

Calendar Year 2020 Top Ten Procedures for which Facility Fees are Charged and Related Revenues (ordered by hospital)

Hospital Name	Procedure/Service	Total Revenue Received for that Procedure/Service
Bridgeport Hospital	99282-Emergency dept visit	\$2,630,293
Bridgeport Hospital	93306-Tte w/doppler complete	\$1,680,554
Bridgeport Hospital	99281-Emergency dept visit	\$743,681
Bridgeport Hospital	36561-Insert tunneled cv cath	\$478,232
Bridgeport Hospital	45380-Colonoscopy and biopsy	\$462,212
Bridgeport Hospital	19081-Bx breast 1st lesion strtctc	\$399,188
Bridgeport Hospital	45385-Colonoscopy w/lesion removal	\$370,640
Bridgeport Hospital	19083-Bx breast 1st lesion us imag	\$346,897
Bridgeport Hospital	43239-Egd biopsy single/multiple	\$308,428
Bridgeport Hospital	19301-Partial mastectomy	\$276,382
Bristol Hospital	90899 - TCC INTENSIVE O/P DAY	\$344,915
Bristol Hospital	90853 - TCC GROUP THERAPY LCSW	\$247,009
Bristol Hospital	90832 - TCC INDIVIDUAL-BRIEF 30 MIN	\$178,549
Bristol Hospital	99213 - TCC PHARM MGMT APRN	\$159,145
Bristol Hospital	90791 - TCC BARI EVAL	\$86,767
Bristol Hospital	90834 - TCC INDIVIDUAL-STD 45 MIN	\$81,703
Bristol Hospital	90792 - TCC DX EVAL MD 90792	\$56,541
Bristol Hospital	99442 - TCC PH E/M PHYS/QHP 11-20 MIN	\$40,640
Bristol Hospital	98968 - TCC HC PRO PH CALL 21-30 MIN	\$37,602
Bristol Hospital	99212 - TCC DT-PHP PHARM MGMT	\$26,509
Charlotte Hungerford Hospital	93306-Tte w/doppler complete	\$788,876
Charlotte Hungerford Hospital	77386-Ntsty modul rad tx dlvr cplx	\$765,422
Charlotte Hungerford Hospital	77385-Ntsty modul rad tx dlvr smpl	\$748,012
Charlotte Hungerford Hospital	G0463-Hospital outpt clinic visit	\$570,225
Charlotte Hungerford Hospital	77412-Radiation treatment delivery	\$506,479
Charlotte Hungerford Hospital	78452-Ht muscle image spect mult	\$472,531
Charlotte Hungerford Hospital	93005-Electrocardiogram tracing	\$467,648
Charlotte Hungerford Hospital	93017-Cardiovascular stress test	\$286,245
Charlotte Hungerford Hospital	77336-Radiation/chemo administration	\$163,313
Charlotte Hungerford Hospital	95810-Polysom 6/> yrs 4/> param	\$148,328
Connecticut Children's Medical Center	96413 - CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	\$1,515,903
Connecticut Children's Medical Center	27427 - LIGAMENOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	\$940,204
Connecticut Children's Medical Center	95810 - POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	\$812,774
Connecticut Children's Medical Center	69436 - TYMPANOSTOMY GENERAL ANESTHESIA	\$787,722
Connecticut Children's Medical Center	29888 - ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	\$771,647
Connecticut Children's Medical Center	41899 - UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	\$477,021
Connecticut Children's Medical Center	42830 - ADENOIDECTOMY PRIMARY <AGE 12	\$468,614
Connecticut Children's Medical Center	43239 - EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	\$446,266
Connecticut Children's Medical Center	95782 - POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND	\$388,569
Connecticut Children's Medical Center	96365 - IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	\$365,047
Danbury Hospital	77067/Mammography Screening Bilateral with or without CAD	\$1,119,650
Danbury Hospital	93306/Transthoracic Echocardiogram, Complete	\$591,458
Danbury Hospital	76641/Ultrasound, Breast Complete	\$544,594
Danbury Hospital	93880/Duplex Scan of the Extracranial Arteries, Complete Bilateral	\$407,503
Danbury Hospital	95810/Polysomnography, 6+ years, 4+ Parameters, Attended	\$400,002
Danbury Hospital	93970/Duplex Scan of Extremity veins, Complete Bilateral Study	\$390,221
Danbury Hospital	93971/Duplex Scan of the Extremity Veins, Unilateral Limited Study	\$377,008
Danbury Hospital	19083/Percutaneous breast Biopsy with ultrasound guidance, first Lesion	\$321,242
Danbury Hospital	77065/Diagnostic Mammography, including CAD when performed, Unilateral	\$240,636
Danbury Hospital	94729/Diffusing Capacity	\$211,573
Greenwich Hospital	66984-Xcapsl ctrc rmlv w/o ecp	\$1,201,780

Greenwich Hospital	45380-Colonoscopy and biopsy	\$657,098
Greenwich Hospital	43239-Egd biopsy single/multiple	\$463,405
Greenwich Hospital	58558-Hysteroscopy biopsy	\$338,125
Greenwich Hospital	45378-Diagnostic colonoscopy	\$326,054
Greenwich Hospital	93306-Tte w/doppler complete	\$247,055
Greenwich Hospital	19318-Breast reduction	\$239,646
Greenwich Hospital	49505-Prp i/hern init reduc >5 yr	\$193,577
Greenwich Hospital	90834-Psytx w pt 45 minutes	\$191,419
Greenwich Hospital	20553-Inject trigger points 3/>	\$188,888
Hartford Hospital	66984-Cataract surg w/iol 1 stage	\$9,913,213
Hartford Hospital	96413-Chemo iv infusion 1 hr	\$1,580,763
Hartford Hospital	45378-Diagnostic colonoscopy	\$1,219,829
Hartford Hospital	77412-Radiation treatment delivery	\$1,189,809
Hartford Hospital	93798-Cardiac rehab/monitor	\$952,759
Hartford Hospital	77385-Ntsty modul rad tx dlvr smpl	\$945,265
Hartford Hospital	95810-Polysom 6/> yrs 4/> param	\$786,117
Hartford Hospital	66982-Xcapsl ctrc rmlv cplx wo ecp	\$782,484
Hartford Hospital	49650-Lap ing hernia repair init	\$682,257
Hartford Hospital	77334-Radiation treatment aid(s)	\$632,265
Hospital for Special Care	99213 - FC EXP EST PT W/MED MGMT	\$33,838
Hospital for Special Care	90832 - FC PSYCHOTHERAPY 30M	\$11,520
Hospital for Special Care	99214 - FC DET EST PT W/MED MGMT	\$8,713
Hospital for Special Care	90792 - FC PSYCH DIAG EVAL W/MED MGMT	\$7,003
Hospital for Special Care	96130 - fc Psych test eval 1st hr	\$5,681
Hospital for Special Care	90833 - FC PSYTX PT W/E&M 30M	\$5,481
Hospital for Special Care	90834 - FC PSYCHOTHERAPY 45M	\$3,160
Hospital for Special Care	90791 - FC DIAGNOSTIC EVAL	\$3,001
Hospital for Special Care	96136 - FC TEST ADMINSTRN 1ST 30M	\$1,690
Hospital for Special Care	90837 - FC PSYCHOTHERAPY 60M	\$652
John Dempsey Hospital	G0463 - Hospital outpt clinic visit	\$1,837,956
John Dempsey Hospital	99213 - OFFICE-OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	\$589,439
John Dempsey Hospital	11102 - TANGENTIAL BIOPSY SKIN SINGLE LESION	\$308,977
John Dempsey Hospital	99202 - OFFICE-OUTPATIENT NEW SF MDM 15-29 MINUTES	\$276,711
John Dempsey Hospital	17000 - DESTRUCTION PREMALIGNANT LESION 1ST	\$250,884
John Dempsey Hospital	99211 - OFFICE-OUTPATIENT ESTABLISHED MINIMAL PROBLEM(S)	\$248,395
John Dempsey Hospital	97110 - THERAPEUTIC PX 1-GREATER THAN AREAS EACH 15 MIN EXERCISES	\$247,868
John Dempsey Hospital	99212 - OFFICE-OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	\$252,090
John Dempsey Hospital	99203 - OFFICE-OUTPATIENT NEW LOW MDM 30-44 MINUTES	\$222,247
John Dempsey Hospital	17003 - DESTRUCTION PREMALIGNANT LESION 2-14 EA	\$160,316
Johnson Memorial Medical Center	G0277 HC - HYPERBARIC OXYGEN PER 30 MIN SESSION	\$238,389
Johnson Memorial Medical Center	77067 HC - SCREENING MAMMOGRAPHY BILATERAL	\$177,337
Johnson Memorial Medical Center	0761 HC - COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE	\$123,962
Johnson Memorial Medical Center	95810 HC - POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	\$123,854
Johnson Memorial Medical Center	97597 HC - DEBRIDEMENT OPEN WOUND 20 SQ CM/<	\$116,513
Johnson Memorial Medical Center	0250 HC - OR Component Endoscopy	\$112,182
Johnson Memorial Medical Center	740 HC - POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	\$95,912
Johnson Memorial Medical Center	11042 HC - DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<	\$95,062
Johnson Memorial Medical Center	95811 HC - POLYSOM 6/>YRS SLEEP W/CPAP 6/> ADDL PARAM ATTND	\$88,514
Johnson Memorial Medical Center	G0463 HC - OFFICE OUTPATIENT NEW 10 MINUTES	\$84,039
Lawrence and Memorial Hospital	99211-Office o/p est minimal prob	\$767,759
Lawrence and Memorial Hospital	95810-Polysom 6/> yrs 4/> param	\$533,626
Lawrence and Memorial Hospital	11042-Deb subq tissue 20 sq cm/<	\$276,259
Lawrence and Memorial Hospital	95811-Polysom 6/>yrs cpap 4/> parm	\$233,004
Lawrence and Memorial Hospital	97597-Rmvl devital tis 20 cm/<	\$132,043
Lawrence and Memorial Hospital	38222-Dx bone marrow bx & aspir	\$100,189
Lawrence and Memorial Hospital	11043-Deb musc/fascia 20 sq cm/<	\$90,946
Lawrence and Memorial Hospital	15275-Skin sub graft face/nk/hf/g	\$48,782
Lawrence and Memorial Hospital	36475-Endovenous rf 1st vein	\$47,588
Lawrence and Memorial Hospital	11044-Deb bone 20 sq cm/<	\$45,537
Manchester Memorial Hospital	90834 PSYCHOTHERAPY 45 MINS	\$800,633
Manchester Memorial Hospital	90853 GROUP PSYCHOTHERAPY	\$545,295
Manchester Memorial Hospital	99213 NEW/EST OP VISIT-LEVEL III	\$415,111
Manchester Memorial Hospital	90832 PSYCHOTHERAPY 30 MINS	\$311,880
Manchester Memorial Hospital	90792 PSYCH DX EVAL (W/MEDICAL SVCS)	\$140,799
Manchester Memorial Hospital	77067 SCREENING MAMMO	\$17,316
Manchester Memorial Hospital	90847 FAMILY PSYCHOTHERAPY W/PT	\$14,462
Manchester Memorial Hospital	99214 NEW/EST OP VISIT-LEVEL IV	\$9,482
Manchester Memorial Hospital	99215 NEW/EST OP VISIT - LEVEL V	\$3,115
Manchester Memorial Hospital	90846 FAMILY PSYCHOTHERAPY W/PT	\$2,413
Middlesex Hospital	G0463 - Office Visit	\$474,556
Middlesex Hospital	90834 - PSYTX PT 45 MINUTES	\$450,778
Middlesex Hospital	19301 - Partial mastectomy	\$405,953
Middlesex Hospital	95886 - EMG W/NERVE CONDUCTION - COMPLETE	\$336,289
Middlesex Hospital	47562 - LAPAROSCOPIC CHOLECYSTECTOMY	\$334,023
Middlesex Hospital	95911 - NERVE CONDUCTION STUDIES; 9-10 STUDIES	\$257,438
Middlesex Hospital	49505 - PRP I/HERN INIT REDUC GRT5 YR	\$177,055
Middlesex Hospital	95910 - NERVE CONDUCTION STUDIES; 7-8 STUDIES	\$166,676

Middlesex Hospital	19125 - Excision breast lesion	\$109,975
Middlesex Hospital	95909 - NERVE CONDUCTION STUDIES; 5-6 STUDIES	\$108,078
Midstate Medical Center	G0463 - Hospital Outpatient Visit	\$2,285,749
Midstate Medical Center	95806 - Sleep study, unattended	\$105,576
Midstate Medical Center	71046 - X-Ray exam chest 2 views	\$78,441
Midstate Medical Center	73610 - X-ray exam of ankle	\$71,095
Midstate Medical Center	12001 - Seizure type & frequ docd	\$67,985
Midstate Medical Center	73140 - X-ray exam finger(s)	\$42,235
Midstate Medical Center	93005 - Electrocardiogram tracing	\$41,992
Midstate Medical Center	73630 - X-ray exam of foot	\$41,003
Midstate Medical Center	97803 -Med nutrition indiv suseq	\$30,491
Midstate Medical Center	C9803 - Hopd covid-19 spec collect	\$4,209
Norwalk Hospital	77067/Mammography Screening Bilateral with or without CAD	\$2,696,551
Norwalk Hospital	76641/Ultrasound, Breast Complete	\$1,301,228
Norwalk Hospital	95810/Polysomnography, 6+ years, 4+ Parameters, Attended	\$715,162
Norwalk Hospital	77049/MRI, Breast, without and with contrast, including CAD when performed, bilateral	\$685,783
Norwalk Hospital	78815/PET/CT Tumor Imaging, Skull to Thigh	\$614,306
Norwalk Hospital	74177/CT Scan Abdomen and Pelvis with Contrast	\$549,402
Norwalk Hospital	77065/Diagnostic Mammography, including CAD when performed, Unilateral	\$527,415
Norwalk Hospital	19081/Stereotactic breast Biopsy with device, first Lesion	\$487,361
Norwalk Hospital	70553/MRI Brain, without followed by with Contrast	\$367,642
Norwalk Hospital	19083/Percutaneous breast Biopsy with ultrasound guidance, first Lesion	\$355,365
Waterbury Hospital	78452 Nuclear Medicine Stress Test	\$1,966,493
Waterbury Hospital	93306 Echocardiogram-transsthoracic w/wo M-Modes recording	\$1,620,491
Waterbury Hospital	J2785 Regadenoson 0.4mg, injection	\$387,154
Waterbury Hospital	93017 Exercise Stress Testing	\$360,791
Waterbury Hospital	71260 CT Thorax w/contrast	\$165,715
Waterbury Hospital	71250 CT Thorax w/o contrast	\$164,158
Waterbury Hospital	C8929 Transthoracic echocardiography with contrast, or without contrast followed by contrast	\$132,160
Waterbury Hospital	74177 CT Abdomen, Plevis w/contrast	\$129,892
Waterbury Hospital	A9500 Radioisotopes-Sestamibi	\$119,112
Waterbury Hospital	Q9967 Omnipaque 30/350 1ml, iohexol	\$93,041
Rockville General Hospital	77067 SCREENING MAMMO	\$1,213,222
Rockville General Hospital	76641 ULTRA SOUND BREAST	\$553,234
Rockville General Hospital	77080 BONE DENSITY DEXA AXIAL SKELTN	\$334,428
Rockville General Hospital	99214 NEW/EST OP VISIT - LEVEL IV	\$284,383
Rockville General Hospital	74177 CT ABD/PELVIS W/CONT	\$250,013
Rockville General Hospital	76642 ULTRA SOUND BREAST, LIMITED	\$173,695
Rockville General Hospital	77065 DIAG MAMMO, UNILATERAL	\$140,150
Rockville General Hospital	19081 BREAST BX 1ST LESION STEREO	\$134,051
Rockville General Hospital	19083 BREAST BX 1ST LESION US GUIDE	\$119,825
Rockville General Hospital	74176 CT ABD/PELVIS W/O CONT	\$111,239
Saint Francis Hospital	77048 HC - MRI BREAST UNILATERAL W/WO CONTRAST	\$461,823
Saint Francis Hospital	G0463 HC - OFFICE OUTPATIENT NEW 10 MINUTES	\$333,937
Saint Francis Hospital	11042 HC - DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<	\$251,114
Saint Francis Hospital	413 HC - HYPERBARIC OXYGEN PER 30 MIN SESSION	\$236,310
Saint Francis Hospital	97597 HC - DEBRIDEMENT OPEN WOUND 20 SQ CM/<	\$230,658
Saint Francis Hospital	73721 HC - MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	\$28,718
Saint Francis Hospital	72147 HC - MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	\$28,112
Saint Francis Hospital	0761 HC - COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE	\$27,788
Saint Francis Hospital	73221 HC - MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	\$21,189
Saint Francis Hospital	73560 HC - RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	\$18,711
Saint Mary's Hospital	G0463 HC - OFFICE OUTPATIENT NEW 10 MINUTES	\$2,132,078
Saint Mary's Hospital	93306 Echocardiography, transthoracic, real-time with image documentation	\$1,749,382
Saint Mary's Hospital	71046 HC - X-RAY EXAM CHEST 2 VIEWS	\$480,693
Saint Mary's Hospital	272 HC - Endoscopy Component	\$457,628
Saint Mary's Hospital	36415 HC- VENIPUNCTURE SERVICES	\$362,510
Saint Mary's Hospital	0250 HC - OR Component Endoscopy	\$332,243
Saint Mary's Hospital	99212 PR OFFICE OUTPATIENT NEW 10 MINUTES	\$307,777
Saint Mary's Hospital	456 HC - APPLICATION LONG LEG CAST	\$256,086
Saint Mary's Hospital	0300 HC - Lab Collection Component	\$188,606
Saint Mary's Hospital	86403 HC - PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	\$147,008
Saint Vincent's Medical Center	93306 - Tte w/doppler complete	\$3,775,052
Saint Vincent's Medical Center	78452 - Ht muscle image spect mult	\$1,957,603
Saint Vincent's Medical Center	90853 - Group psychotherapy	\$1,406,262
Saint Vincent's Medical Center	11042 - Deb subq tissue 20 sq cm/<	\$1,010,351
Saint Vincent's Medical Center	93351 - Stress tte complete	\$603,586
Saint Vincent's Medical Center	93017 - Cardiovascular stress test	\$522,012
Saint Vincent's Medical Center	93015 - Cardiovascular stress test	\$390,221
Saint Vincent's Medical Center	15275 - Skin sub graft face/nk/hf/g	\$197,840
Saint Vincent's Medical Center	97597 - Rmvl devital tis 20 cm/<	\$162,763
Saint Vincent's Medical Center	11045 - Deb subq tissue add-on	\$143,903
Stamford Hospital	45380-COLONOSCOPY AND BIOPSY	\$4,158,476
Stamford Hospital	77067-SCR MAMMO BI INCL CAD	\$4,103,863
Stamford Hospital	93306-TTE W/DOPPLER COMPLETE	\$3,247,616
Stamford Hospital	74177-CT ABD & PELV W/CONTRAST	\$2,588,003
Stamford Hospital	78815-PET IMAGE W/CT SKULL-THIGH	\$1,706,088

Stamford Hospital	76641-ULTRASOUND BREAST COMPLETE	\$1,330,661
Stamford Hospital	77049-MRI BREAST C+W/CAD BI	\$1,186,352
Stamford Hospital	19083-BX BREAST 1ST LESION US IMAG	\$1,102,468
Stamford Hospital	70553-MRI BRAIN STEM W/O & W/DYE	\$1,051,479
Stamford Hospital	43239-EGD BIOPSY SINGLE/MULTIPLE	\$935,303
The Hospital of Central Connecticut	77386- Ntsty modul rad tx dlvr cplx	\$2,291,965
The Hospital of Central Connecticut	77385- Ntsty modul rad tx dlvr smpl	\$1,418,461
The Hospital of Central Connecticut	96413- Chemo iv infusion 1 hr	\$1,245,343
The Hospital of Central Connecticut	76641- Ultrasound breast complete	\$1,215,791
The Hospital of Central Connecticut	78815- Pet image w/ct skull-thigh	\$1,099,463
The Hospital of Central Connecticut	77412- Radiation treatment delivery	\$1,029,230
The Hospital of Central Connecticut	19083- Bx breast 1st lesion us imag	\$912,208
The Hospital of Central Connecticut	G0463- Hospital outpt clinic visit	\$885,290
The Hospital of Central Connecticut	77334- Radiation treatment aid(s)	\$790,043
The Hospital of Central Connecticut	74177- Ct abd & pelv w/contrast	\$783,202
The William W. Backus Hospital	G0463 Hospital outpt clinic visit	\$2,050,801
The William W. Backus Hospital	74177 Ct abd & pelv w/contrast	\$738,787
The William W. Backus Hospital	G0277 Hbot, full body chamber, 30m	\$521,669
The William W. Backus Hospital	77080 Dxa bone density axial	\$431,942
The William W. Backus Hospital	71250 Ct thorax w/o dye	\$415,420
The William W. Backus Hospital	76641 Ultrasound breast complete	\$411,339
The William W. Backus Hospital	71260 Ct thorax w/dye	\$356,142
The William W. Backus Hospital	72148 Mri lumbar spine w/o dye	\$341,966
The William W. Backus Hospital	96413 Chemo iv infusion 1 hr	\$323,425
The William W. Backus Hospital	70553 Mri brain stem w/o & w/dye	\$297,099
Windham Memorial Hospital	77080 Dxa bone density axial	\$106,968
Windham Memorial Hospital	77085 Dxa bone density study	\$66,636
Windham Memorial Hospital	77063 Breast tomosynthesis bi	\$18,477
Windham Memorial Hospital	77081 Dxa bone density/peripheral	\$11,316
Windham Memorial Hospital	93306 Tte w/doppler complete	\$730
Windham Memorial Hospital	73630 X-ray exam of foot	\$381
Windham Memorial Hospital	73721 Mri jnt of lwr extre w/o dye	\$252
Windham Memorial Hospital	94060 Evaluation of wheezing	\$198
Windham Memorial Hospital	74176 Ct abd & pelvis w/o contrast	\$177
Windham Memorial Hospital	G0297 Ldct for lung ca screen	\$149
Yale-New Haven Hospital	99211-Office o/p est minimal prob	\$8,703,397
Yale-New Haven Hospital	90853-Group psychotherapy	\$2,799,784
Yale-New Haven Hospital	95810-Polysom 6/> yrs 4/> param	\$1,590,950
Yale-New Haven Hospital	52000-Cystoscopy	\$1,531,352
Yale-New Haven Hospital	93306-Tte w/doppler complete	\$1,417,007
Yale-New Haven Hospital	45380-Colonoscopy and biopsy	\$1,206,454
Yale-New Haven Hospital	66984-Xcapsl ctrc rmlv w/o ecp	\$1,004,465
Yale-New Haven Hospital	27096-Inject sacroiliac joint	\$725,733
Yale-New Haven Hospital	43239-Egd biopsy single/multiple	\$724,083
Yale-New Haven Hospital	45378-Diagnostic colonoscopy	\$566,282

Source: CT Office of Health Strategy Hospital-based Off Campus Outpatient Centers Facility Fee filings for CY 2020.

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 or those that charge a facility fee but do not fall under the Mount Sinai Rehabilitation Hospital facility fee revenue is included in the Saint Marys Hospital facility fee filing.