lesions Using A Snare Technique	\$266,421
Johnson Memorial Medical Center	97597	Active Wound Care Management, Specifically For Debridement Of Open Wounds, Where The Wound Surface Area Is 20 Square Centimeters Or Less	\$176,601
Johnson Memorial Medical Center	43239	Esophagogastroduodenoscopy (Egd) (Upper Gi Endoscopy) With Biopsy	\$212,341
Johnson Memorial Medical Center	G0330	Facility Services For Dental Rehabilitation Procedures Performed On A Patient Requiring Monitored Anesthesia	\$184,039
Johnson Memorial Medical Center	77067	Bilateral Screening Mammography That Includes Computer-Aided Detection	\$176,601
Johnson Memorial Medical Center	64483	Single-Level Transforaminal Epidural Injection At The Lumbar Or Sacral Level, Performed With Imaging Guidance (Fluoroscopy Or Ct)	\$132,256
Johnson Memorial Medical Center	45378	Diagnostic Colonoscopy	\$116,566
Johnson Memorial Medical Center	62323	Injection, Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Or Subarachnoid, Lumbar Or Sacral (Caudal)	\$102,362
Johnson Memorial Medical Center	64721	Neuroplasty And/Or Transposition Of The Median Nerve At The Carpal Tunnel	\$102,185
Lawrence + Memorial Hospital	77067	Screening Mammography, Bilateral (2-View Study Of Each Breast), Including Computer-Aided Detection (Cad) When Performed	\$2,414,028
Lawrence + Memorial Hospital	93306	Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, And With Color Flow Doppler Echocardiography	\$1,977,812
Lawrence + Memorial Hospital	78815	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Skull Base To Mid-Thigh	\$1,786,534
Lawrence + Memorial Hospital	77063	Screening Digital Breast Tomosynthesis, Bilateral (List Separately In Addition To Code For Primary Procedure)	\$618,960
Lawrence + Memorial Hospital	52310	Cystourethroscopy, With Removal Of Foreign Body, Calculus, Or Ureteral Stent From Urethra Or Bladder (Separate Procedure); Simple	\$533,045
Lawrence + Memorial Hospital	G0463	Hospital Outpatient Clinic Visit For Assessment And Management Of A Patient	\$531,286
Lawrence + Memorial Hospital	76641	Ultrasound, Breast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; Complete	\$513,822
Lawrence + Memorial Hospital	19083	Biopsy, Breast, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, Percutaneous; First Lesion, Including Ultrasound Guidance	\$470,437
Lawrence + Memorial Hospital	52000	Cystourethroscopy (Separate Procedure)	\$402,158
Lawrence + Memorial Hospital	74177	Computed Tomography, Abdomen And Pelvis; With Contrast Material(S)	\$348,884
Manchester Memorial Hospital	97597	Debride Selctv First 20 Sq Cm	\$781,383
Manchester Memorial Hospital	11042	Debride Subq Tissue 1St 20Sqcm	\$585,473
Manchester Memorial Hospital	G0277	Hbot, Full Body Chamber, 30M	\$478,747
Manchester Memorial Hospital	96365	Iv Infusion 1St Hr	\$401,073
Manchester Memorial Hospital	62323	Lum/Sac Ster Inj W/Guidance	\$393,629
Manchester Memorial Hospital	59025	Fetal Non Stress Test	\$281,113
Manchester Memorial Hospital	15275	App Skin Sub 1St 25Cm F/Toes	\$270,672
Manchester Memorial Hospital	49083	Abd Paracentesis W/Imaging	\$244,907
Manchester Memorial Hospital	36561	Insrt Tunneled Cvad W/Port	\$243,134
Manchester Memorial Hospital	36430	Blood Transfusion	\$222,836
Middlesex Hospital	95810	Polysom 6/> Yrs 4/> Param	\$1,781,719
Middlesex Hospital	49650	Lap Ing Hernia Repair Init	\$838,485
Middlesex Hospital	45380	Colonoscopy And Biopsy	\$785,198
Middlesex Hospital	43239	Egd Biopsy Single/Multiple	\$753,114
Middlesex Hospital	45385	Colonoscopy W/Lesion Removal	\$688,545
Middlesex Hospital	88305	Tissue Exam By Pathologist	\$658,568
Middlesex Hospital	95811	Polysom 6/>Yrs Cpap 4/> Parm	\$617,422
Middlesex Hospital	47562	Laparoscopic Cholecystectomy	\$524,732
Middlesex Hospital	G0399	Home Sleep Test/Type 3 Porta	\$498,078

Calendar Year 2024 On Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by hospital)			
Hospital Name	Procedure Code	Procedure/Service	Total Net Revenue
Middlesex Hospital	90853	Group Psychotherapy	\$445,660



Calendar Year 2024 On Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by hospital)			
Hospital Name	Procedure Code	Procedure/Service	Total Net Revenue
Midstate Medical Center	27447	Total Knee Arthroplasty	\$13,418,836
Midstate Medical Center	27130	Total Hip Arthroplasty	\$8,605,036
Midstate Medical Center	23472	Reconstruct Shoulder Joint	\$2,667,965
Midstate Medical Center	49650	Lap Ing Hernia Repair Init	\$2,601,664
Midstate Medical Center	43239	Egd Biopsy Single/Multiple	\$2,227,608
Midstate Medical Center	78815	Pet Image W/Ct Skull-Thigh	\$2,174,016
Midstate Medical Center	45380	Colonoscopy And Biopsy	\$2,089,630
Midstate Medical Center	47562	Laparoscopic Cholecystectomy	\$1,526,412
Midstate Medical Center	52356	Cysto/Uretero W/Lithotripsy	\$1,451,429
Midstate Medical Center	45385	Colonoscopy W/Lesion Removal	\$1,319,922
Norwalk Hospital	19318	Breast Reduction Mammoplasty	\$3,256,970
Norwalk Hospital	45380	Colonoscopy Flexible, With Biopsy, Single Or Multiple	\$1,951,414
Norwalk Hospital	43239	Egd With Biopsy, Single Or Multiple	\$1,504,231
Norwalk Hospital	45385	Colonoscopy, Flexible, With Remover Of Tumors, Polyps, Or Other Lesions By Snare	\$1,144,575
Norwalk Hospital	45378	Colonoscopy, Flexible, Diagnostic, Including Collection Of Specimen By Brushing Or Washing, When Performed	\$1,110,171
Norwalk Hospital	77385	Imrt Treatment Delivery, Simple	\$1,106,481
Norwalk Hospital	88305	Level Iv Surgical Pathology, Gross And Microscopic Examination	\$1,080,879
Norwalk Hospital	77386	Imrt Treatment Delivery, Complex	\$975,162
Norwalk Hospital	19301	Mastectomy, Partial (Eg, Lumpectomy, Tylectomy, Quadrantectomy, Segmentectomy)	\$858,578
Norwalk Hospital	88307	Level V Surgical Pathology, Gross And Microscopic Examination	\$844,308
Waterbury Hospital	11042	Excl Debridsubq 20 Sqcm Or Less	\$2,593,949
Waterbury Hospital	G0277	Hyperbaric Treatment	\$898,993
Waterbury Hospital	C9600	Ptca With Des	\$312,186
Waterbury Hospital	11045	Excl Debride Subq > 20 Sq Cm	\$310,845
Waterbury Hospital	90853	Php/Iop Group Therapy 90853	\$261,318
Waterbury Hospital	74177	Ct Abdomen Pelvis W Iv Contrast	\$232,098
Waterbury Hospital	15275	Aply Feet, Digits 1St 100Sqcm:1St 25Sqcm	\$231,734
Waterbury Hospital	59025	Nonstress Test Interpretation:	\$224,299
Waterbury Hospital	93458	Left Heart Cath W/Coronary Angio Lv Gm	\$214,782
Waterbury Hospital	71250	Ct Chest Wo Contrast	\$207,176
Rockville General Hospital	59025	Fetal Non Stress Test	\$13,503
Rockville General Hospital	94640	Inhale Tmt Obstrct/Sptm Ind Dx	\$12,542
Rockville General Hospital	99212	Office O/P Est Sf 10-19 Min	\$8,938
Rockville General Hospital	36600	Arterial Puncture	\$7,096
Rockville General Hospital	94002	Vent Setup Ip/Obsv Initial Day	\$6,472
Rockville General Hospital	82803	Arterial Bld Gas Anal	\$4,431
Rockville General Hospital	82800	Bld Gases Ph Only	\$3,933
Rockville General Hospital	99211	Office O/P Est Minimal Prob	\$2,838
Rockville General Hospital	58300	Insert Intrauterine Device	\$2,816
Rockville General Hospital	94660	Cpap Init & Mgmt	\$2,584
St. Francis Hospital & Medical Ctr	G0463	Hospital Outpatient Clinic Visit For Assessment And Management Of A Pt	\$1,256,824
St. Francis Hospital & Medical Ctr	11042	Debridement Subcutaneous Tissue 20 Sq Cm/<	\$268,342
St. Francis Hospital & Medical Ctr	97597	Selective Debridement Of Open Wounds, Specifically For The First 20 Square Centimeters Or Less Of The Wound Surface Area	\$202,000
St. Francis Hospital & Medical Ctr	15271	Application Of A Skin Substitute Graft, Specifically For The First 25 Square Centimeters (Sq Cm) Or Less	\$164,629
St. Francis Hospital & Medical Ctr	90677	20-Valent Pneumococcal Conjugate Vaccine (Pcv20), Administered Intramuscularly	\$77,139
St. Francis Hospital & Medical Ctr	15275	Application Of A Skin Substitute Graft To The Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, With A Total Wound Surface Area Up To 100 Sq Cm	\$36,075
St. Francis Hospital & Medical Ctr	15273	Used To Report The Application Of A Skin Substitute Graft To The Trunk, Arms, Or Legs When The Total Wound Surface Area Is Greater Than Or Equal To 100 Square Centimeters (Cm²)	\$30,354
St. Francis Hospital & Medical Ctr	76770	Ultrasound, Retroperitoneal (Eg, Renal, Aorta, Nodes), Real Time With Image Documentation; Complete	\$27,619
St. Francis Hospital & Medical Ctr	11043	Used To Report A Surgical Debridement Procedure, Specifically Debridement Of Muscle And/Or Fascia (Including Epidermis, Dermis, And Subcutaneous Tissue If Performed), For The First 20 Square Centimeters Or Less	\$26,862
St. Francis Hospital & Medical Ctr	90746	Administration Of The Hepatitis B Vaccine, Specifically For Adults Using A Three-Dose Schedule	\$17,496

Calendar Year 2024 On Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by hospital)			
Hospital Name	Procedure Code	Procedure/Service	Total Net Revenue
Sharon Hospital	93306	Transthoracic Echocardiogram, Complete	\$1,086,554
Sharon Hospital	78452	Myocardial Perfusion Imaging,Tomo Spect	\$627,048
Sharon Hospital	77067	Mammography Screening Bilateral With Or Without Cad	\$466,708
Sharon Hospital	45385	Colonoscopy, Flexible, With Remover Of Tumors, Polyps, Or Other Lesions By Snare	\$387,714
Sharon Hospital	66984	Extracapsular Cataract Removal With Insertion Of Iol	\$338,132
Sharon Hospital	93017	Cardiovascular Stress Test With Exercise Or Pharmacologic Stress, With Continuous Ekg Monitoring	\$332,664
Sharon Hospital	45378	Colonoscopy, Flexible, Diagnostic, Including Collection Of Specimen By Brushing Or Washing, When Performed	\$278,955
Sharon Hospital	11042	Dbrdmt Subq Tis 1St 20Sqcm/<	\$254,514
Sharon Hospital	73721	Mri, Any Joint Of Lower Extremity, Without Contrast	\$228,725
Sharon Hospital	43239	Egd With Biopsy, Single Or Multiple	\$222,567
Saint Mary's Hospital	95810	Polysomnography (Sleep Study) With Sleep Staging And At Least Four Additional Parameters, Attended By A Technologist, For Patients Aged Six Years Or Older	\$522,077
Saint Mary's Hospital	95811	Polysomnography (Sleep Study) That Includes Sleep Staging, At Least Four Additional Sleep Parameters, And The Initiation Of Continuous Positive Airway Pressure (Cpap) Therapy Or Bi-Level Ventilation	\$246,691
Saint Mary's Hospital	G0399	Home Sleep Test (Hst) With A Type Iii Portable Monitor	\$111,360
Saint Mary's Hospital	95805	Multiple Sleep Latency Test (Mslt) Recording, Analysis, And Interpretation Of Physiological Measurements Of Sleep During Multiple Trials To Assess Sleepiness	\$3,672
Saint Mary's Hospital	95782	Polysomnography (Sleep Study) For Children Under 6 Years Old	\$1,105
Saint Mary's Hospital	95806	Unattended Sleep Study That Involves The Simultaneous Recording Of Heart Rate, Oxygen Saturation, Respiratory Airflow, And Respiratory Effort During Sleep	\$1,283
Saint Mary's Hospital			
Saint Mary's Hospital			
Saint Mary's Hospital			
Saint Mary's Hospital			
Saint Vincent's Medical Center	93656	Compre Ep Eval Abltj Atr Fib	\$5,233,800
Saint Vincent's Medical Center	93458	L Hrt Artery/Ventricle Angio	\$4,348,555
Saint Vincent's Medical Center	27447	Total Knee Arthroplasty	\$4,257,391
Saint Vincent's Medical Center	27130	Total Hip Arthroplasty	\$3,038,084
Saint Vincent's Medical Center	93657	Tx L/R Atrial Fib Addl	\$2,465,391
Saint Vincent's Medical Center	C9600	Perc Drug-EI Cor Stent Sing	\$2,326,316
Saint Vincent's Medical Center	93653	Compre Ep Eval Tx Svt	\$1,719,024
Saint Vincent's Medical Center	47562	Laparoscopic Cholecystectomy	\$1,673,581
Saint Vincent's Medical Center	77385	Ntsty Modul Rad Tx Dlvr Smpl	\$1,618,150
Saint Vincent's Medical Center	49650	Lap Ing Hernia Repair Init	\$1,377,303
Stamford Hospital	74177	Ct Abd & Pelv W/Contrast	\$13,923,367
Stamford Hospital	27130	Total Hip Arthroplasty	\$7,062,524
Stamford Hospital	93306	Tte W/Doppler Complete	\$5,277,591
Stamford Hospital	27447	Total Knee Arthroplasty	\$4,964,503
Stamford Hospital	70450	Ct Head/Brain W/O Dye	\$4,821,628
Stamford Hospital	23472	Reconstruct Shoulder Joint	\$3,972,554
Stamford Hospital	93005	Electrocardiogram Tracing	\$2,538,580
Stamford Hospital	72125	Ct Neck Spine W/O Dye	\$2,346,388
Stamford Hospital	78452	Ht Muscle Image Spect Mult	\$1,880,910
Stamford Hospital	71260	Ct Thorax Dx C+	\$1,341,219
The Hospital of Central Connecticut	58571	Tlh W/T/O 250 G Or Less	\$2,567,035
The Hospital of Central Connecticut	11045	Dbrdmt Subq Tiss Each Addl	\$2,496,794
The Hospital of Central Connecticut	G0463	Hospital Outpt Clinic Visit	\$2,462,101
The Hospital of Central Connecticut	11042	Dbrdmt Subq Tis 1St 20Sqcm/<	\$2,179,605
The Hospital of Central Connecticut	47562	Laparoscopic Cholecystectomy	\$1,890,262
The Hospital of Central Connecticut	49650	Lap Ing Hernia Repair Init	\$1,708,641
The Hospital of Central Connecticut	52356	Cysto/Uretero W/Lithotripsy	\$1,653,033
The Hospital of Central Connecticut	58558	Hysteroscopy Biopsy	\$1,537,122
The Hospital of Central Connecticut	93798	Phys/Qhp Op Car Rhab W/Ecg	\$1,497,822



Calendar Year 2024 On Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by hospital)			
Hospital Name	Procedure Code	Procedure/Service	Total Net Revenue
The Hospital of Central Connecticut	93306	Tte W/Doppler Complete	\$1,387,400

Calendar Year 2024 On Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by hospital)			
Hospital Name	Procedure Code	Procedure/Service	Total Net Revenue
The William W. Backus Hospital	93306	Tte W/Doppler Complete	\$3,755,543
The William W. Backus Hospital	77386	Ntsty Modul Rad Tx Dlvr Cplx	\$3,639,570
The William W. Backus Hospital	78815	Pet Image W/Ct Skull-Thigh	\$3,493,178
The William W. Backus Hospital	77385	Ntsty Modul Rad Tx Dlvr Smpl	\$3,175,264
The William W. Backus Hospital	52356	Cysto/Uretero W/Lithotripsy	\$2,160,555
The William W. Backus Hospital	27447	Total Knee Arthroplasty	\$1,919,535
The William W. Backus Hospital	47562	Laparoscopic Cholecystectomy	\$1,898,352
The William W. Backus Hospital	49650	Lap Ing Hernia Repair Init	\$1,454,754
The William W. Backus Hospital	77412	Radiation Treatment Delivery	\$1,324,107
The William W. Backus Hospital	45385	Colonoscopy W/Lesion Removal	\$1,256,552
Windham Memorial Hospital	45380	Colonoscopy And Biopsy	\$2,369,862
Windham Memorial Hospital	93306	Tte W/Doppler Complete	\$2,031,884
Windham Memorial Hospital	62323	Njx Interlaminar Lmbr/Sac	\$1,885,072
Windham Memorial Hospital	45385	Colonoscopy W/Lesion Removal	\$1,302,550
Windham Memorial Hospital	43239	Egd Biopsy Single/Multiple	\$953,712
Windham Memorial Hospital	45378	Diagnostic Colonoscopy	\$823,796
Windham Memorial Hospital	78452	Ht Muscle Image Spect Mult	\$721,330
Windham Memorial Hospital	27447	Total Knee Arthroplasty	\$596,750
Windham Memorial Hospital	93017	Cardiovascular Stress Test	\$527,775
Windham Memorial Hospital	27130	Total Hip Arthroplasty	\$504,499
Yale New Haven Hospital	G0463	Hospital Outpatient Clinic Visit For Assessment And Management Of A Patient	\$13,722,744
Yale New Haven Hospital	78815	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Skull Base To Mid-Thigh	\$8,926,453
Yale New Haven Hospital	36522	Photopheresis, Extracorporeal	\$4,635,912
Yale New Haven Hospital	93306	Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, And With Color Flow Doppler Echocardiography	\$3,325,785
Yale New Haven Hospital	38222	Diagnostic Bone Marrow; Biopsy(les) And Aspiration(S)	\$3,259,591
Yale New Haven Hospital	77067	Screening Mammography, Bilateral (2-View Study Of Each Breast), Including Computer-Aided Detection (Cad) When Performed	\$2,554,697
Yale New Haven Hospital	27130	Arthroplasty, Acetabular And Proximal Femoral Prosthetic Replacement (Total Hip Arthroplasty), With Or Without Autograft Or Allograft	\$2,523,292
Yale New Haven Hospital	27447	Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartments With Or Without Patella Resurfacing (Total Knee Arthroplasty)	\$2,428,388
Yale New Haven Hospital	78816	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Whole Body	\$1,747,250
Yale New Haven Hospital	93653	Comprehensive Electrophysiologic Evaluation Including Insertion And Repositioning Of Multiple Electrode Catheters With Induction Or Attempted Induction Of An Arrhythmia With Right Atrial Pacing And Recording, Right Ventricular Pacing And Recording (When N	\$1,644,231
Source: CT Office of Health Strategy Hospital-based On Campus Outpatient Centers Facility Fee filings for CY 2024. The table includes hospitals that charge a facility fee as defined under C.G.S Sec 19a-508c. Hospitals that do not charge a facility fee are as follows:Gaylord Hospital, Hebrew Home and Hospital, Masonicare Health Center, Natchaug Hospital, and Silver Hill Hospital. Mount Sinai Rehabilitation Hospital facility fee revenue and visits is included in the Saint Francis Hospital & Medical Center facility fee filing, but had no on campus facility fees in 2024.			

Calendar Year 2024 On Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by revenue)			
Hospital Name	Procedure Code	Procedure/Service	Total Net-Revenue
Stamford Hospital	74177	Ct Abd & Pelv W/Contrast	\$13,923,367
Yale New Haven Hospital	G0463	Hospital Outpatient Clinic Visit For Assessment And Management Of A Patient	\$13,722,744
Midstate Medical Center	27447	Total Knee Arthroplasty	\$13,418,836
Hartford Hospital	93656	Compre Ep Eval Abltj Atr Fib	\$10,498,033
Hartford Hospital	93458	L Hrt Artery/Ventricle Angio	\$9,501,083
Yale New Haven Hospital	78815	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Skull Base To Mid-Thigh	\$8,926,453
Midstate Medical Center	27130	Total Hip Arthroplasty	\$8,605,036
Stamford Hospital	27130	Total Hip Arthroplasty	\$7,062,524
Hartford Hospital	G0463	Hospital Outpt Clinic Visit	\$6,087,566
Hartford Hospital	93653	Compre Ep Eval Tx Svt	\$6,087,179
Danbury Hospital	45380	Colonoscopy Flexible, With Biopsy, Single Or Multiple	\$5,907,110
Hartford Hospital	78815	Pet Image W/Ct Skull-Thigh	\$5,505,463
Hartford Hospital	77386	Ntsty Modul Rad Tx Dlvr Cplx	\$5,380,837
Stamford Hospital	93306	Tte W/Doppler Complete	\$5,277,591
Saint Vincent's Medical Center	93656	Compre Ep Eval Abltj Atr Fib	\$5,233,800
Danbury Hospital	93306	Transthoracic Echocardiogram, Complete	\$4,988,474
Stamford Hospital	27447	Total Knee Arthroplasty	\$4,964,503
Hartford Hospital	58571	Tlh W/T/O 250 G Or Less	\$4,824,231
Stamford Hospital	70450	Ct Head/Brain W/O Dye	\$4,821,628
Yale New Haven Hospital	36522	Photopheresis, Extracorporeal	\$4,635,912
Danbury Hospital	45385	Colonoscopy, Flexible, With Remover Of Tumors, Polyps, Or Other Lesions By Snare	\$4,519,133
Saint Vincent's Medical Center	93458	L Hrt Artery/Ventricle Angio	\$4,348,555
John Dempsey Hospital	G0463	Hospital Outpt Clinic Visit	\$4,345,423
Saint Vincent's Medical Center	27447	Total Knee Arthroplasty	\$4,257,391
Stamford Hospital	23472	Reconstruct Shoulder Joint	\$3,972,554
Hartford Hospital	36224	Place Cath Carotd Art	\$3,944,864
Danbury Hospital	43239	Egd With Biopsy, Single Or Multiple	\$3,876,566
Danbury Hospital	93656	Comprehensive Ep Eval	\$3,844,152
Bridgeport Hospital	G0463	Hospital Outpatient Clinic Visit For Assessment And Management Of A Patient	\$3,834,191
John Dempsey Hospital	93306	Echo Tthrc R-T 2D W-Wom-Mode Compl Specandcolr D	\$3,808,355
The William W. Backus Hospital	93306	Tte W/Doppler Complete	\$3,755,543
Danbury Hospital	77385	Imrt Treatment Delivery, Simple	\$3,752,648
The William W. Backus Hospital	77386	Ntsty Modul Rad Tx Dlvr Cplx	\$3,639,570
Hartford Hospital	92928	Prq Card Stent W/Angio 1 Vsl	\$3,528,712
Hartford Hospital	77385	Ntsty Modul Rad Tx Dlvr Smpl	\$3,513,675
The William W. Backus Hospital	78815	Pet Image W/Ct Skull-Thigh	\$3,493,178
Yale New Haven Hospital	93306	Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, And With Color Flow Doppler Echocardiography	\$3,325,785
Danbury Hospital	88305	Level Iv Surgical Pathology, Gross And Microscopic Examination	\$3,314,896
Yale New Haven Hospital	38222	Diagnostic Bone Marrow; Biopsy(les) And Aspiration(S)	\$3,259,591
Norwalk Hospital	19318	Breast Reduction Mammoplasty	\$3,256,970
John Dempsey Hospital	43239	Egd Transoral Biopsy Single/Multiple	\$3,238,089
Griffin Hospital	27130	Total Hip Arthroplasty	\$3,229,681
The William W. Backus Hospital	77385	Ntsty Modul Rad Tx Dlvr Smpl	\$3,175,264
Danbury Hospital	45378	Colonoscopy, Flexible, Diagnostic, Including Collection Of Specimen By Brushing Or Washing, When Performed	\$3,112,165
Danbury Hospital	77386	Imrt Treatment Delivery, Complex	\$3,066,813
Saint Vincent's Medical Center	27130	Total Hip Arthroplasty	\$3,038,084
Greenwich Hospital	77067	Screening Mammography, Bilateral (2-View Study Of Each Breast), Including Computer-Aided Detection (Cad) When Performed	\$3,033,415
Griffin Hospital	66984	Xcapsl Ctrc Rmvl W/O Ecp	\$2,695,579
Midstate Medical Center	23472	Reconstruct Shoulder Joint	\$2,667,965
Midstate Medical Center	49650	Lap Ing Hernia Repair Init	\$2,601,664



Calendar Year 2024 On Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by revenue)			
Hospital Name	Procedure Code	Procedure/Service	Total Net-Revenue
Waterbury Hospital	11042	Excl Debridsubq 20 Sqcm Or Less	\$2,593,949
The Hospital of Central Connecticut	58571	Tlh W/T/O 250 G Or Less	\$2,567,035
Yale New Haven Hospital	77067	Screening Mammography, Bilateral (2-View Study Of Each Breast), Including Computer-Aided Detection (Cad) When Performed	\$2,554,697
Charlotte Hungerford Hospital	G0463	Hospital Outpt Clinic Visit	\$2,540,282
Stamford Hospital	93005	Electrocardiogram Tracing	\$2,538,580

Calendar Year 2024 On Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by revenue)			
Hospital Name	Procedure Code	Procedure/Service	Total Net-Revenue
Yale New Haven Hospital	27130	Arthroplasty, Acetabular And Proximal Femoral Prosthetic Replacement (Total Hip Arthroplasty), With Or Without Autograft Or Allograft	\$2,523,292
John Dempsey Hospital	45385	Colsc Flx W/Rmvl Of Tumor Polyp Lesion Snare Tq	\$2,506,123
The Hospital of Central Connecticut	11045	Dbrdmt Subq Tiss Each Addl	\$2,496,794
Connecticut Children's Medical Center	42820	Tonsillectomy Adenoidectomy <Age 12	\$2,485,228
Saint Vincent's Medical Center	93657	Tx L/R Atrial Fib Addl	\$2,465,391
The Hospital of Central Connecticut	G0463	Hospital Outpt Clinic Visit	\$2,462,101
Yale New Haven Hospital	27447	Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartments With Or Without Patella Resurfacing (Total Knee Arthroplasty)	\$2,428,388
Lawrence + Memorial Hospital	77067	Screening Mammography, Bilateral (2-View Study Of Each Breast), Including Computer-Aided Detection (Cad) When Performed	\$2,414,028
Greenwich Hospital	76641	Ultrasound, Breast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; Complete	\$2,390,029
Windham Memorial Hospital	45380	Colonoscopy And Biopsy	\$2,369,862
Griffin Hospital	27447	Total Knee Arthroplasty	\$2,359,329
Stamford Hospital	72125	Ct Neck Spine W/O Dye	\$2,346,388
Saint Vincent's Medical Center	C9600	Perc Drug-El Cor Stent Sing	\$2,326,316
Midstate Medical Center	43239	Egd Biopsy Single/Multiple	\$2,227,608
The Hospital of Central Connecticut	11042	Dbrdmt Subq Tis 1St 20Sqcm/<	\$2,179,605
Midstate Medical Center	78815	Pet Image W/Ct Skull-Thigh	\$2,174,016
The William W. Backus Hospital	52356	Cysto/Uretero W/Lithotripsy	\$2,160,555
Danbury Hospital	77412	Radiation Treatment Delivery, Complex	\$2,144,716
Griffin Hospital	43239	Egd Biopsy Single/Multiple	\$2,132,078
Midstate Medical Center	45380	Colonoscopy And Biopsy	\$2,089,630
John Dempsey Hospital	88305	Level Iv Surg Pathology Grossandmicroscopic Exam	\$2,047,285
Windham Memorial Hospital	93306	Tte W/Doppler Complete	\$2,031,884
Lawrence + Memorial Hospital	93306	Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, And With Color Flow Doppler Echocardiography	\$1,977,812
Norwalk Hospital	45380	Colonoscopy Flexible, With Biopsy, Single Or Multiple	\$1,951,414
Griffin Hospital	77067	Scr Mammo Bi Incl Cad	\$1,937,107
The William W. Backus Hospital	27447	Total Knee Arthroplasty	\$1,919,535
Griffin Hospital	45378	Diagnostic Colonoscopy	\$1,917,788
The William W. Backus Hospital	47562	Laparoscopic Cholecystectomy	\$1,898,352
The Hospital of Central Connecticut	47562	Laparoscopic Cholecystectomy	\$1,890,262
Windham Memorial Hospital	62323	Njx Interlaminar Lmbr/Sac	\$1,885,072
Stamford Hospital	78452	Ht Muscle Image Spect Mult	\$1,880,910
Griffin Hospital	45380	Colonoscopy And Biopsy	\$1,825,779
Lawrence + Memorial Hospital	78815	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Skull Base To Mid-Thigh	\$1,786,534
Middlesex Hospital	95810	Polysom 6/> Yrs 4/> Param	\$1,781,719
Yale New Haven Hospital	78816	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Whole Body	\$1,747,250
John Dempsey Hospital	95806	Sleep Std Airflow Hrt Rateando2 Sat Effort Unatt	\$1,723,190
Saint Vincent's Medical Center	93653	Compre Ep Eval Tx Svt	\$1,719,024
John Dempsey Hospital	70553	Mri Brain Brain Stem W-O W-Contrast Material	\$1,711,655
The Hospital of Central Connecticut	49650	Lap Ing Hernia Repair Init	\$1,708,641
John Dempsey Hospital	78815	Pet Imaging Ct Attenuation Skull Base Mid-Thigh	\$1,698,728
Saint Vincent's Medical Center	47562	Laparoscopic Cholecystectomy	\$1,673,581
Griffin Hospital	45385	Colonoscopy W/Lesion Removal	\$1,654,655
The Hospital of Central Connecticut	52356	Cysto/Uretero W/Lithotripsy	\$1,653,033
Yale New Haven Hospital	93653	Comprehensive Electrophysiologic Evaluation Including Insertion And Repositioning Of Multiple Electrode Catheters With Induction Or Attempted Induction Of An Arrhythmia With Right Atrial Pacing And Recording, Right Ventricular Pacing And Recording (When N	\$1,644,231
Saint Vincent's Medical Center	77385	Ntsty Modul Rad Tx Dlvr Smpl	\$1,618,150
Greenwich Hospital	G0463	Hospital Outpatient Clinic Visit For Assessment And Management Of A Patient	\$1,544,429
The Hospital of Central Connecticut	58558	Hysteroscopy Biopsy	\$1,537,122
Midstate Medical Center	47562	Laparoscopic Cholecystectomy	\$1,526,412
Norwalk Hospital	43239	Egd With Biopsy, Single Or Multiple	\$1,504,231

Calendar Year 2024 On Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by revenue)			
Hospital Name	Procedure Code	Procedure/Service	Total Net-Revenue
John Dempsey Hospital	95810	Polysom 6-Greater Than Yrs Sleep 4-Greater Than Addl Param Attnd	\$1,501,166
The Hospital of Central Connecticut	93798	Phys/Qhp Op Car Rhab W/Ecg	\$1,497,822
Connecticut Children's Medical Center	93306	Echo Tthrc R-T 2D W/Wom-Mode Compl Speccolr D	\$1,469,549
The William W. Backus Hospital	49650	Lap Ing Hernia Repair Init	\$1,454,754
Midstate Medical Center	52356	Cysto/Uretero W/Lithotripsy	\$1,451,429



Calendar Year 2024 On Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by revenue)			
Hospital Name	Procedure Code	Procedure/Service	Total Net-Revenue
Griffin Hospital	49650	Lap Ing Hernia Repair Init	\$1,440,334
Connecticut Children's Medical Center	93303	Complete Tthrc Echo Congenital Cardiac Anomaly	\$1,438,032
Bristol Hospital	93306	Tte W/Doppler Complete	\$1,413,651
John Dempsey Hospital	64483	Njx Aaand-Strd Tfrml Epi Lumbar-Sacral 1 Level	\$1,408,891
The Hospital of Central Connecticut	93306	Tte W/Doppler Complete	\$1,387,400
Saint Vincent's Medical Center	49650	Lap Ing Hernia Repair Init	\$1,377,303
Stamford Hospital	71260	Ct Thorax Dx C+	\$1,341,219
The William W. Backus Hospital	77412	Radiation Treatment Delivery	\$1,324,107
Griffin Hospital	93306	Tte W/Doppler Complete	\$1,323,609
Midstate Medical Center	45385	Colonoscopy W/Lesion Removal	\$1,319,922
Connecticut Children's Medical Center	93653	Compre Ep Eval Abltj 3D Mapg Tx Svt	\$1,306,195
Windham Memorial Hospital	45385	Colonoscopy W/Lesion Removal	\$1,302,550
St. Francis Hospital & Medical Ctr	G0463	Hospital Outpatient Clinic Visit For Assessment And Management Of A Pt	\$1,256,824
The William W. Backus Hospital	45385	Colonoscopy W/Lesion Removal	\$1,256,552
Bristol Hospital	78452	Nm Myocar Perfspect Multstudy	\$1,183,990
Norwalk Hospital	45385	Colonoscopy, Flexible, With Remover Of Tumors, Polyps, Or Other Lesions By Snare	\$1,144,575
Connecticut Children's Medical Center	45380	Colonoscopy W/Biopsy Single/Multiple	\$1,137,707
Greenwich Hospital	78815	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Skull Base To Mid-Thigh	\$1,126,533
Norwalk Hospital	45378	Colonoscopy, Flexible, Diagnostic, Including Collection Of Specimen By Brushing Or Washing, When Performed	\$1,110,171
Norwalk Hospital	77385	Imrt Treatment Delivery, Simple	\$1,106,481
Sharon Hospital	93306	Transthoracic Echocardiogram, Complete	\$1,086,554
Norwalk Hospital	88305	Level Iv Surgical Pathology, Gross And Microscopic Examination	\$1,080,879
Connecticut Children's Medical Center	43239	Egd Transoral Biopsy Single/Multiple	\$1,032,605
Day Kimball Hospital	77067	Screening Mammography 2 Views Bi-Lateral	\$989,183
Norwalk Hospital	77386	Imrt Treatment Delivery, Complex	\$975,162
Day Kimball Hospital	93306	Electrocardiography, Transthoracic	\$960,326
Windham Memorial Hospital	43239	Egd Biopsy Single/Multiple	\$953,712
Connecticut Children's Medical Center	G0330	Facility Svs Dental Rehab	\$924,107
Waterbury Hospital	G0277	Hyperbaric Treatment	\$898,993
Connecticut Children's Medical Center	70553	Mri Brain Brain Stem W/O W/Contrast Material	\$862,139
Norwalk Hospital	19301	Mastectomy, Partial (Eg, Lumpectomy, Tylectomy, Quadrantectomy, Segmentectomy)	\$858,578
Greenwich Hospital	19083	Biopsy, Breast, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, Percutaneous; First Lesion, Including Ultrasound Guidance	\$848,181
Norwalk Hospital	88307	Level V Surgical Pathology, Gross And Microscopic Examination	\$844,308
Middlesex Hospital	49650	Lap Ing Hernia Repair Init	\$838,485
Windham Memorial Hospital	45378	Diagnostic Colonoscopy	\$823,796
Bridgeport Hospital	15275	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area	\$820,137
Connecticut Children's Medical Center	93304	F-Up/Limited Tthrc Echo Congenital Car Anomaly	\$794,274
Middlesex Hospital	45380	Colonoscopy And Biopsy	\$785,198
Manchester Memorial Hospital	97597	Debride Selctv First 20 Sq Cm	\$781,383
Connecticut Children's Medical Center	94010	Spmtry W/Vc Expiratory Flo W/Wo Mxml Vol Vntj	\$764,439
Middlesex Hospital	43239	Egd Biopsy Single/Multiple	\$753,114
Bridgeport Hospital	11042	Debridement, Subcutaneous Tissue (Includes Epidermis And Dermis, If Performed); First 20 Sq Cm Or Less	\$751,475
Greenwich Hospital	77063	Screening Digital Breast Tomosynthesis, Bilateral (List Separately In Addition To Code For Primary Procedure)	\$744,409
Windham Memorial Hospital	78452	Ht Muscle Image Spect Mult	\$721,330
Middlesex Hospital	45385	Colonoscopy W/Lesion Removal	\$688,545
Bristol Hospital	47562	Laparoscopic Cholecystectomy	\$674,479
Middlesex Hospital	88305	Tissue Exam By Pathologist	\$658,568
Bristol Hospital	74177	Ct Abd/Pel W/Contrast	\$655,947
Bridgeport Hospital	59025	Fetal Non-Stress Test	\$647,871
Charlotte Hungerford Hospital	93306	Tte W/Doppler Complete	\$644,113

Calendar Year 2024 On Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by revenue)			
Hospital Name	Procedure Code	Procedure/Service	Total Net-Revenue
Sharon Hospital	78452	Myocardial Perfusion Imaging,Tomo Spect	\$627,048
Charlotte Hungerford Hospital	47562	Laparoscopic Cholecystectomy	\$622,989
Lawrence + Memorial Hospital	77063	Screening Digital Breast Tomosynthesis, Bilateral (List Separately In Addition To Code For Primary Procedure)	\$618,960
Middlesex Hospital	95811	Polysom 6/>Yrs Cpap 4/> Parm	\$617,422
Bristol Hospital	88305	Level Iv Gross & Micro	\$610,720
Windham Memorial Hospital	27447	Total Knee Arthroplasty	\$596,750
Manchester Memorial Hospital	11042	Debride Subq Tissue 1St 20Sqcm	\$585,473
Charlotte Hungerford Hospital	66984	Xcapsl Ctrc Rmvl W/O Ecp	\$546,053
Lawrence + Memorial Hospital	52310	Cystourethroscopy, With Removal Of Foreign Body, Calculus, Or Ureteral Stent From Urethra Or Bladder (Separate Procedure); Simple	\$533,045
Lawrence + Memorial Hospital	G0463	Hospital Outpatient Clinic Visit For Assessment And Management Of A Patient	\$531,286
Windham Memorial Hospital	93017	Cardiovascular Stress Test	\$527,775
Middlesex Hospital	47562	Laparoscopic Cholecystectomy	\$524,732
Saint Mary's Hospital	95810	Polysomnography (Sleep Study) With Sleep Staging And At Least Four Additional Parameters, Attended By A Technologist, For Patients Aged Six Years Or Older	\$522,077
Bristol Hospital	49650	Laparoscopy,Surgical; Repair Initial Inguinal Hernia	\$516,858
Lawrence + Memorial Hospital	76641	Ultrasound, Breast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; Complete	\$513,822
Windham Memorial Hospital	27130	Total Hip Arthroplasty	\$504,499
Middlesex Hospital	G0399	Home Sleep Test/Type 3 Porta	\$498,078
Manchester Memorial Hospital	G0277	Hbot, Full Body Chamber, 30M	\$478,747
Lawrence + Memorial Hospital	19083	Biopsy, Breast, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, Percutaneous; First Lesion, Including Ultrasound Guidance	\$470,437
Sharon Hospital	77067	Mammography Screening Bilateral With Or Without Cad	\$466,708
Bristol Hospital	19318	Breast Reduction	\$465,193
Bristol Hospital	77067	Screening Mammo Bi Incl Cad	\$463,896
Charlotte Hungerford Hospital	62323	Njx Interlaminar Lmbr/Sac	\$463,590
Greenwich Hospital	72197	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences	\$458,191
Charlotte Hungerford Hospital	94010	Breathing Capacity Test	\$453,581
Bristol Hospital	64415	Injection Of Anesthetic Agent (Nerve Block)	\$452,296
Middlesex Hospital	90853	Group Psychotherapy	\$445,660
Day Kimball Hospital	77063	Screening Digital Breast Tomosynthesis Bi-Lateral	\$436,832
Bridgeport Hospital	29581	Application Of Multi-Layer Compression System; Leg (Below Knee), Including Ankle And Foot	\$436,490
Bridgeport Hospital	11044	Debridement, Bone (Includes Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed); First 20 Sq Cm Or Less	\$430,071
Bristol Hospital	66984	Xcapsl Cataract Removal	\$427,156
Greenwich Hospital	59025	Fetal Non-Stress Test	\$416,785
Greenwich Hospital	19081	Biopsy, Breast, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, Percutaneous; First Lesion, Including Stereotactic Guidance	\$414,566
Charlotte Hungerford Hospital	52000	Cystourethroscopy	\$402,239
Lawrence + Memorial Hospital	52000	Cystourethroscopy (Separate Procedure)	\$402,158
Day Kimball Hospital	9581	Polysomnography And Sleep Testing	\$401,795
Manchester Memorial Hospital	96365	Iv Infusion 1St Hr	\$401,073
Greenwich Hospital	76819	Fetal Biophysical Profile; Without Non-Stress Testing	\$395,619
Manchester Memorial Hospital	62323	Lum/Sac Ster Inj W/Guidance	\$393,629
Sharon Hospital	45385	Colonoscopy, Flexible, With Remover Of Tumors, Polyps, Or Other Lesions By Snare	\$387,714
Charlotte Hungerford Hospital	52356	Cysto/Uretero W/Lithotripsy	\$385,469
Charlotte Hungerford Hospital	50590	Fragmenting Of Kidney Stone	\$377,117
Charlotte Hungerford Hospital	64628	Trml Dstrj los Bvn 1St 2 L/S	\$371,302
Day Kimball Hospital	78452	Myocardial Perfusion Imaging, Tomographic	\$368,671
Bridgeport Hospital	74177	Computed Tomography, Abdomen And Pelvis; With Contrast Material(S)	\$356,748
Lawrence + Memorial Hospital	74177	Computed Tomography, Abdomen And Pelvis; With Contrast Material(S)	\$348,884
Day Kimball Hospital	93798	Cardiac Rehabilitation	\$341,471
Sharon Hospital	66984	Extracapsular Cataract Removal With Insertion Of Iol	\$338,132
Day Kimball Hospital	70553	Mri Brain Without & With Dye	\$337,038
Sharon Hospital	93017	Cardiovascular Stress Test With Exercise Or Pharmacologic Stress, With Continuous Ekg Monitoring	\$332,664

Calendar Year 2024 On Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by revenue)			
Hospital Name	Procedure Code	Procedure/Service	Total Net-Revenue
Waterbury Hospital	C9600	Ptca With Des	\$312,186
Waterbury Hospital	11045	Excl Debride Subq > 20 Sq Cm	\$310,845
Day Kimball Hospital	74177	Ct Abdominal & Pelvic With Contrast	\$300,883
Day Kimball Hospital	95811	Polysomnography And Sleep Testing	\$298,501
Bridgeport Hospital	71260	Computed Tomography, Thorax; With Contrast Material(S)	\$293,004
Bridgeport Hospital	93306	Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, And With Color Flow Doppler Echocardiography	\$289,318
Johnson Memorial Medical Center	45380	Flexible Colonoscopy With Biopsy, Encompassing Both Single And Multiple Biopsies	\$287,947
Manchester Memorial Hospital	59025	Fetal Non Stress Test	\$281,113
Sharon Hospital	45378	Colonoscopy, Flexible, Diagnostic, Including Collection Of Specimen By Brushing Or Washing, When Performed	\$278,955



Calendar Year 2024 On Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by revenue)			
Hospital Name	Procedure Code	Procedure/Service	Total Net-Revenue
Day Kimball Hospital	77065	Diagnostic Mammography unilateral	\$273,197
Manchester Memorial Hospital	15275	App Skin Sub 1St 25Cm F/Toes	\$270,672
St. Francis Hospital & Medical Ctr	11042	Debridement Subcutaneous Tissue 20 Sq Cm/<	\$268,342
Johnson Memorial Medical Center	45385	Colonoscopy Procedure Where The Physician Removes Tumors, Polyps, Or Other Lesions Using A Snare Technique	\$266,421
Bridgeport Hospital	11043	Debridement, Muscle And/Or Fascia (Includes Epidermis, Dermis, And Subcutaneous Tissue, If Performed); First 20 Sq Cm Or Less	\$264,386
Waterbury Hospital	90853	Php/Iop Group Therapy 90853	\$261,318
Sharon Hospital	11042	Dbrdmt Subq Tis 1St 20Sqcm/<	\$254,514
Saint Mary's Hospital	95811	Polysomnography (Sleep Study) That Includes Sleep Staging, At Least Four Additional Sleep Parameters, And The Initiation Of Continuous Positive Airway Pressure (Cpap) Therapy Or Bi-Level Ventilation	\$246,691
Manchester Memorial Hospital	49083	Abd Paracentesis W/Imaging	\$244,907
Manchester Memorial Hospital	36561	Insrt Tunneled Cvad W/Port	\$243,134
Waterbury Hospital	74177	Ct Abdomen Pelvis W Iv Contrast	\$232,098
Waterbury Hospital	15275	Aply Feet,Digits 1St 100Sqcm:1St 25Sqcm	\$231,734
Sharon Hospital	73721	Mri, Any Joint Of Lower Extremity, Without Contrast	\$228,725
Waterbury Hospital	59025	Nonstress Test Interpretation:	\$224,299
Manchester Memorial Hospital	36430	Blood Transfusion	\$222,836
Sharon Hospital	43239	Egd With Biopsy, Single Or Multiple	\$222,567
Waterbury Hospital	93458	Left Heart Cath W/Coronary Angio Lv Gm	\$214,782
Johnson Memorial Medical Center	43239	Esophagogastroduodenoscopy (Egd) (Upper Gi Endoscopy) With Biopsy	\$212,341
Waterbury Hospital	71250	Ct Chest Wo Contrast	\$207,176
St. Francis Hospital & Medical Ctr	97597	Selective Debridement Of Open Wounds, Specifically For The First 20 Square Centimeters Or Less Of The Wound Surface Area	\$202,000
Johnson Memorial Medical Center	G0330	Facility Services For Dental Rehabilitation Procedures Performed On A Patient Requiring Monitored Anesthesia	\$184,039
Johnson Memorial Medical Center	97597	Active Wound Care Management, Specifically For Debridement Of Open Wounds, Where The Wound Surface Area Is 20 Square Centimeters Or Less	\$176,601
Johnson Memorial Medical Center	77067	Bilateral Screening Mammography That Includes Computer-Aided Detection	\$176,601
St. Francis Hospital & Medical Ctr	15271	Application Of A Skin Substitute Graft, Specifically For The First 25 Square Centimeters (Sq Cm) Or Less	\$164,629
Hospital for Special Care	99214	Fc Office O/P Est Mod 30	\$154,293
Hospital for Special Care	99215	Fc Office O/P Est Hi 40 M	\$153,928
Johnson Memorial Medical Center	64483	Single-Level Transforaminal Epidural Injection At The Lumbar Or Sacral Level, Performed With Imaging Guidance (Fluoroscopy Or Ct)	\$132,256
Johnson Memorial Medical Center	45378	Diagnostic Colonoscopy	\$116,566
Saint Mary's Hospital	G0399	Home Sleep Test (Hst) With A Type Iii Portable Monitor	\$111,360
Johnson Memorial Medical Center	62323	Injection, Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Or Subarachnoid, Lumbar Or Sacral (Caudal)	\$102,362
Johnson Memorial Medical Center	64721	Neuroplasty And/Or Transposition Of The Median Nerve At The Carpal Tunnel	\$102,185
Hospital for Special Care	94375	Spirometry	\$80,893
St. Francis Hospital & Medical Ctr	90677	20-Valent Pneumococcal Conjugate Vaccine (Pcv20), Administered Intramuscularly	\$77,139
Hospital for Special Care	99213	Fc Office O/P Est Low 20	\$71,017
Hospital for Special Care	99205	Fc Office O/P New Hi 60 M	\$42,282
Hospital for Special Care	62369	Tc Anlyz Refill Pump Non	\$37,582
St. Francis Hospital & Medical Ctr	15275	Application Of A Skin Substitute Graft To The Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, With A Total Wound Surface Area Up To 100 Sq Cm	\$36,075
St. Francis Hospital & Medical Ctr	15273	Used To Report The Application Of A Skin Substitute Graft To The Trunk, Arms, Or Legs When The Total Wound Surface Area Is Greater Than Or Equal To 100 Square Centimeters (Cm²)	\$30,354
St. Francis Hospital & Medical Ctr	76770	Ultrasound, Retroperitoneal (Eg, Renal, Aorta, Nodes), Real Time With Image Documentation; Complete	\$27,619
St. Francis Hospital & Medical Ctr	11043	Used To Report A Surgical Debridement Procedure, Specifically Debridement Of Muscle And/Or Fascia (Including Epidermis, Dermis, And Subcutaneous Tissue If Performed), For The First 20 Square Centimeters Or Less	\$26,862
Hospital for Special Care	99204	Fc Office O/P New Mod 45	\$25,646
St. Francis Hospital & Medical Ctr	90746	Administration Of The Hepatitis B Vaccine, Specifically For Adults Using A Three-Dose Schedule	\$17,496
Rockville General Hospital	59025	Fetal Non Stress Test	\$13,503
Rockville General Hospital	94640	Inhale Tmt Obstrct/Sptm Ind Dx	\$12,542
Rockville General Hospital	99212	Office O/P Est Sf 10-19 Min	\$8,938
Hospital for Special Care	31502	Tc Tracheostomy Tube Chg	\$7,760
Rockville General Hospital	36600	Arterial Puncture	\$7,096

Calendar Year 2024 On Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by revenue)			
Hospital Name	Procedure Code	Procedure/Service	Total Net-Revenue
Hospital for Special Care	62368	Tc Analyz Implant Pump W/R	\$6,665
Rockville General Hospital	94002	Vent Setup Ip/Obsv Initial Day	\$6,472
Hospital for Special Care	99203	Fc Low Lev Evi Mgt New Pt	\$5,892
Rockville General Hospital	82803	Arterial Bld Gas Anal	\$4,431
Rockville General Hospital	82800	Bld Gases Ph Only	\$3,933
Saint Mary's Hospital	95805	Multiple Sleep Latency Test (Mslt) Recording, Analysis, And Interpretation Of Physiological Measurements Of Sleep During Multiple Trials To Assess Sleepiness	\$3,672
Rockville General Hospital	99211	Office O/P Est Minimal Prob	\$2,838
Rockville General Hospital	58300	Insert Intrauterine Device	\$2,816
Rockville General Hospital	94660	Cpap Init & Mgmt	\$2,584
Saint Mary's Hospital	95806	Unattended Sleep Study That Involves The Simultaneous Recording Of Heart Rate, Oxygen Saturation, Respiratory Airflow, And Respiratory Effort During Sleep	\$1,283
Saint Mary's Hospital	95782	Polysomnography (Sleep Study) For Children Under 6 Years Old	\$1,105

Source: CT Office of Health Strategy Hospital-based On Campus Outpatient Centers Facility Fee filings for CY 2024.

The table includes hospitals that charge a facility fee as defined under C.G.S Sec 19a-508c. Hospitals that do not charge a facility fee are as follows:Gaylord Hospital, Hebrew Home and Hospital, Masonicare Health Center, Natchaug Hospital, and Silver Hill Hospital.

Mount Sinai Rehabilitation Hospital facility fee revenue and visits is included in the Saint Francis Hospital & Medical Center facility fee filing, but had no on campus facility fees in 2024.

Calendar Year "CY" 2020 - 2024 Statewide Hospital-based Off Campus Outpatient Center Facility Fees													
Facility Fees (Net Revenue)							Facility Fee Visits						
Hospital	CY 2020	CY 2021	CY 2022 <sup>8</sup>	CY 2023	CY 2024	Change Between CY23 & CY24	Hospital	CY 2020	CY 2021	CY 2022 <sup>8</sup>	CY 2023	CY 2024	Change Between CY23 & CY24
Yale New Haven Hospital	\$38,183,600	\$55,087,814	\$107,777,554	\$120,584,124	\$124,607,847	▲	Yale New Haven Hospital	206,033	279,164	370,174	397,880	404,970	▲
Stamford Hospital	\$92,967,542	\$110,212,046	\$92,123,536	\$95,483,880	\$108,426,271	▲	Stamford Hospital	108,738	137,310	141,219	131,873	151,772	▲
Hartford Hospital	\$31,707,104	\$38,386,669	\$43,092,869	\$48,630,360	\$53,843,814	▲	Hartford Hospital	48,162	61,519	59,162	71,964	81,234	▲
Saint Mary's Hospital	\$36,361,847	\$36,293,271	\$42,153,809	\$45,120,518	\$50,686,682	▲	Saint Mary's Hospital	48,190	28,837	18,495	26,094	24,305	▼
Bridgeport Hospital	\$11,811,914	\$15,124,487	\$39,421,620	\$45,303,658	\$48,579,975	▲	Bridgeport Hospital	28,088	36,780	76,339	85,019	88,514	▲
Middlesex Hospital	\$4,677,880	\$7,768,823	\$42,449,113	\$46,999,033	\$48,296,749	▲	Middlesex Hospital	15,029	20,384	71,440	77,335	79,905	▲
Lawrence + Memorial Hospital	\$2,617,521	\$2,711,247	\$28,119,472	\$28,244,725	\$30,127,687	▲	Lawrence + Memorial Hospital	15,332	16,644	58,212	57,550	66,375	▲
Hospital of Central CT	\$24,483,789	\$24,854,179	\$25,336,629	\$27,543,600	\$28,391,763	▲	Hospital of Central CT	63,827	83,294	68,091	79,710	80,581	▲
Greenwich Hospital	\$9,389,941	\$12,066,880	\$20,466,793	\$21,633,042	\$24,351,190	▲	Greenwich Hospital	11,375	14,648	29,011	31,269	39,968	▲
CT Children's Medical Center	\$17,119,746	\$22,624,091	\$15,016,138	\$18,320,386	\$21,023,423	▲	CT Children's Medical Center	35,413	41,808	26,906	31,643	37,115	▲
Saint Vincent's Medical Center	\$11,275,337	\$13,856,637	\$14,469,614	\$18,452,145	\$19,073,102	▲	Saint Vincent's Medical Center	24,401	32,738	28,738	49,032	51,793	▲
William W. Backus Hospital	\$12,097,854	\$12,411,773	\$12,899,319	\$14,218,312	\$15,292,648	▲	William W. Backus Hospital	67,333	71,623	67,015	75,490	76,222	▲
Charlotte Hungerford Hospital	\$8,317,601	\$9,785,007	\$10,773,127	\$12,652,929	\$13,967,790	▲	Charlotte Hungerford Hospital	31,516	35,064	29,519	35,497	40,913	▲
Norwalk Hospital	\$15,745,558	\$16,655,023	\$11,514,920	\$12,674,937	\$12,227,633	▼	Norwalk Hospital	36,645	41,019	33,832	39,118	40,005	▲
Danbury Hospital	\$8,374,848	\$11,178,936	\$10,745,305	\$12,540,914	\$12,042,904	▼	Danbury Hospital	20,909	27,434	26,397	36,693	36,527	▼
John Dempsey Hospital	\$7,704,233	\$11,438,314	\$8,946,004	\$9,899,178	\$11,803,875	▲	John Dempsey Hospital	56,345	51,194	44,590	47,050	52,120	▲
MidState Medical Center	\$1,095,019	\$8,112,102	\$6,826,415	\$7,353,454	\$7,503,501	▲	MidState Medical Center	11,293	30,073	9,906	12,294	12,949	▲
Rockville General Hospital	\$5,533,194	\$7,401,390	\$8,097,582	\$7,071,201	\$7,327,784	▲	Rockville General Hospital	23,504	29,096	31,016	27,829	29,253	▲
Waterbury Hospital <sup>7</sup>	\$5,731,246	\$6,875,508	\$7,329,384	\$6,461,224	\$7,152,481	▲	Waterbury Hospital <sup>7</sup>	7,469	8,554	8,364	5,536	10,732	▲
Griffin Hospital <sup>1</sup>	\$0	\$0	\$8,985,871	\$6,004,265	\$6,635,119	▲	Griffin Hospital <sup>1</sup>	0	0	20,065	19,692	18,724	▼
Manchester Memorial Hospital	\$2,366,584	\$2,411,421	\$2,437,297	\$2,711,316	\$2,766,212	▲	Manchester Memorial Hospital	21,678	20,983	18,824	18,561	18,072	▼
Johnson Memorial Medical Center <sup>2</sup>	\$6,976,788	\$7,620,802	\$2,049,838	\$0	\$1,695,731	▲	Johnson Memorial Medical Center <sup>2</sup>	13,386	12,707	1,650	0	3,715	▲
Day Kimball Hospital <sup>1, 5</sup>	\$0	\$0	\$580,419	\$582,482	\$1,185,996	▲	Day Kimball Hospital <sup>1, 5</sup>	0	0	3,105	2,703	2,707	▲
Bristol Hospital	\$1,304,868	\$1,763,850	\$795,092	\$898,373	\$1,045,721	▲	Bristol Hospital	29,525	19,624	14,421	13,084	11,167	▼
Windham Memorial Hospital	\$205,855	\$329,559	\$489,682	\$473,883	\$482,152	▲	Windham Memorial Hospital	1,722	2,246	3,367	3,290	3,532	▲
Hospital for Special Care <sup>6</sup>	\$80,739	\$201,974	\$138,164	\$187,915	\$273,411	▲	Hospital for Special Care <sup>6</sup>	1,007	2,070	1,761	1,947	1,882	▼
St. Francis Hospital & Medical Ctr <sup>3,4</sup>	\$1,322,899	\$519,502	\$391,240	\$270,365	\$174,650	▼	St. Francis Hospital & Medical Ctr <sup>3,4</sup>	7,807	2,590	1,336	1,153	744	▼
Grand Total	\$357,453,505	\$435,691,307	\$563,426,805	\$610,316,216	\$658,986,111	▲	Grand Total	934,727	1,107,403	1,262,955	1,379,306	1,465,796	▲

Source: CT Office of Health Strategy Hospital-based Off Campus Outpatient Centers Facility Fee filings for CY 2024.

Ordered by highest to lowest CY 2024 Net Revenue.

The table includes hospitals that charge a facility fee as defined under C.G.S Sec 19a-508c. Hospitals that do not charge a facility fee are as follows:Gaylord Hospital, Hebrew Home and Hospital, Masonicare Health Center, Natchaug Hospital, and Silver Hill Hospital.

Sharon Hospital has no off campus facility fees.

<sup>1</sup>Day Kimball Hospital and Griffin Hospital first year reporting Facility Fee filing for CY2022.

<sup>2</sup>Johnson Memorial Medical Center had repairs and renovation in CY2023 so did not provide services resulting in facility fees. In CY2024 Johnson Memorial Medical Center reestablished services, resulting in revenue and visits.

<sup>3</sup>St. Francis Hospital & Medical Center attributed the decrease in hospital revenue and patient visits to the reinstatement of services at Johnson Memorial Hospital.

<sup>4</sup>Mount Sinai Rehabilitation Hospital facility fee revenue and visits is included in the Saint Francis Hospital & Medical Center facility fee filing, but had no off campus facility fees in 2024.

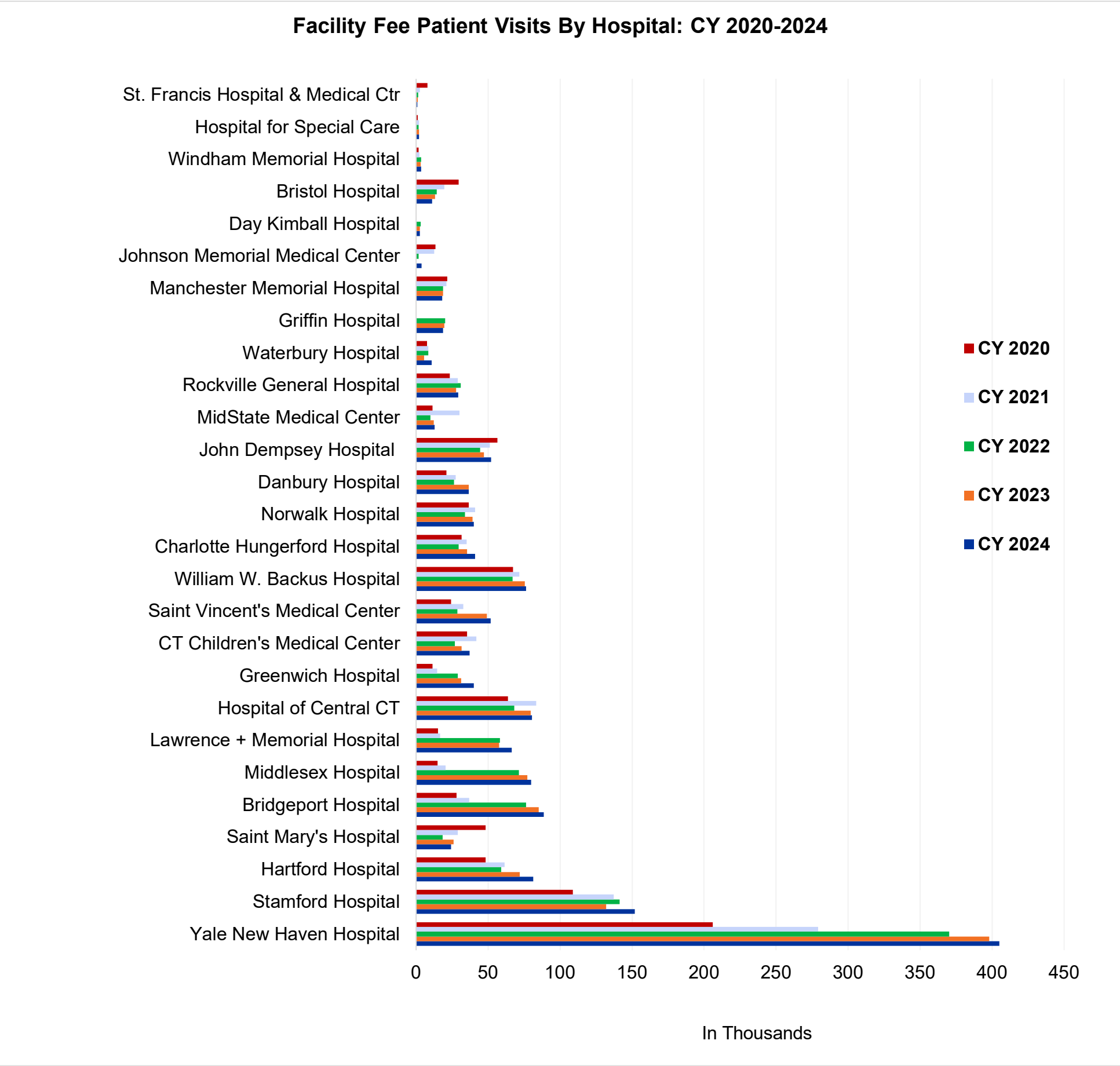
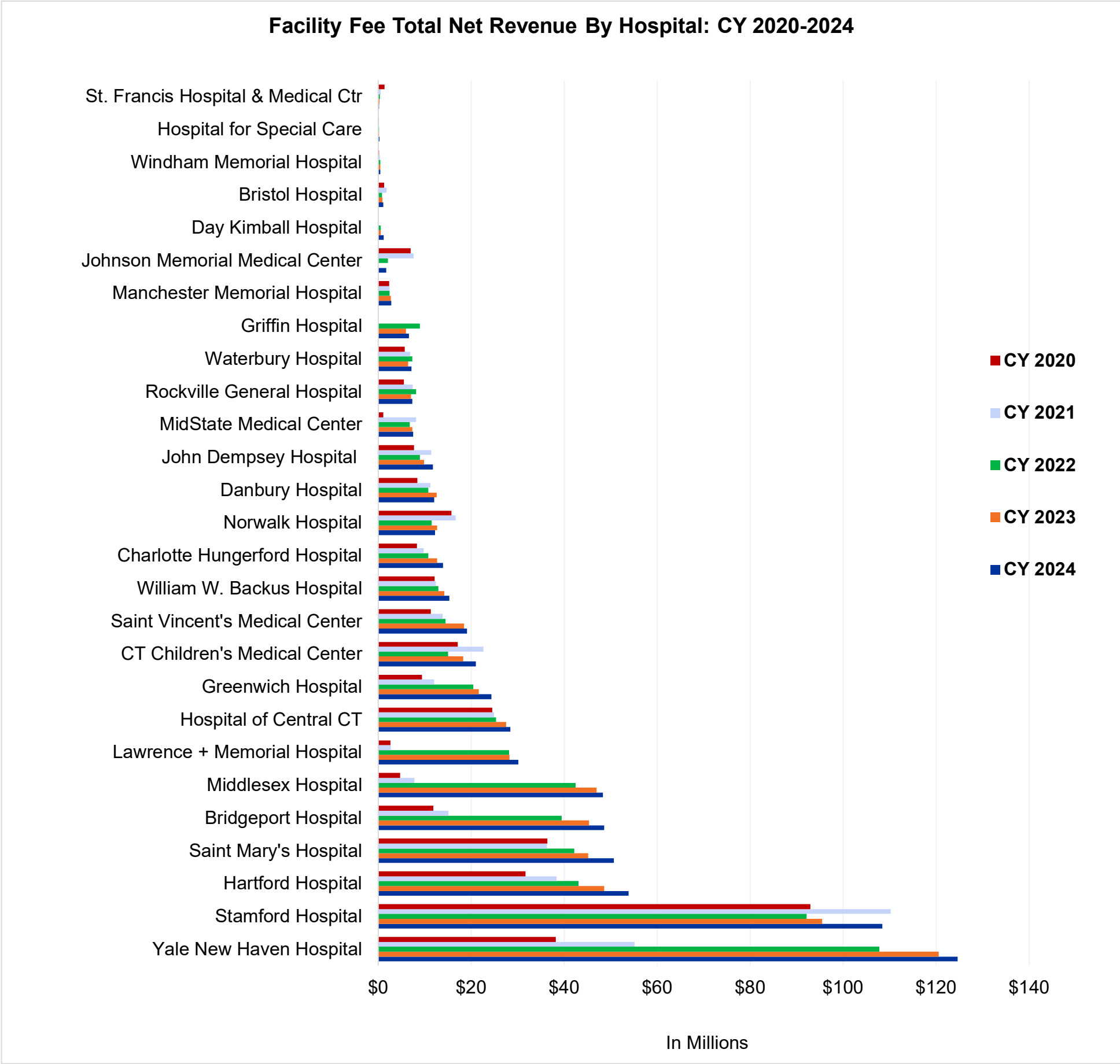
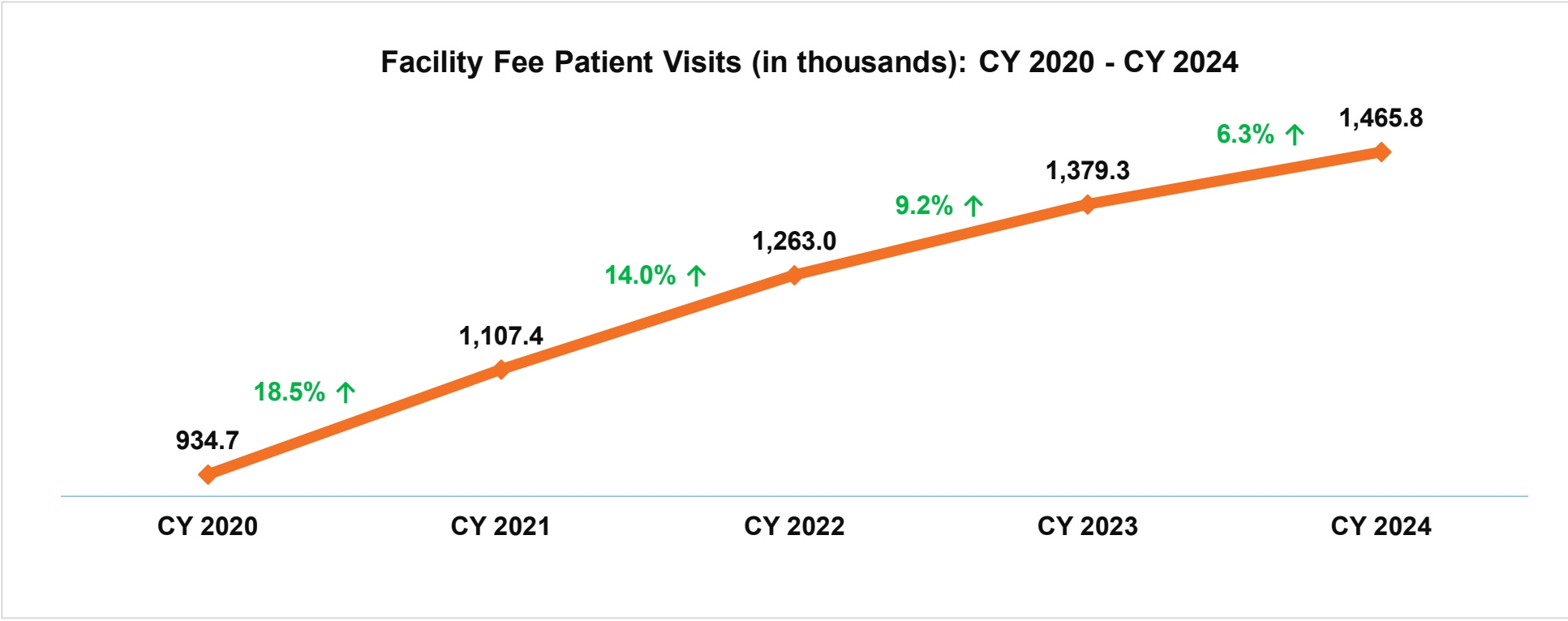
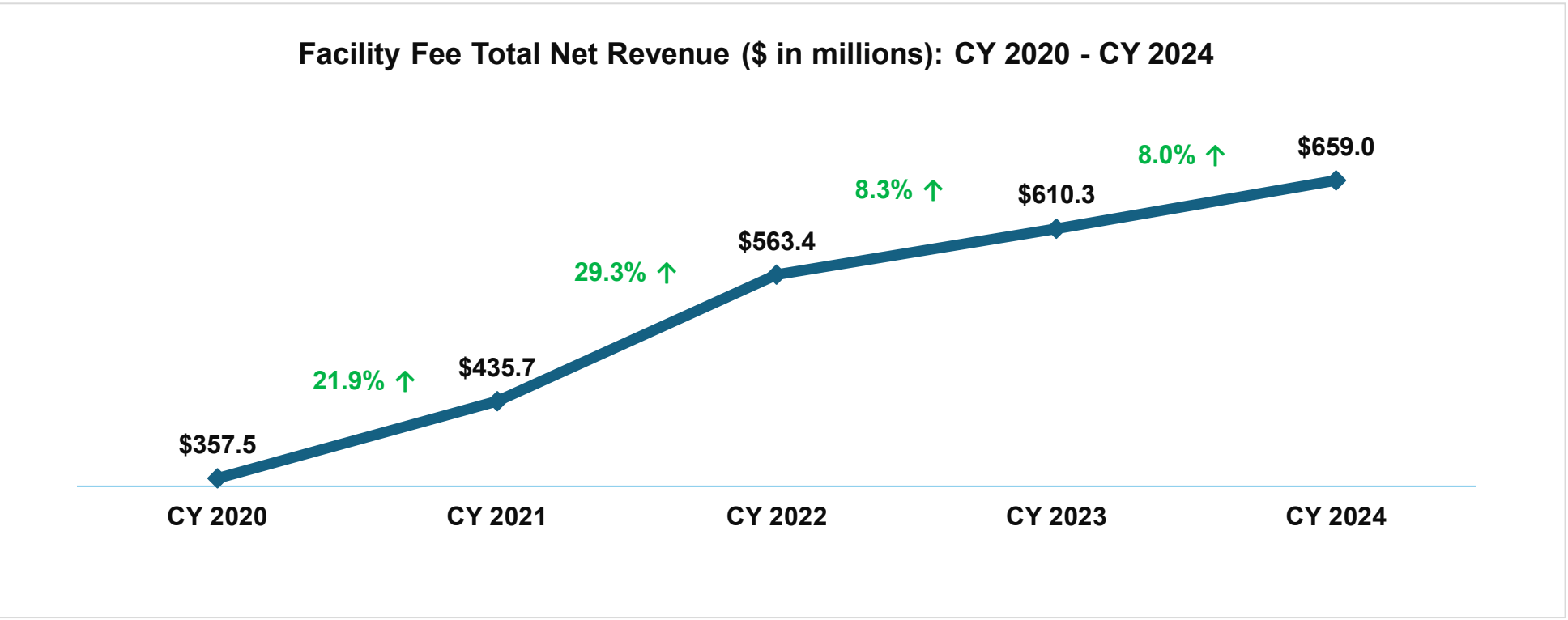
<sup>5</sup>Day Kimball moved its Position Emission Tomography (PET) scanner off-campus in CY2024 leading to the increase in Facility fees paid in CY2024, but visits increased only slightly. PET scans accounted for a small number of high cost visits.

<sup>6</sup>Hospital for Special Care facility fees paid was down in CY 2023 due to staffing shortages in the patient financial services department for billing. Staffing was back up in CY 2024, billing resumed which led to increased payments.

<sup>7</sup>Waterbury Hospital revised CY 2023 visits data to exclude on campus related visits. However, the hospital was unable to confirm the new total.

<sup>8</sup>New prohibitions: in CY 2022, no Facility Fees for A&M visits was mandated.





Calendar Year 2024 Off Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by hospital)			
Hospital Name	Procedure Code	Procedure/Service	Total Net Revenue
Bridgeport Hospital	93306	Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, And With Color Flow Doppler Echocardiography	\$7,315,222
Bridgeport Hospital	77067	Screening Mammography, Bilateral (2-View Study Of Each Breast), Including Computer-Aided Detection (Cad) When Performed	\$3,893,624
Bridgeport Hospital	78815	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Skull Base To Mid-Thigh	\$3,082,234
Bridgeport Hospital	76641	Ultrasound, Breast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; Complete	\$1,443,104
Bridgeport Hospital	45385	Colonoscopy, Flexible; With Removal Of Tumor(S), Polyp(S), Or Other Lesion(S) By Snare Technique	\$1,137,032
Bridgeport Hospital	29581	Application Of Multi-Layer Compression System; Leg (Below Knee), Including Ankle And Foot	\$505,243
Bridgeport Hospital	36561	Insertion Of Tunneled Centrally Inserted Central Venous Access Device, With Subcutaneous Port; Age 5 Years Or Older	\$1,019,600
Bridgeport Hospital	45380	Colonoscopy, Flexible; With Biopsy, Single Or Multiple	\$1,019,027
Bridgeport Hospital	77063	Screening Digital Breast Tomosynthesis, Bilateral (List Separately In Addition To Code For Primary Procedure)	\$956,497
Bridgeport Hospital	45378	Colonoscopy, Flexible; Diagnostic, Including Collection Of Specimen(S) By Brushing Or Washing, When Performed (Separate Procedure)	\$837,854
Bristol Hospital	90853	Tcc Group Therapy	\$189,731
Bristol Hospital	S9480	Tcc Intensive O/P Day	\$163,572
Bristol Hospital	90834	Tcc Ind Std 45 Min	\$100,314
Bristol Hospital	90853	Tcc Group Therapy (Non Cred)	\$90,901
Bristol Hospital	99213	Tcc Pharm Mgmt Md	\$79,686
Bristol Hospital	90832	Tcc Individual-Brief 30 Min	\$76,139
Bristol Hospital	90834	Tcc Ind Std 45 Min (Non Cred)	\$55,104
Bristol Hospital	90832	Tcc Individual-Brief 30 Min (Non Cred)	\$54,945
Bristol Hospital	90853	Tcc-Php Struct Goal Grp Tx	\$33,840
Bristol Hospital	90853	Tcc Dt-Php Primary Grp Tx	\$33,797
Charlotte Hungerford Hospital	78815	Pet Image W/Ct Skull-Thigh	\$1,616,050
Charlotte Hungerford Hospital	G0463	Hospital Outpt Clinic Visit	\$1,163,019
Charlotte Hungerford Hospital	77386	Ntsty Modul Rad Tx DlvR Cplx	\$1,119,833
Charlotte Hungerford Hospital	93306	Tte W/Doppler Complete	\$977,980
Charlotte Hungerford Hospital	77385	Ntsty Modul Rad Tx DlvR Smpl	\$886,348
Charlotte Hungerford Hospital	78452	Ht Muscle Image Spect Mult	\$705,289
Charlotte Hungerford Hospital	11042	Dbrdmt Subq Tis 1St 20Sqcm/<	\$701,448
Charlotte Hungerford Hospital	77412	Radiation Tx Delivery Complx	\$681,088
Charlotte Hungerford Hospital	93005	Electrocardiogram Tracing	\$598,159
Charlotte Hungerford Hospital	15275	Skin Sub Graft Face/Nk/Hf/G	\$354,131
Connecticut Children's Medical Center	95810	Polysom 6/>Yrs Sleep 4/> Addl Param Attnd	\$2,092,723
Connecticut Children's Medical Center	G0330	Facility Svs Dental Rehab	\$1,583,733
Connecticut Children's Medical Center	69436	Tympanostomy General Anesthesia	\$1,225,330
Connecticut Children's Medical Center	42830	Adenoidectomy Primary <Age 12	\$1,173,345
Connecticut Children's Medical Center	95782	Polysom <6 Yrs Sleep Stage 4/> Addl Param Attnd	\$916,376
Connecticut Children's Medical Center	42820	Tonsillectomy Adenoidectomy <Age 12	\$812,653
Connecticut Children's Medical Center	29888	Arthrs Aided Ant Cruciate Ligm Rpr/Agmntj/Rcnstj	\$633,402
Connecticut Children's Medical Center	43239	Egd Transoral Biopsy Single/Multiple	\$564,667
Connecticut Children's Medical Center	93306	Echo Tthrc R-T 2D W/Wom-Mode Compl Speccolr D	\$459,505
Connecticut Children's Medical Center	45380	Colonoscopy W/Biopsy Single/Multiple	\$395,052
Danbury Hospital	77067	Mammography Screening Bilateral With Or Without Cad	\$1,731,632
Danbury Hospital	76641	Ultrasound, Breast Complete	\$1,000,745
Danbury Hospital	93306	Transthoracic Echocardiogram, Complete	\$807,401
Danbury Hospital	95810	Polysomnography, 6+ Years, 4+ Parameters, Attended	\$699,815
Danbury Hospital	G0463	Hospital Outpatient Clinic Visit	\$576,300
Danbury Hospital	94726	Plethysmography For Determination Of Lung Volumes And , When Performed, Airway Resistance	\$576,243
Danbury Hospital	94060	Pulmonary Function Testing, Pre And Post Bronchodilator	\$563,297
Danbury Hospital	93970	Complete Bilateral Duplex Scan Of Extremity Veins	\$429,497
Danbury Hospital	93971	Duplex Scan Of Extremity Veins, Unilateral Or Limited Study	\$415,910
Danbury Hospital	77080	Hip, Spine, Or Central Dexa Bone Density	\$382,412

Calendar Year 2024 Off Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by hospital)			
Hospital Name	Procedure Code	Procedure/Service	Total Net Revenue
Day Kimball Hospital	78815	Positron Emission Tomography	\$573,286
Day Kimball Hospital	77067	Screening Mammography 2 Views Bi-Lateral	\$267,505
Day Kimball Hospital	77063	Screening Digital Breast Tomosynthesis Bi-Lateral	\$118,296
Day Kimball Hospital	78816	Positron Emission Tomography	\$61,164
Day Kimball Hospital	77080	Bone Density Study	\$20,228
Day Kimball Hospital	93306	Complete Transthoracic Echocardiogram	\$16,403
Day Kimball Hospital	71046	Radiological Examination Chest 2 Views	\$14,489
Day Kimball Hospital	76856	Non-Obstetric Pelvis Ultrasound	\$13,691
Day Kimball Hospital	76830	Ultrasound Transvaginal	\$13,195
Day Kimball Hospital	76536	Ultrasound Of Soft Tissueshead/Neck	\$9,238
Greenwich Hospital	66984	Extracapsular Cataract Removal With Insertion Of Intraocular Lens Prosthesis (1 Stage Procedure), Manual Or Mechanical Technique (Eg, Irrigation And Aspiration Or Phacoemulsification)	\$3,484,431
Greenwich Hospital	93306	Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, And With Color Flow Doppler Echocardiography	\$2,032,974
Greenwich Hospital	G0463	Hospital Outpatient Clinic Visit For Assessment And Management Of A Patient	\$1,419,968
Greenwich Hospital	45380	Colonoscopy, Flexible; With Biopsy, Single Or Multiple	\$1,137,472
Greenwich Hospital	58558	Hysteroscopy, Surgical; With Sampling (Biopsy) Of Endometrium And/Or Polypectomy, With Or Without D & C	\$782,956
Greenwich Hospital	77067	Screening Mammography, Bilateral (2-View Study Of Each Breast), Including Computer-Aided Detection (Cad) When Performed	\$451,084
Greenwich Hospital	45378	Colonoscopy, Flexible; Diagnostic, Including Collection Of Specimen(S) By Brushing Or Washing, When Performed (Separate Procedure)	\$403,541
Greenwich Hospital	70553	Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem); Without Contrast Material, Followed By Contrast Material(S) And Further Sequences	\$283,216
Greenwich Hospital	52000	Cystourethroscopy (Separate Procedure)	\$257,233
Greenwich Hospital	77080	Dual-Energy X-Ray Absorptiometry (Dxa), Bone Density Study, 1 Or More Sites; Axial Skeleton (Eg, Hips, Pelvis, Spine)	\$250,598
Griffin Hospital	72148	Mri Lumbar Spine W/O Dye	\$547,950
Griffin Hospital	72197	Mri Pelvis W/O & W/Dye	\$437,317
Griffin Hospital	G0297	Ldct For Lung Ca Screen	\$422,206
Griffin Hospital	74177	Ct Abd & Pelvis W/Contrast	\$411,438
Griffin Hospital	73221	Mri Joint Upr Extrem W/O Dye	\$389,102
Griffin Hospital	73721	Mri Jnt Of Lwr Extre W/O Dye	\$370,341
Griffin Hospital	76536	Us Exam Of Head And Neck	\$282,391
Griffin Hospital	77059	Mri Both Breasts	\$253,454
Griffin Hospital	72141	Mri Neck Spine W/O Dye	\$249,750
Griffin Hospital	70553	Mri Brain Stem W/O & W/Dye	\$211,165
Hartford Hospital	66984	Xcapsl Ctrc Rmvl W/O Ecp	\$14,462,396
Hartford Hospital	93798	Phys/Qhp Op Car Rhab W/Ecg	\$2,843,972
Hartford Hospital	95810	Polysom 6/> Yrs 4/> Param	\$2,030,884
Hartford Hospital	G0463	Hospital Outpt Clinic Visit	\$1,741,239
Hartford Hospital	77412	Radiation Tx Delivery Complx	\$1,507,853
Hartford Hospital	45378	Diagnostic Colonoscopy	\$1,396,077
Hartford Hospital	19318	Breast Reduction	\$1,358,961
Hartford Hospital	49650	Lap Ing Hernia Repair Init	\$1,265,949
Hartford Hospital	66991	Xcapsl Ctrc Rmvl Insj 1+	\$1,165,190
Hartford Hospital	77385	Ntsty Modul Rad Tx Dlvr Smpl	\$1,162,624
Hospital for Special Care	99214	Fc Office O/P Est Mod 30	\$248,962
Hospital for Special Care	99213	Fc Office O/P Est Low 20	\$24,449
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Calendar Year 2024 Off Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by hospital)			
Hospital Name	Procedure Code	Procedure/Service	Total Net Revenue
John Dempsey Hospital	G0463	Hospital Outpt Clinic Visit	\$2,863,717
John Dempsey Hospital	11102	Tangential Biopsy Skin Single Lesion	\$719,046
John Dempsey Hospital	11104	Punch Biopsy Skin Single Lesion	\$362,243
John Dempsey Hospital	17000	Destruction Premalignant Lesion 1St	\$314,282
John Dempsey Hospital	17003	Destruction Premalignant Lesion 2-14 Ea	\$259,329
John Dempsey Hospital	17110	Destruction Benign Lesions Up To 14	\$216,510
John Dempsey Hospital	71046	Radiologic Exam Chest 2 Views	\$175,857
John Dempsey Hospital	11103	Tangential Biopsy Skin Ea Sep-Additional Lesion	\$151,065
John Dempsey Hospital	90834	Psychotherapy W-Patient 45 Minutes	\$130,388
John Dempsey Hospital	64650	Chemodenervation Eccrine Glands Both Axillae	\$102,668
Johnson Memorial Medical Center	11042	Debridement Subcutaneous Tissue 20 Sq Cm/<	\$402,615
Johnson Memorial Medical Center	95811	Polysomnography (Sleep Study) That Includes Sleep Staging, At Least Four Additional Sleep Parameters, And The Initiation Of Continuous Positive Airway Pressure (Cpap) Therapy Or Bi-Level Ventilation	\$286,284
Johnson Memorial Medical Center	95810	Polysomnography (Sleep Study) With Sleep Staging And At Least Four Additional Parameters, Attended By A Technologist, For Patients Aged Six Years Or Older	\$214,292
Johnson Memorial Medical Center	97597	Active Wound Care Management, Specifically For Debridement Of Open Wounds, Where The Wound Surface Area Is 20 Square Centimeters Or Less	\$178,285
Johnson Memorial Medical Center	G0463	Used In Hospital Outpatient Settings To Bill For Clinic Visits, Specifically For The Assessment And Management Of A Patient	\$149,368
Johnson Memorial Medical Center	29581	The Application Of A Multi-Layer Compression System On The Leg (Below The Knee), Including The Ankle And Foot	\$53,829
Johnson Memorial Medical Center	11043	Excision Of A Benign Lesion (Excluding Skin Tags) With A Diameter Between 2.1 And 3.0 Cm, Including Margins, From The Trunk, Arms, Or Legs	\$48,626
Johnson Memorial Medical Center	95806	Unattended Sleep Study That Involves The Simultaneous Recording Of Heart Rate, Oxygen Saturation, Respiratory Airflow, And Respiratory Effort During Sleep	\$48,190
Johnson Memorial Medical Center	97598	Active Wound Care Management, Specifically For Debridement Of Each Additional 20 Cm² (Or Part Thereof) Of A Wound'S Surface Area Beyond The Initial 20 Cm²	\$42,643
Johnson Memorial Medical Center	G0277	Hyperbaric Oxygen Under Pressure, Full Body Chamber, Per 30 Minute Interval	\$38,112
Lawrence + Memorial Hospital	77067	Screening Mammography, Bilateral (2-View Study Of Each Breast), Including Computer-Aided Detection (Cad) When Performed	\$2,834,632
Lawrence + Memorial Hospital	78815	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Skull Base To Mid-Thigh	\$2,398,826
Lawrence + Memorial Hospital	93306	Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, And With Color Flow Doppler Echocardiography	\$1,955,335
Lawrence + Memorial Hospital	66984	Extracapsular Cataract Removal With Insertion Of Intraocular Lens Prosthesis (1 Stage Procedure), Manual Or Mechanical Technique (Eg, Irrigation And Aspiration Or Phacoemulsification)	\$1,396,260
Lawrence + Memorial Hospital	G0463	Hospital Outpatient Clinic Visit For Assessment And Management Of A Patient	\$1,147,665
Lawrence + Memorial Hospital	11042	Debridement, Subcutaneous Tissue (Includes Epidermis And Dermis, If Performed); First 20 Sq Cm Or Less	\$591,188
Lawrence + Memorial Hospital	29581	Application Of Multi-Layer Compression System; Leg (Below Knee), Including Ankle And Foot	\$335,726
Lawrence + Memorial Hospital	95810	Polysomnography; Age 6 Years Or Older, Sleep Staging With 4 Or More Additional Parameters Of Sleep, Attended By A Technologist	\$781,956
Lawrence + Memorial Hospital	77063	Screening Digital Breast Tomosynthesis, Bilateral (List Separately In Addition To Code For Primary Procedure)	\$725,083
Lawrence + Memorial Hospital	72197	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences	\$702,223
Manchester Memorial Hospital	90853	Group Psychotherapy	\$1,086,719
Manchester Memorial Hospital	90834	Psytx W Pt 45 Minutes	\$1,023,946
Manchester Memorial Hospital	90832	Psytx W Pt 30 Minutes	\$266,653
Manchester Memorial Hospital	99213	New/Est Op Visit-Level Iii	\$266,443
Manchester Memorial Hospital	90792	Psych Dx Eval (W/Medical Svcs)	\$51,822
Manchester Memorial Hospital	99212	New/Est Op Visit Level Ii	\$30,992
Manchester Memorial Hospital	99214	New/Est Op Visitlevel Iv	\$23,369
Manchester Memorial Hospital	90847	Family Psytx W/Pt 50 Min	\$12,683
Manchester Memorial Hospital	90791	Psych Dx Eval-No Medical Svcs	\$1,528
Manchester Memorial Hospital	80307	Drug Screen Urine	\$572



Calendar Year 2024 Off Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by hospital)			
Hospital Name	Procedure Code	Procedure/Service	Total Net Revenue
Middlesex Hospital	77067	Scr Mammo Bi Incl Cad	\$4,182,380
Middlesex Hospital	78815	Pet Image W/Ct Skull-Thigh	\$2,385,576
Middlesex Hospital	76641	Ultrasound Breast Complete	\$2,340,150
Middlesex Hospital	77385	Ntsty Modul Rad Tx Dlvr Smpl	\$1,896,595
Middlesex Hospital	77386	Ntsty Modul Rad Tx Dlvr Cplx	\$1,550,853
Middlesex Hospital	77334	Radiation Treatment Aid(S)	\$1,486,884
Middlesex Hospital	74177	Ct Abd & Pelvis W/Contrast	\$1,118,197
Middlesex Hospital	77338	Design Mlc Device For Imrt	\$1,022,542
Middlesex Hospital	77412	Radiation Tx Delivery Complx	\$1,022,282
Middlesex Hospital	77063	Breast Tomosynthesis Bi	\$988,194
Midstate Medical Center	11042	Dbrdmt Subq Tis 1St 20Sqcm/<	\$2,093,675
Midstate Medical Center	11045	Dbrdmt Subq Tiss Each Addl	\$863,689
Midstate Medical Center	95810	Polysom 6/> Yrs 4/> Param	\$773,011
Midstate Medical Center	G0277	Hbot, Full Body Chamber, 30M	\$764,931
Midstate Medical Center	95811	Polysom 6/>Yrs Cpap 4/> Parm	\$629,475
Midstate Medical Center	11043	Dbrdmt Musc&/Fscs 1St 20/<	\$617,412
Midstate Medical Center	11046	Dbrdmt Musc&/Fscs Ea Addl	\$277,845
Midstate Medical Center	15271	Skin Sub Graft Trnk/Arm/Leg	\$243,743
Midstate Medical Center	G0463	Hospital Outpt Clinic Visit	\$235,332
Midstate Medical Center	97597	Dbrdmt Opn Wnd 1St 20 Cm/<	\$187,866
Norwalk Hospital	77067	Mammography Screening Bilateral With Or Without Cad	\$1,763,784
Norwalk Hospital	76641	Ultrasound, Breast Complete	\$1,349,435
Norwalk Hospital	95810	Polysomnography, 6+ Years, 4+ Parameters, Attended	\$664,205
Norwalk Hospital	77063	Screening Digital Breast Tomosynthesis, Bilateral	\$450,869
Norwalk Hospital	19081	Stereotactic Breast Biopsy With Device, First Lesion	\$446,804
Norwalk Hospital	19083	Percutaneous Breast Biopsy With Ultrasound Guidance, First Lesion	\$432,294
Norwalk Hospital	78815	Pet/Ct Tumor Imaging, Skull To Thigh	\$406,258
Norwalk Hospital	74177	Ct Scan Abdomen And Pelvis With Contrast	\$374,665
Norwalk Hospital	76642	Ultrasound Breast Limited	\$314,528
Norwalk Hospital	77080	Hip, Spine, Or Central DEXA Bone Density	\$313,735
Waterbury Hospital	93306	Cac Echocardiogramtransthoracic W/Wo M-Modes Recording	\$2,897,242
Waterbury Hospital	78452	Cac Nuclear Stress Test	\$2,027,569
Waterbury Hospital	0001A	Pfizer Covid-19 Vaccine Admin Charge1St Dose	\$1,184,932
Waterbury Hospital	93798	Cardiac Rehab Ekg Monitorphase Ii	\$625,308
Waterbury Hospital	A9500	Cac Radioisotope Sestambi	\$604,096
Waterbury Hospital	G0399	Home Sleep Testing	\$533,630
Waterbury Hospital	95810	Polysomnography 6+ Hours; Age 6 Years Or Older	\$519,391
Waterbury Hospital	93017	Ex Stresstracing Only	\$489,682
Waterbury Hospital	78431	Pet/Ct Myocard Perf Rest+Stress+Concurct	\$271,744
Waterbury Hospital	93017	Cac Exercise Stress Test-Tracing Only	\$243,411
Rockville General Hospital	77067	Screening Mammo	\$1,793,284
Rockville General Hospital	19081	Breast Bx 1St Lesion Stereo	\$479,975
Rockville General Hospital	99213	Urgent Care Estab O/P Level 3	\$351,252
Rockville General Hospital	19083	Breast Bx 1St Lesion Us Guide	\$350,020
Rockville General Hospital	76641	Ultra Sound Breast	\$339,422
Rockville General Hospital	77080	Bone Density DEXA Axial Skeltn	\$328,965
Rockville General Hospital	77063	Breast Tomosynth Bi, Screen	\$316,433
Rockville General Hospital	99203	Urg Care New O/P Low Complex	\$295,085
Rockville General Hospital	76642	Ultra Sound Breast, Limited	\$211,349
Rockville General Hospital	77065	Diag Mammo, Unilateral	\$205,392

Calendar Year 2024 Off Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by hospital)			
Hospital Name	Procedure Code	Procedure/Service	Total Net Revenue
St. Francis Hospital & Medical Ctr	G0463	Hospital Outpatient Clinic Visit For Assessment And Management Of A Pt	\$44,282
St. Francis Hospital & Medical Ctr	70553	Magnetic Resonance Imaging (Mri) Of The Brain (Including Brainstem) With And Without Contrast Material.	\$14,319
St. Francis Hospital & Medical Ctr	72148	Magnetic Resonance Imaging (Mri) Scan Of The Spinal Canal And Contents, Specifically The Lumbar (Lower Back) Region, Without The Use Of Contrast Material	\$13,543
St. Francis Hospital & Medical Ctr	73721	Magnetic Resonance Imaging (Mri) Scan Of A Lower Extremity Joint, Performed Without Contrast Material	\$10,351
St. Francis Hospital & Medical Ctr	70551	Magnetic Resonance Imaging (Mri) Scan Of The Brain, Specifically Without The Use Of Contrast Material	\$10,062
St. Francis Hospital & Medical Ctr	72141	Magnetic Resonance Imaging (Mri) Scan Of The Cervical Spinal Canal And Its Contents, Specifically Without The Use Of Contrast Material.	\$9,745
St. Francis Hospital & Medical Ctr	90677	20-Valent Pneumococcal Conjugate Vaccine (Pcv20), Administered Intramuscularly	\$919,047
St. Francis Hospital & Medical Ctr	72158	Magnetic Resonance Imaging (Mri) Scan Of The Spinal Canal And Contents, Including Both Without Contrast And With Contrast Material And Further Sequences	\$8,576
St. Francis Hospital & Medical Ctr	73221	Magnetic Resonance Imaging (Mri) Scan Of Any Joint In The Upper Extremity Without The Use Of Contrast Material	\$6,495
St. Francis Hospital & Medical Ctr	70543	Mri Of The Orbit (Eye Socket), Face, And Neck With And Without Contrast	\$6,083
Saint Mary's Hospital	J9271	The Administration Of Pembrolizumab, An Immunotherapy Medication Used To Treat Various Types Of Cancer.	\$8,928,634
Saint Mary's Hospital	J9299	Administration Of Nivolumab, An Immunotherapy Drug Used To Treat Certain Types Of Cancer.	\$2,198,242
Saint Mary's Hospital	66984	Cataract Surgery Procedures Where An Extracapsular Cataract Removal Is Performed With The Insertion Of An Intraocular Lens (Iol)	\$2,144,959
Saint Mary's Hospital	45385	Colonoscopy Procedure Where The Physician Removes Tumors, Polyps, Or Other Lesions Using A Snare Technique	\$1,627,489
Saint Mary's Hospital	J9144	Injection, Daratumumab, 10 Mg And Hyaluronidase-Fihj	\$1,593,577
Saint Mary's Hospital	43239	Esophagogastroduodenoscopy (Egd) (Upper Gi Endoscopy) With Biopsy	\$1,520,506
Saint Mary's Hospital	J9358	Fam-Trastuzumab Deruxtecan-Nxki, Specifically For Intravenous Injection, With Each Unit Representing 1 Mg	\$1,404,197
Saint Mary's Hospital	93306	Complete Transthoracic Echocardiography (Tte), Which Is An Ultrasound Examination Of The Heart	\$1,286,217
Saint Mary's Hospital	J9022	Injection, Atezolizumab, 10 Mg	\$1,128,204
Saint Mary's Hospital	78452	Myocardial Perfusion Imaging (Mpi), Tomographic (Spect), With Multiple Studies (At Rest And/Or Stress)	\$1,077,314
Saint Vincent's Medical Center	93306	Tte W/Doppler Complete	\$6,245,681
Saint Vincent's Medical Center	93017	Cardiovascular Stress Test	\$1,867,161
Saint Vincent's Medical Center	11042	Dbrdmt Subq Tis 1St 20Sqcm/<	\$1,843,950
Saint Vincent's Medical Center	78452	Ht Muscle Image Spect Mult	\$1,764,375
Saint Vincent's Medical Center	11045	Dbrdmt Subq Tiss Each Addl	\$944,886
Saint Vincent's Medical Center	90853	Group Psychotherapy	\$907,384
Saint Vincent's Medical Center	G0463	Hospital Outpt Clinic Visit	\$674,624
Saint Vincent's Medical Center	95810	Polysom 6/> Yrs 4/> Param	\$512,339
Saint Vincent's Medical Center	93350	Stress Tte Only	\$472,220
Saint Vincent's Medical Center	G0277	Hbot, Full Body Chamber, 30M	\$402,944
Stamford Hospital	93306	Tte W/Doppler Complete	\$6,560,186
Stamford Hospital	77067	Scr Mammo Bi Incl Cad	\$6,248,613
Stamford Hospital	77385	Ntsty Modul Rad Tx Dlvr Smpl	\$4,929,065
Stamford Hospital	74177	Ct Abd & Pelv W/Contrast	\$4,580,055
Stamford Hospital	78815	Pet Image W/Ct Skull-Thigh	\$3,356,432
Stamford Hospital	45380	Colonoscopy And Biopsy	\$3,275,616
Stamford Hospital	77386	Ntsty Modul Rad Tx Dlvr Cplx	\$2,624,043
Stamford Hospital	45385	Colonoscopy W/Lesion Removal	\$2,408,316
Stamford Hospital	76641	Ultrasound Breast Complete	\$2,112,117
Stamford Hospital	77049	Mri Breast C-+ W/Cad Bi	\$2,111,381
The Hospital of Central Connecticut	78815	Pet Image W/Ct Skull-Thigh	\$2,841,858
The Hospital of Central Connecticut	77386	Ntsty Modul Rad Tx Dlvr Cplx	\$2,359,219
The Hospital of Central Connecticut	G0463	Hospital Outpt Clinic Visit	\$1,808,335
The Hospital of Central Connecticut	77412	Radiation Tx Delivery Complx	\$1,310,049
The Hospital of Central Connecticut	77385	Ntsty Modul Rad Tx Dlvr Smpl	\$1,303,606
The Hospital of Central Connecticut	19083	Bx Breast 1St Lesion Us Imag	\$1,234,512
The Hospital of Central Connecticut	19081	Bx Breast 1St Lesion Strtctc	\$1,058,587
The Hospital of Central Connecticut	76641	Ultrasound Breast Complete	\$952,240
The Hospital of Central Connecticut	77334	Radiation Treatment Aid(S)	\$932,787
The Hospital of Central Connecticut	74177	Ct Abd & Pelvis W/Contrast	\$739,780

Calendar Year 2024 Off Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by hospital)			
Hospital Name	Procedure Code	Procedure/Service	Total Net Revenue
William W. Backus Hospital	G0463	Hospital Outpt Clinic Visit	\$2,093,583
William W. Backus Hospital	11042	Deb Subq Tissue 20 Sq Cm/<	\$2,086,092
William W. Backus Hospital	G0277	Hbot, Full Body Chamber, 30M	\$766,440
William W. Backus Hospital	15275	Skin Sub Graft Face/Nk/Hf/G	\$755,971
William W. Backus Hospital	74177	Ct Abd & Pelv W/Contrast	\$698,358
William W. Backus Hospital	71250	Ct Thorax Dx C-	\$479,680
William W. Backus Hospital	77080	Dxa Bone Density Axial	\$411,585
William W. Backus Hospital	72148	Mri Lumbar Spine W/O Dye	\$399,854
William W. Backus Hospital	76641	Ultrasound Breast Complete	\$388,116
William W. Backus Hospital	73721	Mri Jnt Of Lwr Extre W/O Dye	\$375,925
Windham Memorial Hospital	77080	Dxa Bone Density Axial	\$218,766
Windham Memorial Hospital	76641	Ultrasound Breast Complete	\$69,322
Windham Memorial Hospital	77081	Dxa Bone Density Appendiculr	\$49,519
Windham Memorial Hospital	76705	Echo Exam Of Abdomen	\$29,873
Windham Memorial Hospital	76536	Us Exam Of Head And Neck	\$26,605
Windham Memorial Hospital	76830	Transvaginal Us Non-Ob	\$17,077
Windham Memorial Hospital	93880	Extracranial Bilat Study	\$16,449
Windham Memorial Hospital	76856	Us Exam Pelvic Complete	\$14,714
Windham Memorial Hospital	77063	Breast Tomosynthesis Bi	\$13,136
Windham Memorial Hospital	76770	Us Exam Abdo Back Wall Comp	\$12,320
Yale New Haven Hospital	G0463	Hospital Outpatient Clinic Visit For Assessment And Management Of A Patient	\$17,708,373
Yale New Haven Hospital	77067	Screening Mammography, Bilateral (2-View Study Of Each Breast), Including Computer-Aided Detection (Cad) When Performed	\$6,613,722
Yale New Haven Hospital	93306	Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, And With Color Flow Doppler Echocardiography	\$5,506,746
Yale New Haven Hospital	66984	Extracapsular Cataract Removal With Insertion Of Intraocular Lens Prosthesis (1 Stage Procedure), Manual Or Mechanical Technique (Eg, Irrigation And Aspiration Or Phacoemulsification)	\$3,446,931
Yale New Haven Hospital	45380	Colonoscopy, Flexible; With Biopsy, Single Or Multiple	\$3,204,585
Yale New Haven Hospital	76641	Ultrasound, Breast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; Complete	\$2,029,371
Yale New Haven Hospital	95810	Polysomnography; Age 6 Years Or Older, Sleep Staging With 4 Or More Additional Parameters Of Sleep, Attended By A Technologist	\$1,959,047
Yale New Haven Hospital	77063	Screening Digital Breast Tomosynthesis, Bilateral (List Separately In Addition To Code For Primary Procedure)	\$1,606,892
Yale New Haven Hospital	59025	Fetal Non-Stress Test	\$1,522,116
Yale New Haven Hospital	C8929	Transthoracic Echocardiography With Contrast, Or Without Contrast Followed By With Contrast, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, And With Color Flow Doppler	\$1,536,753
Source: CT Office of Health Strategy Hospital-based Off Campus Outpatient Centers Facility Fee filings for CY 2024 The table includes hospitals that charge a facility fee as defined under C.G.S Sec 19a-508c. Hospitals that do not charge a facility fee are as follows:Gaylord Hospital, Hebrew Home and Hospital, Masonicare Health Center, Natchaug Hospital and Silver Hill Hospital. Sharon Hospital has no off campus facility fee revenue in 2024. Mount Sinai Rehabilitation Hospital facility fee revenue and visits is included in the Saint Francis Hospital & Medical Center facility fee filing, but had no on campus facility fees in 2024.			



Calendar Year 2024 Off Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by revenue)			
Hospital Name	Procedure Code	Procedure/Service	Total Net Revenue
Yale New Haven Hospital	G0463	Hospital Outpatient Clinic Visit For Assessment And Management Of A Patient	\$17,708,373
Hartford Hospital	66984	Xcapsl Ctrc Rmvl W/O Ecp	\$14,462,396
Saint Mary's Hospital	J9271	The Administration Of Pembrolizumab, An Immunotherapy Medication Used To Treat Various Types Of Cancer.	\$8,928,634
Bridgeport Hospital	93306	Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, And With Color Flow Doppler Echocardiography	\$7,315,222
Yale New Haven Hospital	77067	Screening Mammography, Bilateral (2-View Study Of Each Breast), Including Computer-Aided Detection (Cad) When Performed	\$6,613,722
Stamford Hospital	93306	Tte W/Doppler Complete	\$6,560,186
Stamford Hospital	77067	Scr Mammo Bi Incl Cad	\$6,248,613
Saint Vincent's Medical Center	93306	Tte W/Doppler Complete	\$6,245,681
Yale New Haven Hospital	93306	Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, And With Color Flow Doppler Echocardiography	\$5,506,746
Stamford Hospital	77385	Ntsty Modul Rad Tx Dlvr Smpl	\$4,929,065
Stamford Hospital	74177	Ct Abd & Pelv W/Contrast	\$4,580,055
Middlesex Hospital	77067	Scr Mammo Bi Incl Cad	\$4,182,380
Bridgeport Hospital	77067	Screening Mammography, Bilateral (2-View Study Of Each Breast), Including Computer-Aided Detection (Cad) When Performed	\$3,893,624
Greenwich Hospital	66984	Extracapsular Cataract Removal With Insertion Of Intraocular Lens Prosthesis (1 Stage Procedure), Manual Or Mechanical Technique (Eg, Irrigation And Aspiration Or Phacoemulsification)	\$3,484,431
Yale New Haven Hospital	66984	Extracapsular Cataract Removal With Insertion Of Intraocular Lens Prosthesis (1 Stage Procedure), Manual Or Mechanical Technique (Eg, Irrigation And Aspiration Or Phacoemulsification)	\$3,446,931
Stamford Hospital	78815	Pet Image W/Ct Skull-Thigh	\$3,356,432
Stamford Hospital	45380	Colonoscopy And Biopsy	\$3,275,616
Yale New Haven Hospital	45380	Colonoscopy, Flexible; With Biopsy, Single Or Multiple	\$3,204,585
Bridgeport Hospital	78815	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Skull Base To Mid-Thigh	\$3,082,234
Waterbury Hospital	93306	Cac Echocardiogramtransthoracic W/Wo M-Modes Recording	\$2,897,242
John Dempsey Hospital	G0463	Hospital Outpt Clinic Visit	\$2,863,717
Hartford Hospital	93798	Phys/Qhp Op Car Rhab W/Ecg	\$2,843,972
The Hospital of Central Connecticut	78815	Pet Image W/Ct Skull-Thigh	\$2,841,858
Lawrence + Memorial Hospital	77067	Screening Mammography, Bilateral (2-View Study Of Each Breast), Including Computer-Aided Detection (Cad) When Performed	\$2,834,632
Stamford Hospital	77386	Ntsty Modul Rad Tx Dlvr Cplx	\$2,624,043
Stamford Hospital	45385	Colonoscopy W/Lesion Removal	\$2,408,316
Lawrence + Memorial Hospital	78815	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Skull Base To Mid-Thigh	\$2,398,826
Middlesex Hospital	78815	Pet Image W/Ct Skull-Thigh	\$2,385,576
The Hospital of Central Connecticut	77386	Ntsty Modul Rad Tx Dlvr Cplx	\$2,359,219
Middlesex Hospital	76641	Ultrasound Breast Complete	\$2,340,150
Saint Mary's Hospital	J9299	Administration Of Nivolumab, An Immunotherapy Drug Used To Treat Certain Types Of Cancer.	\$2,198,242
Saint Mary's Hospital	66984	Cataract Surgery Procedures Where An Extracapsular Cataract Removal Is Performed With The Insertion Of An Intraocular Lens (Iol)	\$2,144,959
Stamford Hospital	76641	Ultrasound Breast Complete	\$2,112,117
Stamford Hospital	77049	Mri Breast C-+ W/Cad Bi	\$2,111,381
Midstate Medical Center	11042	Dbrdmt Subq Tis 1St 20Sqcm/<	\$2,093,675
William W. Backus Hospital	G0463	Hospital Outpt Clinic Visit	\$2,093,583
Connecticut Children's Medical Center	95810	Polysom 6/>Yrs Sleep 4/> Addl Param Attnd	\$2,092,723
William W. Backus Hospital	11042	Deb Subq Tissue 20 Sq Cm/<	\$2,086,092
Greenwich Hospital	93306	Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, And With Color Flow Doppler Echocardiography	\$2,032,974
Hartford Hospital	95810	Polysom 6/> Yrs 4/> Param	\$2,030,884
Yale New Haven Hospital	76641	Ultrasound, Breast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; Complete	\$2,029,371
Waterbury Hospital	78452	Cac Nuclear Stress Test	\$2,027,569
Yale New Haven Hospital	95810	Polysomnography; Age 6 Years Or Older, Sleep Staging With 4 Or More Additional Parameters Of Sleep, Attended By A Technologist	\$1,959,047
Lawrence + Memorial Hospital	93306	Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, And With Color Flow Doppler Echocardiography	\$1,955,335



Calendar Year 2024 Off Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by revenue)			
Hospital Name	Procedure Code	Procedure/Service	Total Net Revenue
Middlesex Hospital	77385	Ntsty Modul Rad Tx Dlvr Smpl	\$1,896,595
Saint Vincent's Medical Center	93017	Cardiovascular Stress Test	\$1,867,161
Saint Vincent's Medical Center	11042	Dbrdmt Subq Tis 1St 20Sqcm/<	\$1,843,950
The Hospital of Central Connecticut	G0463	Hospital Outpt Clinic Visit	\$1,808,335
Rockville General Hospital	77067	Screening Mammo	\$1,793,284
Saint Vincent's Medical Center	78452	Ht Muscle Image Spect Mult	\$1,764,375
Norwalk Hospital	77067	Mammography Screening Bilateral With Or Without Cad	\$1,763,784
Hartford Hospital	G0463	Hospital Outpt Clinic Visit	\$1,741,239
Danbury Hospital	77067	Mammography Screening Bilateral With Or Without Cad	\$1,731,632
Saint Mary's Hospital	45385	Colonoscopy Procedure Where The Physician Removes Tumors, Polyps, Or Other Lesions Using A Snare Technique	\$1,627,489
Charlotte Hungerford Hospital	78815	Pet Image W/Ct Skull-Thigh	\$1,616,050
Yale New Haven Hospital	77063	Screening Digital Breast Tomosynthesis, Bilateral (List Separately In Addition To Code For Primary Procedure)	\$1,606,892
Saint Mary's Hospital	J9144	Injection, Daratumumab, 10 Mg And Hyaluronidase-Fihj	\$1,593,577
Connecticut Children's Medical Center	G0330	Facility Svs Dental Rehab	\$1,583,733
Middlesex Hospital	77386	Ntsty Modul Rad Tx Dlvr Cplx	\$1,550,853
Yale New Haven Hospital	C8929	Transthoracic Echocardiography With Contrast, Or Without Contrast Followed By With Contrast, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, And With Color Flow Doppler	\$1,536,753
Yale New Haven Hospital	59025	Fetal Non-Stress Test	\$1,522,116
Saint Mary's Hospital	43239	Esophagogastroduodenoscopy (Egd) (Upper Gi Endoscopy) With Biopsy	\$1,520,506
Hartford Hospital	77412	Radiation Tx Delivery Complx	\$1,507,853
Middlesex Hospital	77334	Radiation Treatment Aid(S)	\$1,486,884
Bridgeport Hospital	76641	Ultrasound, Breast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; Complete	\$1,443,104
Greenwich Hospital	G0463	Hospital Outpatient Clinic Visit For Assessment And Management Of A Patient	\$1,419,968
Saint Mary's Hospital	J9358	Fam-Trastuzumab Deruxtecan-Nxki, Specifically For Intravenous Injection, With Each Unit Representing 1 Mg	\$1,404,197
Lawrence + Memorial Hospital	66984	Extracapsular Cataract Removal With Insertion Of Intraocular Lens Prosthesis (1 Stage Procedure), Manual Or Mechanical Technique (Eg, Irrigation And Aspiration Or Phacoemulsification)	\$1,396,260
Hartford Hospital	45378	Diagnostic Colonoscopy	\$1,396,077
Hartford Hospital	19318	Breast Reduction	\$1,358,961
Norwalk Hospital	76641	Ultrasound, Breast Complete	\$1,349,435
The Hospital of Central Connecticut	77412	Radiation Tx Delivery Complx	\$1,310,049
The Hospital of Central Connecticut	77385	Ntsty Modul Rad Tx Dlvr Smpl	\$1,303,606
Saint Mary's Hospital	93306	Complete Transthoracic Echocardiography (Tte), Which Is An Ultrasound Examination Of The Heart	\$1,286,217
Hartford Hospital	49650	Lap Ing Hernia Repair Init	\$1,265,949
The Hospital of Central Connecticut	19083	Bx Breast 1St Lesion Us Imag	\$1,234,512
Connecticut Children's Medical Center	69436	Tympanostomy General Anesthesia	\$1,225,330
Waterbury Hospital	0001A	Pfizer Covid-19 Vaccine Admin Charge1St Dose	\$1,184,932
Connecticut Children's Medical Center	42830	Adenoidectomy Primary <Age 12	\$1,173,345
Hartford Hospital	66991	Xcapsl Ctrc Rmvl Insj 1+	\$1,165,190
Charlotte Hungerford Hospital	G0463	Hospital Outpt Clinic Visit	\$1,163,019
Hartford Hospital	77385	Ntsty Modul Rad Tx Dlvr Smpl	\$1,162,624
Lawrence + Memorial Hospital	G0463	Hospital Outpatient Clinic Visit For Assessment And Management Of A Patient	\$1,147,665
Greenwich Hospital	45380	Colonoscopy, Flexible; With Biopsy, Single Or Multiple	\$1,137,472
Bridgeport Hospital	45385	Colonoscopy, Flexible; With Removal Of Tumor(S), Polyp(S), Or Other Lesion(S) By Snare Technique	\$1,137,032
Saint Mary's Hospital	J9022	Injection, Atezolizumab, 10 Mg	\$1,128,204
Charlotte Hungerford Hospital	77386	Ntsty Modul Rad Tx Dlvr Cplx	\$1,119,833
Middlesex Hospital	74177	Ct Abd & Pelvis W/Contrast	\$1,118,197
Manchester Memorial Hospital	90853	Group Psychotherapy	\$1,086,719
Saint Mary's Hospital	78452	Myocardial Perfusion Imaging (Mpi), Tomographic (Spect), With Multiple Studies (At Rest And/OR Stress)	\$1,077,314
The Hospital of Central Connecticut	19081	Bx Breast 1St Lesion Strtctc	\$1,058,587
Manchester Memorial Hospital	90834	Psytx W Pt 45 Minutes	\$1,023,946
Middlesex Hospital	77338	Design Mlc Device For Imrt	\$1,022,542
Middlesex Hospital	77412	Radiation Tx Delivery Complx	\$1,022,282
Bridgeport Hospital	36561	Insertion Of Tunneled Centrally Inserted Central Venous Access Device, With Subcutaneous Port; Age 5 Years Or Older	\$1,019,600

Calendar Year 2024 Off Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by revenue)			
Hospital Name	Procedure Code	Procedure/Service	Total Net Revenue
Bridgeport Hospital	45380	Colonoscopy, Flexible; With Biopsy, Single Or Multiple	\$1,019,027
Danbury Hospital	76641	Ultrasound, Breast Complete	\$1,000,745
Middlesex Hospital	77063	Breast Tomosynthesis Bi	\$988,194
Charlotte Hungerford Hospital	93306	Tte W/Doppler Complete	\$977,980

Calendar Year 2024 Off Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by revenue)			
Hospital Name	Procedure Code	Procedure/Service	Total Net Revenue
Bridgeport Hospital	77063	Screening Digital Breast Tomosynthesis, Bilateral (List Separately In Addition To Code For Primary Procedure)	\$956,497
The Hospital of Central Connecticut	76641	Ultrasound Breast Complete	\$952,240
Saint Vincent's Medical Center	11045	Dbrdmt Subq Tiss Each Addl	\$944,886
The Hospital of Central Connecticut	77334	Radiation Treatment Aid(S)	\$932,787
St. Francis Hospital & Medical Ctr	90677	20-Valent Pneumococcal Conjugate Vaccine (Pcv20), Administered Intramuscularly	\$919,047
Connecticut Children's Medical Center	95782	Polysom <6 Yrs Sleep Stage 4/> Addl Param Attn	\$916,376
Saint Vincent's Medical Center	90853	Group Psychotherapy	\$907,384
Charlotte Hungerford Hospital	77385	Ntsty Modul Rad Tx Dlv'r Smpl	\$886,348
Midstate Medical Center	11045	Dbrdmt Subq Tiss Each Addl	\$863,689
Bridgeport Hospital	45378	Colonoscopy, Flexible; Diagnostic, Including Collection Of Specimen(S) By Brushing Or Washing, When Performed (Separate Procedure)	\$837,854
Connecticut Children's Medical Center	42820	Tonsillectomy Adenoidectomy <Age 12	\$812,653
Danbury Hospital	93306	Transthoracic Echocardiogram, Complete	\$807,401
Greenwich Hospital	58558	Hysteroscopy, Surgical; With Sampling (Biopsy) Of Endometrium And/Or Polypectomy, With Or Without D & C	\$782,956
Lawrence + Memorial Hospital	95810	Polysomnography; Age 6 Years Or Older, Sleep Staging With 4 Or More Additional Parameters Of Sleep, Attended By A Technologist	\$781,956
Midstate Medical Center	95810	Polysom 6/> Yrs 4/> Param	\$773,011
William W. Backus Hospital	G0277	Hbot, Full Body Chamber, 30M	\$766,440
Midstate Medical Center	G0277	Hbot, Full Body Chamber, 30M	\$764,931
William W. Backus Hospital	15275	Skin Sub Graft Face/Nk/Hf/G	\$755,971
The Hospital of Central Connecticut	74177	Ct Abd & Pelvis W/Contrast	\$739,780
Lawrence + Memorial Hospital	77063	Screening Digital Breast Tomosynthesis, Bilateral (List Separately In Addition To Code For Primary Procedure)	\$725,083
John Dempsey Hospital	11102	Tangential Biopsy Skin Single Lesion	\$719,046
Charlotte Hungerford Hospital	78452	Ht Muscle Image Spect Mult	\$705,289
Lawrence + Memorial Hospital	72197	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences	\$702,223
Charlotte Hungerford Hospital	11042	Dbrdmt Subq Tis 1St 20Sqcm/<	\$701,448
Danbury Hospital	95810	Polysomnography, 6+ Years, 4+ Parameters, Attended	\$699,815
William W. Backus Hospital	74177	Ct Abd & Pelv W/Contrast	\$698,358
Charlotte Hungerford Hospital	77412	Radiation Tx Delivery Complx	\$681,088
Saint Vincent's Medical Center	G0463	Hospital Outpt Clinic Visit	\$674,624
Norwalk Hospital	95810	Polysomnography, 6+ Years, 4+ Parameters, Attended	\$664,205
Connecticut Children's Medical Center	29888	Arthrs Aided Ant Cruciate Ligm Rpr/Agmntj/Rcnstj	\$633,402
Midstate Medical Center	95811	Polysom 6/>Yrs Cpap 4/> Parm	\$629,475
Waterbury Hospital	93798	Cardiac Rehab Ekg Monitorphase Ii	\$625,308
Midstate Medical Center	11043	Dbrdmt Musc&/Fsca 1St 20/<	\$617,412
Waterbury Hospital	A9500	Cac Radioisotope Sestambi	\$604,096
Charlotte Hungerford Hospital	93005	Electrocardiogram Tracing	\$598,159
Lawrence + Memorial Hospital	11042	Debridement, Subcutaneous Tissue (Includes Epidermis And Dermis, If Performed); First 20 Sq Cm Or Less	\$591,188
Danbury Hospital	G0463	Hospital Outpatient Clinic Visit	\$576,300
Danbury Hospital	94726	Plethysmography For Determination Of Lung Volumes And , When Performed, Airway Resistance	\$576,243
Day Kimball Hospital	78815	Positron Emission Tomography	\$573,286
Connecticut Children's Medical Center	43239	Egd Transoral Biopsy Single/Multiple	\$564,667
Danbury Hospital	94060	Pulmonary Function Testing, Pre And Post Bronchodilator	\$563,297
Griffin Hospital	72148	Mri Lumbar Spine W/O Dye	\$547,950
Waterbury Hospital	G0399	Home Sleep Testing	\$533,630
Waterbury Hospital	95810	Polysomnography 6+ Hours; Age 6 Years Or Older	\$519,391
Saint Vincent's Medical Center	95810	Polysom 6/> Yrs 4/> Param	\$512,339
Bridgeport Hospital	29581	Application Of Multi-Layer Compression System; Leg (Below Knee), Including Ankle And Foot	\$505,243
Waterbury Hospital	93017	Ex Stresstracing Only	\$489,682
Rockville General Hospital	19081	Breast Bx 1St Lesion Stereo	\$479,975
William W. Backus Hospital	71250	Ct Thorax Dx C-	\$479,680
Saint Vincent's Medical Center	93350	Stress Tte Only	\$472,220
Connecticut Children's Medical Center	93306	Echo Tthrc R-T 2D W/Wom-Mode Compl Speccolr D	\$459,505
Greenwich Hospital	77067	Screening Mammography, Bilateral (2-View Study Of Each Breast), Including Computer-Aided Detection (Cad) When Performed	\$451,084
Norwalk Hospital	77063	Screening Digital Breast Tomosynthesis, Bilateral	\$450,869



Calendar Year 2024 Off Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by revenue)			
Hospital Name	Procedure Code	Procedure/Service	Total Net Revenue
Norwalk Hospital	19081	Stereotactic Breast Biopsy With Device, First Lesion	\$446,804
Griffin Hospital	72197	Mri Pelvis W/O & W/Dye	\$437,317
Norwalk Hospital	19083	Percutaneous Breast Biopsy With Ultrasound Guidance, First Lesion	\$432,294
Danbury Hospital	93970	Complete Bilateral Duplex Scan Of Extremity Veins	\$429,497
Griffin Hospital	G0297	Ldct For Lung Ca Screen	\$422,206
Danbury Hospital	93971	Duplex Scan Of Extremity Veins, Unilateral Or Limited Study	\$415,910
William W. Backus Hospital	77080	Dxa Bone Density Axial	\$411,585
Griffin Hospital	74177	Ct Abd & Pelvis W/Contrast	\$411,438
Norwalk Hospital	78815	Pet/Ct Tumor Imaging, Skull To Thigh	\$406,258
Greenwich Hospital	45378	Colonoscopy, Flexible; Diagnostic, Including Collection Of Specimen(S) By Brushing Or Washing, When Performed (Separate Procedure)	\$403,541
Saint Vincent's Medical Center	G0277	Hbot, Full Body Chamber, 30M	\$402,944
Johnson Memorial Medical Center	11042	Debridement Subcutaneous Tissue 20 Sq Cm/<	\$402,615
William W. Backus Hospital	72148	Mri Lumbar Spine W/O Dye	\$399,854
Connecticut Children's Medical Center	45380	Colonoscopy W/Biopsy Single/Multiple	\$395,052
Griffin Hospital	73221	Mri Joint Upr Extrem W/O Dye	\$389,102
William W. Backus Hospital	76641	Ultrasound Breast Complete	\$388,116
Danbury Hospital	77080	Hip, Spine, Or Central Dxa Bone Density	\$382,412
William W. Backus Hospital	73721	Mri Jnt Of Lwr Extre W/O Dye	\$375,925
Norwalk Hospital	74177	Ct Scan Abdomen And Pelvis With Contrast	\$374,665
Griffin Hospital	73721	Mri Jnt Of Lwr Extre W/O Dye	\$370,341
John Dempsey Hospital	11104	Punch Biopsy Skin Single Lesion	\$362,243
Charlotte Hungerford Hospital	15275	Skin Sub Graft Face/Nk/Hf/G	\$354,131
Rockville General Hospital	99213	Urgent Care Estab O/P Level 3	\$351,252
Rockville General Hospital	19083	Breast Bx 1St Lesion Us Guide	\$350,020
Rockville General Hospital	76641	Ultra Sound Breast	\$339,422
Lawrence + Memorial Hospital	29581	Application Of Multi-Layer Compression System; Leg (Below Knee), Including Ankle And Foot	\$335,726
Rockville General Hospital	77080	Bone Density Dxa Axial Skeltn	\$328,965
Rockville General Hospital	77063	Breast Tomosynth Bi, Screen	\$316,433
Norwalk Hospital	76642	Ultrasound Breast Limited	\$314,528
John Dempsey Hospital	17000	Destruction Premalignant Lesion 1St	\$314,282
Norwalk Hospital	77080	Hip, Spine, Or Central Dxa Bone Density	\$313,735
Rockville General Hospital	99203	Urg Care New O/P Low Complex	\$295,085
Johnson Memorial Medical Center	95811	Polysomnography (Sleep Study) That Includes Sleep Staging, At Least Four Additional Sleep Parameters, And The Initiation Of Continuous Positive Airway Pressure (Cpap) Therapy Or Bi-Level Ventilation	\$286,284
Greenwich Hospital	70553	Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem); Without Contrast Material, Followed By Contrast Material(S) And Further Sequences	\$283,216
Griffin Hospital	76536	Us Exam Of Head And Neck	\$282,391
Midstate Medical Center	11046	Dbrdmt Musc&/Fsca Ea Addl	\$277,845
Waterbury Hospital	78431	Pet/Ct Myocard Perf Rest+Stress+Concurct	\$271,744
Day Kimball Hospital	77067	Screening Mammography 2 Views Bi-Lateral	\$267,505
Manchester Memorial Hospital	90832	Psytx W Pt 30 Minutes	\$266,653
Manchester Memorial Hospital	99213	New/Est Op Visit-Level Iii	\$266,443
John Dempsey Hospital	17003	Destruction Premalignant Lesion 2-14 Ea	\$259,329
Greenwich Hospital	52000	Cystourethroscopy (Separate Procedure)	\$257,233
Griffin Hospital	77059	Mri Both Breasts	\$253,454
Greenwich Hospital	77080	Dual-Energy X-Ray Absorptiometry (Dxa), Bone Density Study, 1 Or More Sites; Axial Skeleton (Eg, Hips, Pelvis, Spine)	\$250,598
Griffin Hospital	72141	Mri Neck Spine W/O Dye	\$249,750
Hospital for Special Care	99214	Fc Office O/P Est Mod 30	\$248,962
Midstate Medical Center	15271	Skin Sub Graft Trnk/Arm/Leg	\$243,743
Waterbury Hospital	93017	Cac Exercise Stress Test-Tracing Only	\$243,411
Midstate Medical Center	G0463	Hospital Outpt Clinic Visit	\$235,332
Windham Memorial Hospital	77080	Dxa Bone Density Axial	\$218,766
John Dempsey Hospital	17110	Destruction Benign Lesions Up To 14	\$216,510



Calendar Year 2024 Off Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by revenue)			
Hospital Name	Procedure Code	Procedure/Service	Total Net Revenue
Johnson Memorial Medical Center	95810	Polysomnography (Sleep Study) With Sleep Staging And At Least Four Additional Parameters, Attended By A Technologist, For Patients Aged Six Years Or Older	\$214,292
Rockville General Hospital	76642	Ultra Sound Breast, Limited	\$211,349

Calendar Year 2024 Off Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by revenue)			
Hospital Name	Procedure Code	Procedure/Service	Total Net Revenue
Griffin Hospital	70553	Mri Brain Stem W/O & W/Dye	\$211,165
Rockville General Hospital	77065	Diag Mammo, Unilateral	\$205,392
Bristol Hospital	90853	Tcc Group Therapy	\$189,731
Midstate Medical Center	97597	Dbrdmt Opn Wnd 1St 20 Cm/<	\$187,866
Johnson Memorial Medical Center	97597	Active Wound Care Management, Specifically For Debridement Of Open Wounds, Where The Wound Surface Area Is 20 Square Centimeters Or Less	\$178,285
John Dempsey Hospital	71046	Radiologic Exam Chest 2 Views	\$175,857
Bristol Hospital	S9480	Tcc Intensive O/P Day	\$163,572
John Dempsey Hospital	11103	Tangential Biopsy Skin Ea Sep-Additional Lesion	\$151,065
Johnson Memorial Medical Center	G0463	Used In Hospital Outpatient Settings To Bill For Clinic Visits, Specifically For The Assessment And Management Of A Patient	\$149,368
John Dempsey Hospital	90834	Psychotherapy W-Patient 45 Minutes	\$130,388
Day Kimball Hospital	77063	Screening Digital Breast Tomosynthesis Bi-Lateral	\$118,296
John Dempsey Hospital	64650	Chemodenervation Eccrine Glands Both Axillae	\$102,668
Bristol Hospital	90834	Tcc Ind Std 45 Min	\$100,314
Bristol Hospital	90853	Tcc Group Therapy (Non Cred)	\$90,901
Bristol Hospital	99213	Tcc Pharm Mgmt Md	\$79,686
Bristol Hospital	90832	Tcc Individual-Brief 30 Min	\$76,139
Windham Memorial Hospital	76641	Ultrasound Breast Complete	\$69,322
Day Kimball Hospital	78816	Positron Emission Tomography	\$61,164
Bristol Hospital	90834	Tcc Ind Std 45 Min (Non Cred)	\$55,104
Bristol Hospital	90832	Tcc Individual-Brief 30 Min (Non Cred)	\$54,945
Johnson Memorial Medical Center	29581	The Application Of A Multi-Layer Compression System On The Leg (Below The Knee), Including The Ankle And Foot	\$53,829
Manchester Memorial Hospital	90792	Psych Dx Eval (W/Medical Svcs)	\$51,822
Windham Memorial Hospital	77081	Dxa Bone Density Appendiculr	\$49,519
Johnson Memorial Medical Center	11043	Excision Of A Benign Lesion (Excluding Skin Tags) With A Diameter Between 2.1 And 3.0 Cm, Including Margins, From The Trunk, Arms, Or Legs	\$48,626
Johnson Memorial Medical Center	95806	Unattended Sleep Study That Involves The Simultaneous Recording Of Heart Rate, Oxygen Saturation, Respiratory Airflow, And Respiratory Effort During Sleep	\$48,190
St. Francis Hospital & Medical Ctr	G0463	Hospital Outpatient Clinic Visit For Assessment And Management Of A Pt	\$44,282
Johnson Memorial Medical Center	97598	Active Wound Care Management, Specifically For Debridement Of Each Additional 20 Cm² (Or Part Thereof) Of A Wound'S Surface Area Beyond The Initial 20 Cm²	\$42,643
Johnson Memorial Medical Center	G0277	Hyperbaric Oxygen Under Pressure, Full Body Chamber, Per 30 Minute Interval	\$38,112
Bristol Hospital	90853	Tcc-Php Struct Goal Grp Tx	\$33,840
Bristol Hospital	90853	Tcc Dt-Php Primary Grp Tx	\$33,797
Manchester Memorial Hospital	99212	New/Est Op Visit Level Ii	\$30,992
Windham Memorial Hospital	76705	Echo Exam Of Abdomen	\$29,873
Windham Memorial Hospital	76536	Us Exam Of Head And Neck	\$26,605
Hospital for Special Care	99213	Fc Office O/P Est Low 20	\$24,449
Manchester Memorial Hospital	99214	New/Est Op Visitlevel Iv	\$23,369
Day Kimball Hospital	77080	Bone Density Study	\$20,228
Windham Memorial Hospital	76830	Transvaginal Us Non-Ob	\$17,077
Windham Memorial Hospital	93880	Extracranial Bilat Study	\$16,449
Day Kimball Hospital	93306	Complete Transthoracic Echocardiogram	\$16,403
Windham Memorial Hospital	76856	Us Exam Pelvic Complete	\$14,714
Day Kimball Hospital	71046	Radiological Examination Chest 2 Views	\$14,489
St. Francis Hospital & Medical Ctr	70553	Magnetic Resonance Imaging (Mri) Of The Brain (Including Brainstem) With And Without Contrast Material.	\$14,319
Day Kimball Hospital	76856	Non-Obstetric Pelvis Ultrasound	\$13,691
St. Francis Hospital & Medical Ctr	72148	Magnetic Resonance Imaging (Mri) Scan Of The Spinal Canal And Contents, Specifically The Lumbar (Lower Back) Region, Without The Use Of Contrast Material	\$13,543
Day Kimball Hospital	76830	Ultrasound Transvaginal	\$13,195
Windham Memorial Hospital	77063	Breast Tomosynthesis Bi	\$13,136
Manchester Memorial Hospital	90847	Family PsytX W/Pt 50 Min	\$12,683
Windham Memorial Hospital	76770	Us Exam Abdo Back Wall Comp	\$12,320
St. Francis Hospital & Medical Ctr	73721	Magnetic Resonance Imaging (Mri) Scan Of A Lower Extremity Joint, Performed Without Contrast Material	\$10,351

Calendar Year 2024 Off Campus Top Ten Procedures for which Facility Fees are Charged and Related Net Revenue (ordered by revenue)			
Hospital Name	Procedure Code	Procedure/Service	Total Net Revenue
St. Francis Hospital & Medical Ctr	70551	Magnetic Resonance Imaging (Mri) Scan Of The Brain, Specifically Without The Use Of Contrast Material	\$10,062
St. Francis Hospital & Medical Ctr	72141	Magnetic Resonance Imaging (Mri) Scan Of The Cervical Spinal Canal And Its Contents, Specifically Without The Use Of Contrast Material.	\$9,745
Day Kimball Hospital	76536	Ultrasound Of Soft Tissueshead/Neck	\$9,238
St. Francis Hospital & Medical Ctr	72158	Magnetic Resonance Imaging (Mri) Scan Of The Spinal Canal And Contents, Including Both Without Contrast And With Contrast Material And Further Sequences	\$8,576
St. Francis Hospital & Medical Ctr	73221	Magnetic Resonance Imaging (Mri) Scan Of Any Joint In The Upper Extremity Without The Use Of Contrast Material	\$6,495
St. Francis Hospital & Medical Ctr	70543	Mri Of The Orbit (Eye Socket), Face, And Neck With And Without Contrast	\$6,083
Manchester Memorial Hospital	90791	Psych Dx Eval-No Medical Svcs	\$1,528
Manchester Memorial Hospital	80307	Drug Screen Urine	\$572
Source: CT Office of Health Strategy Hospital-based Off Campus Outpatient Centers Facility Fee filings for CY 2024 The table includes hospitals that charge a facility fee as defined under C.G.S Sec 19a-508c. Hospitals that do not charge a facility fee are as follows:Gaylord Hospital, Hebrew Home and Hospital, Masonicare Health Center, Natchaug Hospital and Silver Hill Hospital.			