

March 4, 1980

SUBJECT: INSURANCE

WITHDRAWN

CIRCULAR LETTER NO. 4 (1980)

March 4, 1980

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

SUBJECT: REIMBURSEMENT RATES FOR HOSPITAL AND HEALTH RELATED SERVICES UNDER NO-FAULT

Pursuant to the provisions of 11 NYCRR 68.2 (Regulation 83), on and after January 1, 1978, the schedule of all inclusive rates for hospital services and health related services, including home health services, provided pursuant to Section 671(1)(a) of the Insurance Law shall be the rates approved by the Chairman of the Workers' Compensation Board in accordance with the provisions of Chapter 767 of the Laws of 1977.

Pursuant to the provisions of Regulation 83 and effective with services rendered on and after January 1, 1980, through December 31, 1980, the attached schedules shall be utilized by no-fault insurers for payment of hospital outpatient and inpatient services. The rates appearing in the attached schedules have been developed in accordance with 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 (extending the provisions of Chapter 767 for an additional year) and have been approved by the Chairman of the Workers' Compensation Board.

Also attached is a schedule of revised rates certified by the Commissioner of Health and approved by the Chairman of the Workers' Compensation Board relating to specified facilities. Pursuant to the provisions of Regulation 83 these revised rates shall be utilized by no-fault insurers for payment of hospital inpatient services for the effective periods set forth in the schedule.

Very truly yours,

[SIGNATURE]

ALBERT B. LEWIS

Superintendent of Insurance

This schedule of revised 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, Laws of 1977, as amended by Chapter 213, Laws of 1978 and Chapter 271, Laws of 1979, these rates are for use in payment of claims under the Workers' Compensation Law and Volunteer Firemen's Benefit Law.

These rates apply to the following facilities for the periods indicated:

NEW YORK CITY REGION - REVISED RATES

INPATIENT	FROM	TO	EFFECTIVE PERIOD
Hosp. for Joint Diseases	\$ 241.00	\$ 339.00	1/1/79 - 1/31/79
("Old" Facility)	241.00	341.00	2/1/79 - 7/9/79
Orthopedica Institute	0	524.00	7/10/79 - 10/31/79
	0	534.00	11/1/79 - 12/31/79
North General Hospital	0	240.00	7/10/79 - 12/31/79

[SIGNATURE]

Chairman

DISTRIBUTION: BS

STATE OF NEW YORK

WORKERS' COMPENSATION BOARD  
OFFICE OF THE CHAIRMAN

HOSPITAL FEE SCHEDULE  
Effective January 1, 1980

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

[SIGNATURE]

Chairman

WORKERS' COMPENSATION SCHEDULE OF RATES FOR THE PERIOD JANUARY 1, 1980 THROUGH  
DECEMBER 31, 1980

Rates for Outpatient Services

Room other than operating room or operating room when used for minor surgery or emergency treatment:  
For the medical service provided whether by employed staff, \$ 13.00  
attending staff or by contractual arrangement with the  
physician groups the fee for this service is limited to  
the first visit fee of as appears on line 90010 of the  
Schedule of Medical Fees.

For the hospital providing intern or resident staffing  
or by physician group contractual coverage the total  
fee is \$ 36.00

When the care is provided by an attending, the hospital fee  
is with the physician billing separately. \$ 23.00

Note: These fees include common or ordinary medications.

Crutches, mechanical splints and appliances Rental or  
Sale at Cost

Plaster Cast and/or Splint Cost of Plaster

Radium and deep therapy A & A \*

E.K.G., E.E.G., X-ray, P.T., and Laboratory Charges Rates in  
Schedule of  
Medical Fees  
Promulgated  
by the Chairman,  
Workers'  
Compensation  
Board

Materials supplied by the Emergency Room (i.e.  
sterile trays, medications, etc.) over and above  
those usually included with the Emergency Room visit  
may be charged for separately. Itemize these on  
the bill submitted.

\* "Authorization and Arrangement"

#### COMMON OR ORDINARY DRUGS COVERED BY THE EMERGENCY ROOM HOSPITAL RATES

A study was undertaken some time ago to determine the low-cost drugs which a large number of hospitals in New York State regard as fairly common or ordinary and for which no charges are made apart from the inclusive Emergency Room rates. A partial list of such drugs is furnished below. It is expected that the list will be enlarged or augmented from time to time. In the meanwhile, the drugs shown below or on any future similar list or heretofore regarded as common or ordinary or any additional drugs so regarded at the discretion of the hospital should be considered as

covered by the applicable Emergency Room rate. No charge should be made for [A> ANY <A] drugs, whether or not listed hereunder, in connection with hospitalized patients.

Current List of "No Charge" Drugs and Pharmaceutical Supplies

Alcohol 70%  
Alcohol for burning  
Alkaline Aromatic (Seilers) Tablets (Used as a mouth wash)  
Aluminum Hydroxide Gel.  
Ammonium Chloride Tabs.  
A. P. C.  
Aromatic Sp. Ammonia  
Aromatic Fl. Ext. Cascara  
Aspirin  
Atropine Sulphate H.T.'s  
Belladonna Tincture  
Benedicts Qualitative Solution  
Benzalkonium Chloride  
Benzoin Tincture  
Calamine Lotion  
Carbon Tetrachloride  
Castor Oil  
Chloral Hydrate  
Citrocarbonate Granules  
Clinitest Tablets  
Codeine Sulphate H.T.  
Cold Cream Ointment  
Collodian Flexible  
Comp. Licorice Powd.  
Comp. Tr. Benzoin  
Demoral  
Dicumarol Tabs.  
Digitoxin Tabs. O.1. mg.  
Distilled Water Inject.  
Ferric Chloride Solution  
Ferric Subsulphate (Mansels) Solution  
Ferrous Sulphate  
Glycerin  
Glycerin Supp.  
H. I. Syrup  
Hydrogen Peroxide  
Iodine  
Iron Quinine & Strychnine Elixir  
Laxative Tabs.  
Liquid Soap  
Lubricating Jelly  
Magnesium Sulphate  
Metaphen Tincture  
Methiolate Sol.  
Methyl Salicylate

Milk of Magnesia  
 Mineral Oil  
 Morphine Injection  
 Mouth Wash  
 Nitroglycerine H.T.'s  
 Normal Saline Inject.  
 Pento Barbitol Sodium Capsules  
 Peppermint  
 Petralatum  
 Phenobarbital  
 Procaine HCL  
 Rhubarb & Soda Mixture  
 Rubbing Alcohol  
 Scopolamine H.T.  
 Secobarbital Sodium Caps  
 Silver Nitrate Appl.  
 Sodium Bicarbonate  
 Sodium Salicylate Tabs.  
 Talcum Powder  
 Terpin Hydrate El.  
 Tuberculin Purified Protein Derivative (1st and 2nd strength)  
 Witch Hazel  
 Xylocaine 1%, 2% with or without Epinephrine  
 Zinc Oxide Ointment  
 Zinc Stearate Powder

WORKERS' COMPENSATION  
 HOSPITAL RATE SCHEDULE  
 WESTERN NEW YORK REGION

	DAILY	EFFECTIVE
	RATE	01/01/80 - 12/31/80 EXCLUSIONS:
ALLEGANY		
CUBA MEMORIAL HOSPITAL INC INPATIENT ACUTE CARE	\$ 183.00	ALL INCLUSIVE
MEMORIAL HOSPITAL OF WM F & GERTRUDE F JONES A/K/A JONES MEMORIAL		
INPATIENT ACUTE CARE	\$ 164.00	ALL INCLUSIVE
CATTARAUGUS		
OLEAN GENERAL HOSPITAL INPATIENT ACUTE CARE	\$ 163.00	ALL INCLUSIVE

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
WESTERN NEW YORK REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
SALAMANCA HOSPITAL DISTRICT AUTHORITY		
INPATIENT ACUTE CARE	\$ 129.00	B,C
ST FRANCIS HOSPITAL		
INPATIENT ACUTE CARE	\$ 157.00	B
TRI-COUNTY MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 133.00	B
CHAUTAQUA		
BROOKS MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 134.00	A,B
JAMESTOWN GENERAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 147.00	A,B,C
LAKE SHORE HOSPITAL INC		
INPATIENT ACUTE CARE	\$ 143.00	A,B
WESTFIELD MEMORIAL HOSPITAL INC		
INPATIENT ACUTE CARE	\$ 114.00	B,C
WOMANS CHRISTIAN ASSOCIATION		
INPATIENT ACUTE CARE	\$ 155.00	A,B
ERIE		
BERTRAND CHAFFEE HOSPITAL		
INPATIENT ACUTE CARE	\$ 161.00	A

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
WESTERN NEW YORK REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
BRY-LIN HOSPITAL PSYCHIATRIC CARE	\$ 135.00	A
BUFFALO COLUMBUS HOSPITAL INPATIENT ACUTE CARE	\$ 108.00	A,C,D
BUFFALO GENERAL HOSPITAL INPATIENT ACUTE CARE	\$ 198.00	ALL INCLUSIVE
CHILDRENS HOSPITAL INPATIENT ACUTE CARE	\$ 281.00	A
ERIE COUNTY MEDICAL CENTER INPATIENT ACUTE CARE	\$ 281.00	ALL INCLUSIVE
KENMORE MERCY HOSPITAL INPATIENT ACUTE CARE	\$ 158.00	A, OTHER: EKG
LAFAYETTE GENERAL HOSPITAL INPATIENT ACUTE CARE	\$ 128.00	A
MERCY HOSPITAL INPATIENT ACUTE CARE	\$ 153.00	A
MILLARD FILLMORE HOSPITAL INPATIENT ACUTE CARE	\$ 202.00	A
OUR LADY OF VICTORY HOSPITAL OF LACKAWANNA INPATIENT ACUTE CARE	\$ 154.00	A,B

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
WESTERN NEW YORK REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
ERIE		
ROSWELL PARK MEMORIAL INSTITUTE		
INPATIENT ACUTE CARE	\$ 251.00	ALL INCLUSIVE
SAINT FRANCIS HOSPITAL OF BUFFALO		
INPATIENT ACUTE CARE	\$ 139.00	A
SHEEHAN MEMORIAL EMERGENCY HOSPITAL INC		
INPATIENT ACUTE CARE	\$ 158.00	A,B
SHERIDAN PARK HOSPITAL INC		
INPATIENT ACUTE CARE	\$ 141.00	A
SISTERS OF CHARITY HOSPITAL		
INPATIENT ACUTE CARE	\$ 154.00	A
ST JOSEPH INTERCOMMUNITY HOSPITAL		
INPATIENT ACUTE CARE	\$ 128.00	A
GENESEE		
GENESEE MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 155.00	A
ST JEROME HOSPITAL		
INPATIENT ACUTE CARE	\$ 164.00	A
NIAGARA		
DEGRAFF MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 149.00	A

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
WESTERN NEW YORK REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
INTER-COMMUNITY MEMORIAL HOSPITAL AT NEWFANE INC		
INPATIENT ACUTE CARE	\$ 140.00	A
LOCKPORT MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 155.00	A,B
MOUNT ST MARYS HOSPITAL OF NIAGARA FALLS		
INPATIENT ACUTE CARE	\$ 144.00	A
NIAGARA FALLS MEMORIAL MEDICAL CENTER		
INPATIENT ACUTE CARE	\$ 160.00	A
ORLEANS		
ARNOLD GREGORY MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 156.00	A,C
MEDINA MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 145.00	A,B
WYOMING		
WYOMING COUNTY COMMUNITY HOSPITAL		
INPATIENT ACUTE CARE	\$ 169.00	A

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

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
ROCHESTER NEW YORK REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
CHEMUNG		
ARNOT-OGDEN MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 178.00	A
ST JOSEPHS HOSPITAL		
INPATIENT ACUTE CARE	\$ 149.00	A
LIVINGSTON		
NICHOLAS H NOYES MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 172.00	A
MONROE		
GENESEE HOSPITAL		
INPATIENT ACUTE CARE	\$ 266.00	A
HIGHLAND HOSPITAL		
INPATIENT ACUTE CARE	\$ 223.00	A,B
LAKESIDE MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 176.00	A
MONROE COMMUNITY HOSPITAL		
INPATIENT ACUTE CARE	\$ 292.00	ALL INCLUSIVE
PARK RIDGE HOSPITAL		
INPATIENT ACUTE CARE	\$ 208.00	A,B
ROCHESTER GENERAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 262.00	A
ST MARYS HOSPITAL		

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
ROCHESTER NEW YORK REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
INPATIENT ACUTE CARE	\$ 210.00	A,C
STRONG MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 300.00	A, Other-Diagnostic Radio
ONTARIO		
CLIFTON SPRINGS HOSPITAL AND CLINIC		
INPATIENT ACUTE CARE	\$ 162.00	A
F F THOMPSON HOSPITAL		
INPATIENT ACUTE CARE	\$ 143.00	A
GENEVA GENERAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 187.00	A
SCHUYLER		
SCHUYLER HOSPITAL		
INPATIENT ACUTE CARE	\$ 178.00	A
SENECA		
SENECA FALLS HOSPITAL		
INPATIENT ACUTE CARE	\$ 171.00	ALL INCLUSIVE
WATERLOO MEMORIAL HOSPITAL INC D/B/A TAYLOR-BROWN MEMORIAL HOSP		
INPATIENT ACUTE CARE	\$ 149.00	A
STEUBEN		
BETHESDA HOSPITAL		
INPATIENT ACUTE CARE	\$ 153.00	A

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
ROCHESTER NEW YORK REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
CORNING HOSPITAL		
INPATIENT ACUTE CARE	\$ 164.00	A
IRA DAVENPORT MEMORIAL HOSPITAL INC		
INPATIENT ACUTE CARE	\$ 151.00	A, C
ST JAMES MERCY HOSPITAL		
INPATIENT ACUTE CARE	\$ 143.00	A
WAYNE		
MYERS COMMUNITY HOSPITAL FOUNDATION INC		
INPATIENT ACUTE CARE	\$ 153.00	A
NEWARK-WAYNE COMMUNITY HOSPITAL INC		
INPATIENT ACUTE CARE	\$ 168.00	A
YATES		
SOLDIERS AND SAILORS MEMORIAL HOSPITAL OF YATES COUNTY INC		
INPATIENT ACUTE CARE	\$ 165.00	A

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

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
CENTRAL NEW YORK REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
BROOME		

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
CENTRAL NEW YORK REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
BINGHAMTON GENERAL HOSPITAL INPATIENT ACUTE CARE	\$ 178.00	A,B,C
CHARLES S WILSON MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 209.00	A
IDEAL HOSPITAL OF ENDICOTT INPATIENT ACUTE CARE	\$ 131.00	A,B,C
OUR LADY OF LOURDES MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 175.00	A, OTHER: DIAGNOSTIC RADIOLOGY, ULTRASOUND DIAGNOSTIC
CAYUGA AUBURN MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 160.00	A
CHENANGO CHENANGO MEMORIAL HOSPITAL INC INPATIENT ACUTE CARE	\$ 209.00	A
CORTLAND CORTLAND MEMORIAL HOSPITAL INC INPATIENT ACUTE CARE	\$ 202.00	A,B
HERKIMER HERKIMER MEMORIAL HOSPITAL INC INPATIENT ACUTE CARE	\$ 170.00	A
LITTLE FALLS HOSPITAL		

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
CENTRAL NEW YORK REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
INPATIENT ACUTE CARE	\$ 144.00	A
MOHAWK VALLEY GENERAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 148.00	A
JEFFERSON		
CARTHAGE AREA HOSPITAL INC		
INPATIENT ACUTE CARE	\$ 158.00	A,B
EDWARD JOHN NOBLE HOSPITAL OF ALEXANDRIA BAY		
INPATIENT ACUTE CARE	\$ 173.00	ALL INCLUSIVE
HOUSE OF THE GOOD SAMARITAN		
INPATIENT ACUTE CARE	\$ 167.00	A,B,C
MERCY HOSPITAL OF WATERTOWN		
INPATIENT ACUTE CARE	\$ 176.00	A,B,C
LEWIS		
LEWIS COUNTY GENERAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 160.00	B
MADISON		
COMMUNITY MEMORIAL HOSPITAL INC		
INPATIENT ACUTE CARE	\$ 185.00	A
ONEIDA CITY HOSPITAL		
INPATIENT ACUTE CARE	\$ 154.00	A,D
ONEIDA		

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
CENTRAL NEW YORK REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
CHILDRENS HOSPITAL AND REHABILITATION CENTER REHABILITATION	\$ 177.00	A,C, OTHER: EMG
ONEIDA FAXTON HOSPITAL INPATIENT ACUTE CARE	\$ 173.00	A,C, OTHER; EMG
ROME HOSPITAL AND MURPHY MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 154.00	A,C
ROSE HOSPITAL INPATIENT ACUTE CARE	\$ 144.00	A
ST ELIZABETH HOSPITAL INPATIENT ACUTE CARE	\$ 187.00	A
ST LUKES MEMORIAL HOSPITAL CENTER INPATIENT ACUTE CARE	\$ 188.00	A,C
ONONDAGA BENJAMIN RUSH CENTER PSYCHIATRIC CARE	\$ 119.00	ALL INCLUSIVE
COMMUNITY-GENERAL HOSPITAL OF GREATER SYRACUSE INPATIENT ACUTE CARE	\$ 230.00	A
CROUSE-IRVING MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 271.00	A,B,D, OTHERS: Nuclear Medicine, EEG, ECG

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
CENTRAL NEW YORK REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
ST JOSEPHS HOSPITAL HEALTH CENTER INPATIENT ACUTE CARE	\$ 226.00	A,B,C
STATE UNIVERSITY HOSPITAL UPSTATE MEDICAL CENTER INPATIENT ACUTE CARE	\$ 247.00	A,C
OSWEGO ALBERT LINDLEY LEE MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 159.00	A
OSWEGO HOSPITAL INPATIENT ACUTE CARE	\$ 168.00	A
ST. LAWRENCE A BARTON HEPBURN HOSPITAL INPATIENT ACUTE CARE	\$ 197.00	A
CENTRAL ST LAWRENCE HLTH SERVICES OF POTSDAM HOSP UNIT INPATIENT ACUTE CARE	\$ 180.00	A
CLIFTON-FINE HOSPITAL INPATIENT ACUTE CARE	\$ 183.00	ALL INCLUSIVE
EDWARD JOHN NOBLE HOSPITAL OF GOUVERNEUR INPATIENT ACUTE CARE	\$ 128.00	ALL INCLUSIVE
MASSENA MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 170.00	A

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
CENTRAL NEW YORK REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
TIOGA		
TIOGA GENERAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 163.00	A,C
TOMPKINS		
TOMPKINS COUNTY HOSPITAL		
INPATIENT ACUTE CARE	\$ 216.00	A

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

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NORTHEASTERN NEW YORK REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
ALBANY		
ALBANY MEDICAL CENTER HOSPITAL		
INPATIENT ACUTE CARE	\$ 207.00	B
CHILDS HOSPITAL		
INPATIENT ACUTE CARE	\$ 160.00	A
COHOES MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 150.00	A,B
MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 195.00	A

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NORTHEASTERN NEW YORK REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
ST PETERS HOSPITAL INPATIENT ACUTE CARE	\$ 202.00	A,B
CLINTON CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CTR INPATIENT ACUTE CARE	\$ 138.00	A,B
COLUMBIA COLUMBIA MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 168.00	B
DELAWARE A LINDSAY & OLIVE B OCONNOR HOSPITAL INPATIENT ACUTE CARE	\$ 169.00	A
COMMUNITY HOSPITAL INPATIENT ACUTE CARE	\$ 177.00	ALL INCLUSIVE
DELAWARE VALLEY HOSPITAL INC INPATIENT ACUTE CARE	\$ 201.00	ALL INCLUSIVE
MARGARETVILLE MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 195.00	ALL INCLUSIVE
READ MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 170.00	A,B
THE HOSPITAL INPATIENT ACUTE CARE	\$ 160.00	A,B, OTHER: Ultrasound, Electro-Cardiology

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NORTHEASTERN NEW YORK REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
ESSEX		
ELIZABETHTOWN COMMUNITY HOSPITAL		
INPATIENT ACUTE CARE	\$ 163.00	B
MOSES-LUDINGTON HOSPITAL		
INPATIENT ACUTE CARE	\$ 159.00	A,B,C,D
PLACID MEMORIAL HOSPITAL INC		
INPATIENT ACUTE CARE	\$ 158.00	A
FRANKLIN		
ALICE HYDE MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 143.00	B
GENERAL HOSPITAL OF SARANAC LAKE		
INPATIENT ACUTE CARE	\$ 155.00	A,B,C
MERCY GENERAL HOSPITAL OF TUPPER LAKE		
INPATIENT ACUTE CARE	\$ 164.00	A
FULTON		
JOHNSTOWN HOSPITAL		
INPATIENT ACUTE CARE	\$ 162.00	A,C
NATHAN LITTAUER HOSPITAL		
INPATIENT ACUTE CARE	\$ 155.00	A
GREENE		
MEMORIAL HOSPITAL OF GREENE COUNTY		
INPATIENT ACUTE CARE	\$ 177.00	ALL INCLUSIVE

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NORTHEASTERN NEW YORK REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
MONTGOMERY		
AMSTERDAM MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 157.00	A
ST MARYS HOSPITAL AT AMSTERDAM		
INPATIENT ACUTE CARE	\$ 153.00	A,C
OTSEGO		
AURELIA OSBORN FOX MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 193.00	A,C, OTHER: Ear,Nose,Throa
MARY IMOGENE BASSETT HOSPITAL		
INPATIENT ACUTE CARE	\$ 185.00	ALL INCLUSIVE
RENSSELAER		
LEONARD HOSPITAL		
INPATIENT ACUTE CARE	\$ 166.00	B,C
SAMARITAN HOSPITAL		
INPATIENT ACUTE CARE	\$ 169.00	A
ST MARYS HOSPITAL OF TROY		
INPATIENT ACUTE CARE	\$ 168.00	A,B, OTHER: Physical Medicine
SARATOGA		
ADIRONDACK REGIONAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 136.00	ALL INCLUSIVE
BENEDICT MEMORIAL HOSPITAL		

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NORTHEASTERN NEW YORK REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
INPATIENT ACUTE CARE	\$ 71.00	A,C
SARATOGA HOSPITAL		
INPATIENT ACUTE CARE	\$ 169.00	A,B
SCHENECTADY		
BELLEVUE MATERNITY HOSPITAL INC		
INPATIENT ACUTE CARE	\$ 268.00	A
ELLIS HOSPITAL		
INPATIENT ACUTE CARE	\$ 183.00	A,B,C, OTHER; Nuclear Medicine
ST CLARES HOSPITAL		
INPATIENT ACUTE CARE	\$ 180.00	A,B
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER		
INPATIENT ACUTE CARE	\$ 160.00	A,C
SCHOHARIE		
COMMUNITY HOSPITAL OF SCHOHARIE COUNTY INC		
INPATIENT ACUTE CARE	\$ 149.00	ALL INCLUSIVE
WARREN		
GLENS FALLS HOSPITAL		
INPATIENT ACUTE CARE	\$ 173.00	A,B,C
WASHINGTON		
EMMA LAING STEVENS HOSPITAL		

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NORTHEASTERN NEW YORK REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
INPATIENT ACUTE CARE	\$ 145.00	ALL INCLUSIVE
MARY MCCLELLAN HOSPITAL		
INPATIENT ACUTE CARE	\$ 154.00	A

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

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NORTHERN METROPOLITAN REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
DUTCHESS		
HIGHLAND HOSPITAL		
INPATIENT ACUTE CARE	\$ 153.00	A
NORTHERN DUTCHESS HOSPITAL		
INPATIENT ACUTE CARE	\$ 166.00	A
ST FRANCIS HOSPITAL		
INPATIENT ACUTE CARE	\$ 202.00	A,B,C, OTHER: Psychiatri
VASSAR BROTHERS HOSPITAL		
INPATIENT ACUTE CARE	\$ 193.00	A,C, OTHER- Diagnostic Radiology
ORANGE		
ARDEN HILL HOSPITAL		
INPATIENT ACUTE CARE	\$ 223.00	A,C

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NORTHERN METROPOLITAN REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
CORNWALL HOSPITAL INPATIENT ACUTE CARE	\$ 170.00	A
DOCTORS SUNNYSIDE HOSPITAL INPATIENT ACUTE CARE	\$ 165.00	ALL INCLUSIVE
E A HORTON MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 183.00	A
FALKIRK HOSPITAL PSYCHIATRIC CARE	\$ 125.00	ALL INCLUSIVE
ST ANTHONY COMMUNITY HOSPITAL INPATIENT ACUTE CARE	\$ 187.00	A
ST FRANCIS HOSPITAL OF PORT JERVIS NEW YORK INPATIENT ACUTE CARE	\$ 185.00	A,C
ST LUKES HOSPITAL OF NEWBURGH INPATIENT ACUTE CARE	\$ 207.00	A
TUXEDO MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 143.00	A
PUTNAM JULIA L BUTTERFIELD MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 94.00	ALL INCLUSIVE
PUTNAM COMMUNITY HOSPITAL		

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NORTHERN METROPOLITAN REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
INPATIENT ACUTE CARE	\$ 204.00	A
ROCKLAND		
COMMUNITY HOSPITAL OF ROCKLAND COUNTY		
INPATIENT ACUTE CARE	\$ 129.00	A
GOOD SAMARITAN HOSPITAL OF SUFFERN		
INPATIENT ACUTE CARE	\$ 246.00	A
HELEN HAYES HOSPITAL		
INPATIENT ACUTE CARE	\$ 260.00	ALL INCLUSIVE
NYACK HOSPITAL		
INPATIENT ACUTE CARE	\$ 230.00	A,B
SUMMIT PARK HOSPITAL-ROCKLAND COUNTY INFIRMARY		
INPATIENT ACUTE CARE	\$ 251.00	ALL INCLUSIVE
PSYCHIATRIC CARE	\$ 119.00	ALL INCLUSIVE
SULLIVAN		
COMMUNITY GENERAL HOSPITAL OF SULLIVAN COUNTY		
INPATIENT ACUTE CARE	\$ 256.00	A
COMMUNITY GENERAL HOSPITAL OF SULLIVAN COUNTY G HERMAN DIV		
INPATIENT ACUTE CARE	\$ 150.00	A
HAMILTON AVENUE HOSPITAL		
INPATIENT ACUTE CARE	\$ 138.00	A

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NORTHERN METROPOLITAN REGION

	EFFECTIVE
DAILY	01/01/80 - 12/31/80
RATE	EXCLUSIONS:

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

[See table in printed version.]

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NEW YORK CITY REGION

	DAILY	EFFECTIVE
	RATE	01/01/80 - 12/31/80
		EXCLUSIONS:
ASTORIA GENERAL HOSPITAL INPATIENT ACUTE CARE	\$ 194.00	A,C, OTHER: EEG, Nuclear Medicine
BAPTIST HOSPITAL OF NEW YORK INPATIENT ACUTE CARE	\$ 144.00	A
BEEKMAN DOWNTOWN HOSPITAL INPATIENT ACUTE CARE	\$ 273.00	A
BETH ISRAEL MEDICAL CENTER INPATIENT ACUTE CARE	\$ 344.00	A
BOOTH MEMORIAL MEDICAL CENTER INPATIENT ACUTE CARE	\$ 287.00	A
BOULEVARD HOSPITAL INPATIENT ACUTE CARE	\$ 174.00	A

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NEW YORK CITY REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
BRONX-LEBANON HOSPITAL CENTER-FULTON DIVISION	\$ 304.00	A,C
INPATIENT ACUTE CARE 1/1/80--2/15/80		
2/16/80--12/31/80	268.00	
 BROOKDALE HOSPITAL MEDICAL CENTER		
INPATIENT ACUTE CARE	\$ 317.00	A,C
 BROOKLYN HOSPITAL		
INPATIENT ACUTE CARE	\$ 286.00	A
 CABRINI HEALTH CARE CTR		
INPATIENT ACUTE CARE	\$ 273.00	A,C, OTHER: EEG, EKG, Sonography
 CALEDONIAN HOSPITAL OF THE CITY OF NY		
INPATIENT ACUTE CARE	\$ 196.00	A
 CALVARY HOSPITAL		
INPATIENT ACUTE CARE	\$ 332.00	ALL INCLUSIVE
 CATHOLIC MEDICAL CENTER		
INPATIENT ACUTE CARE	\$ 294.00	ALL INCLUSIVE
 CMC ST JOHN'S QUEENS DIV		
INPATIENT ACUTE CARE	\$ 294.00	A
 COMMUNITY HOSPITAL OF BROOKLYN INC		
INPATIENT ACUTE CARE	\$ 172.00	A Nuclear Medicine, Ultra Sound
 DEEPPDALE GENERAL HOSPITAL		

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NEW YORK CITY REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
INPATIENT ACUTE CARE	\$ 199.00	A,C
DOCTORS HOSPITAL INC INPATIENT ACUTE CARE	\$ 223.00	A,C
DOCTORS HOSPITAL OF STATEN ISLAND INPATIENT ACUTE CARE	\$ 204.00	A
FLATBUSH GENERAL HOSPITAL INPATIENT ACUTE CARE	\$ 196.00	ALL INCLUSIVE
FLUSHING HOSPITAL AND MEDICAL CENTER INPATIENT ACUTE CARE	\$ 256.00	A
GRACIE SQUARE GENERAL HOSPITAL INPATIENT ACUTE CARE	\$ 217.00	ALL INCLUSIVE
PSYCHIATRIC CARE	\$ 149.00	ALL INCLUSIVE
H I P HOSPITAL INC INPATIENT ACUTE CARE	\$ 257.00	A
HILLCREST GENERAL HOSPITAL-GHI INPATIENT ACUTE CARE	\$ 245.00	A
HOSPITAL FOR JOINT DISEASES AND MEDICAL CENTER ORTHOPEDIC INSTI INPATIENT ACUTE CARE	\$ 466.00	A
HOSPITAL FOR SPECIAL SURGERY INPATIENT ACUTE CARE	\$ 328.00	A

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NEW YORK CITY REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
INSTITUTE OF REHAB MEDICINE NY UNIVERSITY REHABILITATION	\$ 292.00	A,C,D
INTERBORO GENERAL HOSPITAL INPATIENT ACUTE CARE	\$ 221.00	A
JAMAICA HOSPITAL INPATIENT ACUTE CARE	\$ 258.00	A,C
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN INPATIENT ACUTE CARE	\$ 258.00	A
JEWISH MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 198.00	A
JOINT DISEASES NORTH GENERAL HOSPITAL INPATIENT ACUTE CARE	\$ 239.00	A
KINGS HIGHWAY HOSPITAL INPATIENT ACUTE CARE	\$ 203.00	A,C
KINGSBROOK JEWISH MEDICAL CENTER INPATIENT ACUTE CARE	\$ 254.00	A,B,C,D
LENOX HILL HOSPITAL INPATIENT ACUTE CARE	\$ 324.00	A
LEROY HOSPITAL INPATIENT ACUTE CARE	\$ 210.00	A
LONG ISLAND COLLEGE HOSPITAL		

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NEW YORK CITY REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
INPATIENT ACUTE CARE	\$ 319.00	A
LONG ISLAND JEWISH-HILLSIDE MED CTR INPATIENT ACUTE CARE	\$ 342.00	A
LUTHERAN MEDICAL CENTER INPATIENT ACUTE CARE	\$ 298.00	A
MAIMONIDES MEDICAL CENTER INPATIENT ACUTE CARE	\$ 296.00	A
MANHATTAN EYE EAR AND THROAT HOSPITAL INPATIENT ACUTE CARE	\$ 230.00	A,C
MEDICAL ARTS CENTER HOSPITAL INPATIENT ACUTE CARE	\$ 199.00	A,C
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES INPATIENT ACUTE CARE	\$ 501.00	ALL INCLUSIVE
METHODIST HOSPITAL OF BROOKLYN INPATIENT ACUTE CARE	\$ 267.00	A
MISERICORDIA HOSPITAL MEDICAL CENTER INPATIENT ACUTE CARE	\$ 230.00	A,D, OTHER: Ambulance
MONTEFIORE HOSPITAL & MEDICAL CENTER INPATIENT ACUTE CARE	\$ 389.00	A

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NEW YORK CITY REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
MOUNT SINAI HOSPITAL INPATIENT ACUTE CARE	\$ 382.00	A,C
NY EYE AND EAR INFIRMARY INPATIENT ACUTE CARE	\$ 252.00	A
NY INFIRMARY INPATIENT ACUTE CARE	\$ 273.00	A
NY UNIVERSITY MEDICAL CENTER INPATIENT ACUTE CARE	\$ 337.00	A,C
PARKWAY HOSPITAL INPATIENT ACUTE CARE	\$ 218.00	A,C
PARSONS HOSPITAL INPATIENT ACUTE CARE	\$ 181.00	A
PAYNE WHITNEY AND NEW YORK HOSPITAL COMBINED INPATIENT ACUTE CARE	\$ 381.00	A
PELHAM BAY GENERAL HOSPITAL INPATIENT ACUTE CARE	\$ 187.00	A,B,C, OTHER: EKG, EEG
PENINSULA HOSPITAL CENTER INPATIENT ACUTE CARE	\$ 220.00	A
PHYSICIANS HOSPITAL INPATIENT ACUTE CARE	\$ 208.00	A

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NEW YORK CITY REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
PRESBYTERIAN HOSPITAL IN THE CITY OF NEW YORK INPATIENT ACUTE CARE	\$ 351.00	A,B
PROSPECT HOSPITAL INPATIENT ACUTE CARE	\$ 168.00	A
RICHMOND MEMORIAL HOSPITAL AND HEALTH CENTER INPATIENT ACUTE CARE	\$ 215.00	A
ROCKEFELLER UNIVERSITY HOSPITAL INPATIENT ACUTE CARE	\$ .00	ALL INCLUSIVE
ROOSEVELT HOSPITAL INPATIENT ACUTE CARE	\$ 330.00	A
DETOXIFICATION UNIT	\$ 88.00	A
ST BARNABAS HOSPITAL INPATIENT ACUTE CARE	\$ 236.00	ALL INCLUSIVE
ST CLARES HOSPITAL AND HEALTH CENTER INPATIENT ACUTE CARE	\$ 246.00	A
ST ELIZABETHS DIVISION OF ST CLARES HOSPITAL AND HEALTH CENTER INPATIENT ACUTE CARE	\$ 246.00	A
ST JOHNS EPISCOPAL HOSPITAL INPATIENT ACUTE CARE	\$ 236.00	A
ST JOHNS EPISCOPAL HOSPITAL-SO SHORE DIV INPATIENT ACUTE CARE	\$ 236.00	A

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NEW YORK CITY REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
ST LUKES HOSPITAL CENTER INPATIENT ACUTE CARE	\$ 330.00	A
ST MARYS HOSPITAL OF BROOKLYN INPATIENT ACUTE CARE	\$ 343.00	ALL INCLUSIVE
ST VINCENTS HOSPITAL AND MEDICAL CENTER OF NY INPATIENT ACUTE CARE	\$ 315.00	A
ST VINCENTS MEDICAL CENTER OF RICHMOND INPATIENT ACUTE CARE	\$ 272.00	ALL INCLUSIVE
STATE UNIVERSITY HOSPITAL DOWNSTATE MEDICAL CENTER INPATIENT ACUTE CARE	\$ 275.00	A
STATEN ISLAND HOSPITAL INPATIENT ACUTE CARE	\$ 288.00	A
TERRACE HEIGHTS HOSPITAL INPATIENT ACUTE CARE	\$ 201.00	A
UNION HOSPITAL OF THE BRONX INPATIENT ACUTE CARE	\$ 172.00	A,C
VICTORY MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 192.00	A
WESTCHESTER SQUARE HOSPITAL INPATIENT ACUTE CARE	\$ 168.00	A,C, OTHER: Nuclear

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NEW YORK CITY REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
WYCKOFF HEIGHTS HOSPITAL		
INPATIENT ACUTE CARE	\$ 221.00	A,C
HEALTH AND HOSPITAL CORPORATION		
BELLEVUE HOSPITAL CENTER		
INPATIENT ACUTE CARE	\$ 298.00	ALL INCLUSIVE
EXCLUDING PHYSICIANS	\$ 288.00	
BIRD S COLER MEMORIAL HOSPITAL AND HOME		
INPATIENT ACUTE CARE	\$ 229.00	ALL INCLUSIVE
BRONX MUNICIPAL HOSPITAL CENTER		
INPATIENT ACUTE CARE	\$ 311.00	ALL INCLUSIVE
CITY HOSPITAL CENTER AT ELMHURST		
INPATIENT ACUTE CARE	\$ 289.00	ALL INCLUSIVE
CONEY ISLAND HOSPITAL		
INPATIENT ACUTE CARE	\$ 309.00	ALL INCLUSIVE
EXCLUDING PHYSICIANS	301.00	
CUMBERLAND HOSPITAL		
INPATIENT ACUTE CARE	\$ 336.00	ALL INCLUSIVE
GOLDWATER MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 184.00	ALL INCLUSIVE
GREENPOINT HOSPITAL		
INPATIENT ACUTE CARE	\$ 323.00	ALL INCLUSIVE

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NEW YORK CITY REGION

	DAILY RATE	EFFECTIVE 01/01/80 - 12/31/80 EXCLUSIONS:
HARLEM HOSPITAL CENTER		
INPATIENT ACUTE CARE	\$ 288.00	ALL INCLUSIVE
EXCLUDING PHYSICIANS	272.00	
KINGS COUNTY HOSPITAL CENTER		
INPATIENT ACUTE CARE	\$ 292.00	ALL INCLUSIVE
LINCOLN MEDICAL & MENTAL HEALTH CENTER		
INPATIENT ACUTE CARE	\$ 382.00	ALL INCLUSIVE
METROPOLITAN HOSPITAL CENTER		
INPATIENT ACUTE CARE	\$ 374.00	ALL INCLUSIVE
EXCLUDING PHYSICIANS	358.00	
NORTH CENTRAL BRONX HOSPITAL		
INPATIENT ACUTE CARE	\$ 417.00	ALL INCLUSIVE
QUEENS HOSPITAL CENTER		
INPATIENT ACUTE CARE	\$ 290.00	ALL INCLUSIVE
SYDENHAM HOSPITAL		
INPATIENT ACUTE CARE	\$ 250.00	ALL INCLUSIVE

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