

May 25, 1982

SUBJECT: INSURANCE

WITHDRAWN

CIRCULAR LETTER NO. 17 (1982)

DATED: MAY 25, 1982

TO: ALL INSURERS AND SELF-INSURERS LICENSED TO WRITE AUTOMOBILE INSURANCE IN NEW YORK STATE

SUBJECT: REIMBURSEMENT RATES FOR HOSPITAL AND HEALTH RELATED SERVICES UNDER NO-FAULT - EFFECTIVE JANUARY 1, 1979 - DECEMBER 31, 1979

Pursuant to Regulation 83, the attached schedule of revised reimbursement rates for a limited number of hospitals have been adopted for no-fault and shall be utilized by no-fault insurers for payment of hospital inpatient services effective for services rendered for the period January 1, 1979 through December 31, 1979.

Insurers should expect to receive amended billings representing the difference between rates previously adopted for no-fault, via Circular Letter No. 4 dated January 5, 1979, and the rates shown in the attached schedule.

Very truly yours,

[SIGNATURE]

ALBERT B. LEWIS

Superintendent of Insurance

ABL/

Attach:

The attached schedule of revised reimbursement rates was recommended and certified by the State Commissioner of Health and approved by the Chairman of the Workers' Compensation Board. Pursuant to Chapter 767 of the Laws of 1977 as amended by Chapter 213 of the Laws of 1978 and Chapter 271 of the Laws of 1979, these rates are for use in payment of claims under the Workers' Compensation Law and the Volunteer Firemens' Benefit Law.

Unless otherwise noted the rates listed are all-inclusive reimbursement rates for in-patient hospital services rendered by the facilities and, therefore, no extra payments are to be made to or accepted by the facilities for services rendered.

[SIGNATURE]

Chairman

ATTACHMENT

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE

	REVISED DAILY RATE 1979	ANCILLARY EXCLUSIONS EFFECTIVE 1/1/79-12/31/79	1/1/78-12/31/78
WESTERN NEW YORK REGION			
CATTARAUGUS COUNTY			
SALAMANCA HOSPITAL			
DISTRICT AUTHORITY	\$ 160.00	-	
-			
INPATIENT ACUTE CARE			
ERIE COUNTY			
BERTRAND CHAFFEE HOSPITAL			
INPATIENT ACUTE CARE	\$ 151.00 A		A
OUR LADY OF VICTORY HOSPITAL OF			
A,B	\$ 152.00		A,B
LACKAWANNA INPATIENT ACUTE CARE			
SHEEHAN MEMORIAL EMER- GENCY HOSPITAL, INC.			
INPATIENT ACUTE CARE	\$ 182.00 A,B		A,B
ROCHESTER NEW YORK REGION			
MONROE COUNTY			
HIGHLAND HOSPITAL			
INPATIENT ACUTE CARE	\$ 272.00 A,B, EFF. 4/1/79		A
SENECA COUNTY			

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE

	REVISED DAILY RATE 1979	ANCILLARY EXCLUSIONS EFFECTIVE 1/1/79-12/31/79	1/1/78-12/31/78
WATERLOO MEMORIAL HOSPITAL, INC. D/B/A TAYLOR-BROWN MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 154.00 A,C		A,C
CENTRAL NEW YORK REGION BROOME COUNTY IDEAL HOSPITAL OF ENDICOTT INPATIENT ACUTE CARE	\$ 151.00 A,B		A,B
CORTLAND COUNTY CORTLAND MEMORIAL HOSPITAL INC. INPATIENT ACUTE CARE	\$ 179.00 B		-
ONEIDA COUNTY FAXTON HOSPITAL INPATIENT ACUTE CARE	\$ 180.00 A		A
ST. ELIZABETH HOSPITAL INPATIENT ACUTE CARE	\$ 202.00 A		A
ONONDAGA COUNTY CROUSE-IRVING MEMORIAL HOSPITAL INPATIENT ACUTE			

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	REVISED DAILY	ANCILLARY EXCLUSIONS	
	RATE	EFFECTIVE	
	1979	1/1/79-12/31/79	1/1/78-12/31/78
CARE	\$ 254.00	A,B,C, NUCLEAR MEDICINE	A,B,C, NUCLEAR MEDICINE
STATE UNIVERSITY HOSPITAL UPSTATE MEDICAL CENTER INPATIENT ACUTE CARE			
	\$ 312.00	A,C	A,C
ST. LAWRENCE COUNTY CENTRAL ST. LAWRENCE HEALTH SERVICES OF POTSDAM HOSPITAL UNIT INPATIENT ACUTE CARE			
	\$ 198.00	A	A
EDWARD JOHN NOBLE HOSPITAL - OF GOVERNEUR INPATIENT ACUTE CARE			
	\$ 126.00	-	-
NORTHEASTERN NEW YORK RE- GION OTSEGO COUNTY MARY IMOGENE BASSETT HOSPITAL INPATIENT ACUTE CARE			
	\$ 299.00	-	-
NORTHERN METROPOLITAN RE- GION ORANGE COUNTY DOCTOR'S SUNNYSIDE			

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	REVISED DAILY	ANCILLARY EXCLUSIONS	
	RATE	EFFECTIVE	
	1979	1/1/79-12/31/79	1/1/78-12/31/78
HOSPITAL			
INPATIENT ACUTE			
CARE	\$ 168.00 -		-
ULSTER COUNTY			
BENEDICTINE HOSPITAL			
INPATIENT ACUTE			
CARE	\$ 157.00 A,C		A
WESTCHESTER COUNTY			
MOUNT VERNON HOSPITAL			
INPATIENT ACUTE			
CARE	\$ 223.00 A		A
N.Y. HOSPITAL-CORNELL			
MEDICAL CENTER			
WESTCHESTER DIVISION			
PSYCHIATRIC			
CARE	\$ 196.00 -		-
PEEKSKILL HOSPITAL			
INPATIENT ACUTE			
CARE	\$ 196.00 A		A
ST. JOSEPH'S HOSPITAL			
YONKERS			
INPATIENT ACUTE			
CARE	\$ 192.00 -		-
WHITE PLAINS HOSPITAL			
MEDICAL CENTER			
INPATIENT ACUTE			
CARE	\$ 253.00 A		A

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE

	REVISED DAILY	ANCILLARY EXCLUSIONS	
	RATE	EFFECTIVE	
	1979	1/1/79-12/31/79	1/1/78-12/31/78
LONG ISLAND REGION			
NASSAU COUNTY			
COMMUNITY HOSPITAL			
AT GLEN COVE			
INPATIENT ACUTE			
CARE	\$ 231.00 A		A
LYDIA E. HALL HOSPITAL			
INPATIENT ACUTE			
CARE	\$ 218.00 -		A, EKG
NASSAU COUNTY			
MEDICAL CENTER			
EAST MEADOW DIVISION			
INPATIENT ACUTE			
CARE	\$ 352.00 -		-
NORTH SHORE UNIVERSITY			
HOSPITAL			
INPATIENT ACUTE CARE	\$ 327.00 A		A
SYOSSET HOSPITAL			
INPATIENT ACUTE			
CARE	\$ 211.00 A, EKG		A, EKG
NEW YORK CITY REGION			
BEEKMAN DOWNTOWN HOSPIT-			
AL			
INPATIENT ACUTE			
CARE	\$ 228.00 A		A
BETH ISRAEL MEDICAL CENTER			
INPATIENT ACUTE			

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	REVISED DAILY RATE 1979	ANCILLARY EXCLUSIONS EFFECTIVE	
		1/1/79-12/31/79	1/1/78-12/31/78
CARE	\$ 283.00 A		-
BROOKDALE HOSPITAL MEDICAL CENTER INPATIENT ACUTE CARE			
	\$ 315.00 A,C		A,C
CABRINI MEDICAL CENTER INPATIENT ACUTE CARE			
	\$ 280.00 A		-
HOSPITAL FOR JOINT DISEASES AND MEDICAL CENTER INPATIENT ACUTE CARE			
	1/1/79- 1/31/79	\$ 339.00 A	A, RESPIRATORY
	2/1/79- 7/7/79	\$ 341.00 A	INHALATION
ORTHOPEDIC INSTITUTE INPATIENT ACUTE CARE			
	7/10/79- 10/31/79	\$ 524.00 A	
	11/1/79- 12/31/79	\$ 534.00 A	
JEWISH MEMORIAL HOSPITAL INPATIENT ACUTE CARE			
		\$ 236.00 A	A
JOINT DISEASES NORTH GENERAL			

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		REVISED DAILY	ANCILLARY EXCLUSIONS	
		RATE	EFFECTIVE	
		1979	1/1/79-12/31/79	1/1/78-12/31/78
HOSPITAL				
INPATIENT ACUTE				
CARE	7/10/79- 12/31/79	\$ 240.00 A		
LENOX HILL HOSPITAL				
INPATIENT ACUTE				
CARE		\$ 340.00 A		-
MEDICAL ARTS CENTER HOSPITAL				
INPATIENT ACUTE				
CARE		\$ 184.00 A		A
MONTEFIORE HOSPITAL AND MEDICAL CENTER				
INPATIENT ACUTE				
CARE		\$ 377.00 -		-
MOUNT SINAI HOSPITAL				
INPATIENT ACUTE				
CARE		\$ 401.00 A		A,C
PRESBYTERIAN HOSPITAL IN THE CITY OF NEW YORK				
INPATIENT ACUTE				
CARE		\$ 352.00 A		A
ROOSEVELT HOSPITAL				
INPATIENT ACUTE				
CARE	1/1/79- 9/30/79	\$ 370.00		A
	10/1/79-	\$ 310.00		

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	REVISED DAILY RATE 1979	1/1/79-12/31/79	ANCILLARY EXCLUSIONS EFFECTIVE 1/1/78-12/31/78
12/31/79			
DETOXIFICATION UNIT			
10/1/79- 12/31/79	\$ 82.00		A
ST. LUKE'S HOSPITAL CENTER INPATIENT ACUTE CARE			
1/1/79- 9/30/79	\$ 301.00	A	
10/1/79- 12/31/79	\$ 310.00		
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK INPATIENT ACUTE CARE			
	\$ 305.00	A	A
WYCKOFF HEIGHTS HOSPITAL INPATIENT ACUTE CARE			
	\$ 218.00	A	A

A-ANESTHESIOLOGIST, B-RADIOLOGIST, C-PHYSIOTHERAPIST, D-PATHOLOGIST

CORRECTION - ANCILLARY EXCLUSIONS

ST. JOHN'S EPISCOPAL HOSPITAL - SOUTH SHORE DIVISION AND JAMAICA HOSPITAL, BOTH NEW YORK CITY REGION FACILITIES, WERE ERRONEOUSLY LISTED AS HAVING ALL-INCLUSIVE 1979 WORKERS' COMPENSATION RATES IN BOTH CASES, ANESTHESIOLOGY SHOULD BE EXCLUDED.