

September 29, 1980

SUBJECT: INSURANCE

WITHDRAWN

Circular Letter No. 14 (1980)

September 29, 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 63.2 (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 July 1, 1980 through December 31, 1980, the attached schedule shall be utilized by no-fault insurers for payment of hospital in-patient services. The rates appearing in the attached schedule 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 and have been approved by the Chairman of the Workers' Compensation Board.

Also attached is a notice of the merger of Baptist Hospital of New York and Interboro Hospital into a single entity under the name of Baptist Medical Center of New York. It should be noted that the interim rate contained therein, approved by the Chairman of the Workers' Compensation Board, has been revised effective July 1, 1980. Pursuant to the provisions of Regulation 83 these rates shall be utilized by no-fault insurers for payment of hospital in-patient services for the effective periods set forth in the notice and revised hospital schedule.

Very truly yours,

[SIGNATURE]

ALBERT B. LEWIS

Superintendent of Insurance

Attach.

STATE OF NEW YORK

WORKERS' COMPENSATION BOARD  
OFFICE OF THE CHAIRMAN

HOSPITAL FEE SCHEDULE

Effective January 1, 1980

Revision No. 1

September 9, 1980

This revision of the Hospital Fee 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.

Except as otherwise noted, these revisions are effective July 1, 1980 - December 31, 1980.

[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, 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.	\$ 13.00
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
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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"

(Revised 9/9/80)

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

A study was undertaken 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 should be considered as covered by the applicable Emergency Room rate. No charge should be made for any drugs, whether or not listed hereunder, in connection with hospitalized patients.

#### Current List of "No Charge" Drugs and Pharmaceutical Supplies

Alcohol 70%  
Alcohol swabs  
Antacid (e.g. Mylanta, Maalox, etc.)  
Acetaminophen 325 mg. tablet (e.g. Tylenol-Topar Empracet)  
Aspirin 325 mg. tablet (e.g. Bayer)  
Aromatic Sp. Ammonia  
Atropine 2% O.S.  
Atropine .4mg/ml  
Bacitracin Ointment  
Castor Oil  
Calamine lotion

Collodian Flexible  
 Cold Cream  
 Clinitest tablets  
 Cortisporin ophthalmic solution  
 Dibucaine 1% ointment (e.g. Nupercaine)  
 Ethyl Chloride spray  
 Gamma Benzene Lotion (e.g. Kwell)  
 Gelfoam  
 Glycerin suppository  
 Hematest tablets  
 Hydrocortisone 1% ointment  
 Hydrogen peroxide  
 Iodine  
 Ipecac  
 Lidocaine 2% viscous (e.g. Xylocaine)  
 Lidocaine 1% w/or without epinephrine (e.g. Xylocaine)  
 Lidocaine 2% w/or without epinephrine (e.g. Xylocaine)  
 Lidocaine 5% ointment (e.g. Xylocaine)  
 Lubricating Jelly  
 Magnesium sulfate (e.g. Epsom salts)  
 Meperidine injection (e.g. Demerol)  
 Merthiolate  
 Nitroglycerin s.1 .4 mg  
 Nitroglycerin s.1 .6 mg  
 Peppermint spirit  
 Petrolatum  
 Povidone-Iodine solution (e.g. Betadine)  
 Pralidoxine (e.g. Protopam - Ayerst)  
 Silver nitrate sticks  
 Silver sulfadiazine (e.g. Silvadene - Marion)  
 Sodium chloride - injection  
 Sodium chloride for irrigation  
 Sterile water for irrigation  
 Talcum powder  
 Tetanus Toxoid  
 Tuberculin PPD (1st & 2nd strength)  
 Witch hazel  
 Zinc oxide ointment

WORKERS' COMPENSATION  
 HOSPITAL RATE SCHEDULE  
 WESTERN NEW YORK REGION

	EFFECTIVE
DAILY	07/01/80 -
	12/31/80
RATE	EXCLUSIONS:

ALLEGANY

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
WESTERN NEW YORK REGION

	DAILY RATE	EFFECTIVE 07/01/80 - 12/31/80 EXCLUSIONS: ALL INCLUSIVE
CUBA MEMORIAL HOSPITAL INC INPATIENT ACUTE CARE	* \$ 189.00	ALL INCLUSIVE
MEMORIAL HOSPITAL OF WM F & GERTRUDE F JONES A/K/A JONES MEMORIAL INPATIENT ACUTE CARE	* \$ 170.00	ALL INCLUSIVE
CATTARAUGUS OLEAN GENERAL HOSPITAL INPATIENT ACUTE CARE	* \$ 167.00	A
SALAMANCA HOSPITAL DISTRICT AUTHORITY INPATIENT ACUTE CARE	* \$ 137.00	C
ST FRANCIS HOSPITAL INPATIENT ACUTE CARE	* \$ 161.00	B
TRI-COUNTY MEMORIAL HOSPITAL INPATIENT ACUTE CARE	* \$ 133.00	A,B
CHAUTAUQUA BROOKS MEMORIAL HOSPITAL INPATIENT ACUTE CARE	* \$ 140.00	A,B
JAMESTOWN GENERAL HOSPITAL INPATIENT ACUTE CARE	* \$ 151.00	A,B,C
LAKE SHORE HOSPITAL INC INPATIENT ACUTE CARE	* \$ 147.00	A,B

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
WESTERN NEW YORK REGION

	DAILY RATE	EFFECTIVE 07/01/80 - 12/31/80 EXCLUSIONS:
WESTFIELD MEMORIAL HOSPITAL INC INPATIENT ACUTE CARE	* \$ 178.00	B
WOMANS CHRISTIAN ASSOCIATION INPATIENT ACUTE CARE	* \$ 159.00	A,B
ERIE BERTRAND CHAFFEE HOSPITAL INPATIENT ACUTE CARE	* \$ 167.00	ALL INCLUSIVE
BRY-LIN HOSPITAL PSYCHIATRIC CARE	* \$ 142.00	A,B
BUFFALO COLUMBUS HOSPITAL INPATIENT ACUTE CARE	* \$ 110.00	C
BUFFALO GENERAL HOSPITAL INPATIENT ACUTE CARE	* \$ 192.00	A
CHILDRENS HOSPITAL INPATIENT ACUTE CARE	* \$ 289.00	A
ERIE COUNTY MEDICAL CENTER INPATIENT ACUTE CARE	* \$ 205.00	ALL INCLUSIVE
KENMORE MERCY HOSPITAL INPATIENT ACUTE CARE	* \$ 164.00	A, OTHER: EKG
LAFAYETTE GENERAL HOSPITAL		

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
WESTERN NEW YORK REGION

	DAILY	EFFECTIVE
INPATIENT ACUTE CARE	* \$ 132.00	07/01/80 - 12/31/80 EXCLUSIONS: A
MERCY HOSPITAL OF BUFFALO INPATIENT ACUTE CARE	* \$ 157.00	A, OTHER: ECHOCARDIO- GRAMS
MILLARD FILLMORE HOSPITAL INPATIENT ACUTE CARE	* \$ 194.00	A
OUR LADY OF VICTORY HOSPITAL OF LACKAWANNA INPATIENT ACUTE CARE	* \$ 162.00	A,B, OTHER: ENDOSCOPY, STRESS TESTS -- SONOGRAMS, ECHOCARDIO- GRAMS
ERIE ROSWELL PARK MEMORIAL INSTITUTE INPATIENT ACUTE CARE	* \$ 257.00	ALL INCLUSIVE
SAINT FRANCIS HOSPITAL OF BUFFALO INPATIENT ACUTE CARE	* \$ 143.00	A
SHEEHAN MEMORIAL EMERGENCY HOSPITAL INC INPATIENT ACUTE CARE	* \$ 160.00	A,B
SHERIDAN PARK HOSPITAL INC		

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
WESTERN NEW YORK REGION

	DAILY RATE	EFFECTIVE 07/01/80 - 12/31/80 EXCLUSIONS:
INPATIENT ACUTE CARE	* \$ 147.00	A
SISTERS OF CHARITY HOSPITAL		
INPATIENT ACUTE CARE	* \$ 164.00	A
ST JOSEPH INTERCOMMUNITY HOSPITAL		
INPATIENT ACUTE CARE	* \$ 132.00	A
GENESEE		
GENESEE MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 161.00	A
ST JEROME HOSPITAL		
INPATIENT ACUTE CARE	* \$ 170.00	A
NIAGARA		
DEGRAFF MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 153.00	A
INTER-COMMUNITY MEMORIAL HOSPITAL AT NEWFANE INC		
INPATIENT ACUTE CARE	* \$ 144.00	A
LOCKPORT MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 159.00	A,B
MOUNT ST MARYS HOSPITAL OF NIAGARA FALLS		
INPATIENT ACUTE CARE	* \$ 162.00	A
NIAGARA FALLS MEMORIAL MEDICAL CENTER		
INPATIENT ACUTE CARE	* \$ 180.00	A

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
WESTERN NEW YORK REGION

	DAILY	EFFECTIVE
	RATE	07/01/80 - 12/31/80 EXCLUSIONS:
ORLEANS		
ARNOLD GREGORY MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 162.00	A
MEDINA MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 149.00	A,B
WYOMING		
WYOMING COUNTY COMMUNITY HOSPITAL		
INPATIENT ACUTE CARE	* \$ 175.00	A

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

\* Revised Rate and Exclusions effective 7/1/80 thru 12/31/80

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
ROCHESTER NEW YORK REGION

	DAILY	EFFECTIVE
	RATE	07/01/80 - 12/31/80 EXCLUSIONS:
CHEMUNG		
ARNOT-OGDEN MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 184.00	A
ST JOSEPHS HOSPITAL OF ELMIRA		
INPATIENT ACUTE CARE	* \$ 153.00	A

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
ROCHESTER NEW YORK REGION

	DAILY RATE	EFFECTIVE 07/01/80 - 12/31/80 EXCLUSIONS:
LIVINGSTON		
NICHOLAS H NOYES MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 178.00	A
MONROE		
GENESEE HOSPITAL		
INPATIENT ACUTE CARE	* \$ 272.00	A
HIGHLAND HOSPITAL		
INPATIENT ACUTE CARE	* \$ 235.00	A,B
LAKESIDE MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 182.00	A
MONROE COMMUNITY HOSPITAL		
INPATIENT ACUTE CARE	* \$ 298.00	ALL INCLUSIVE
PARK RIDGE HOSPITAL		
INPATIENT ACUTE CARE	* \$ 214.00	A,B
ROCHESTER GENERAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 268.00	A
ST MARYS HOSPITAL OF ROCHESTER		
INPATIENT ACUTE CARE	* \$ 214.00	A,C
STRONG MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 307.00	A,D, OTHER: DIAGNOSTIC

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
ROCHESTER NEW YORK REGION

	DAILY RATE	EFFECTIVE 07/01/80 - 12/31/80 EXCLUSIONS: RADIOLOGY
ONTARIO		
CLIFTON SPRINGS HOSPITAL AND CLINIC INPATIENT ACUTE CARE	* \$ 166.00	A
F F THOMPSON HOSPITAL		
INPATIENT ACUTE CARE	* \$ 147.00	A
GENEVA GENERAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 193.00	A
SCHUYLER		
SCHUYLER HOSPITAL INPATIENT ACUTE CARE	* \$ 184.00	A
SENECA		
SENECA FALLS HOSPITAL INPATIENT ACUTE CARE	* \$ 177.00	A
WATERLOO MEMORIAL HOSPITAL INC. D/B/A TAYLOR-BROWN MEMORIAL HOSP		
INPATIENT ACUTE CARE	* \$ 153.00	A
STEUBEN		
BETHESDA HOSPITAL INPATIENT ACUTE CARE	* \$ 168.00	A,B
CORNING HOSPITAL		
INPATIENT ACUTE CARE	* \$ 170.00	A

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
ROCHESTER NEW YORK REGION

	DAILY	EFFECTIVE
	RATE	07/01/80 - 12/31/80 EXCLUSIONS:
IRA DAVENPORT MEMORIAL HOSPITAL INC. INPATIENT ACTUE CARE	* \$ 155.00	A,C
ST JAMES MERCY HOSPITAL INPATIENT ACUTE CARE	* \$ 145.00	A,B
WAYNE MYERS COMMUNITY HOSPITAL FOUNDATION INC INPATIENT ACUTE CARE	* \$ 159.00	A
NEWARK-WAYNE COMMUNITY HOSPITAL INC INPATIENT ACUTE CARE	* \$ 180.00	A
YATES SOLDIERS AND SAILORS MEMORIAL HOSPITAL OF YATES COUNTY INC INPATIENT ACUTE CARE	* \$ 171.00	A

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

\* Revised Rate and Exclusions effective 7/1/80 thru 12/31/80

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
CENTRAL NEW YORK REGION

	EFFECTIVE
DAILY	07/01/80 - 12/31/80
RATE	EXCLUSIONS:

## BROOME

BINGHAMTON GENERAL HOSPITAL

INPATIENT ACUTE CARE	* \$ 182.00	A,B,C
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CHARLES S WILSON MEMORIAL HOSPITAL

INPATIENT ACUTE CARE	* \$ 217.00	A
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IDEAL HOSPITAL OF ENDICOTT

INPATIENT ACUTE CARE	* \$ 188.00	A
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OUR LADY OF LOURDES MEMORIAL HOSPITAL

INPATIENT ACUTE CARE	* \$ 175.00	A, OTHER:  DIAGNOSTIC RADIOLOGY ULTRASOUND
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## CAYUGA

AUBURN MEMORIAL HOSPITAL

INPATIENT ACUTE CARE	* \$ 170.00	A
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## CHENANGO

CHENANGO MEMORIAL HOSPITAL INC

INPATIENT ACUTE CARE	* \$ 215.00	A
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## CORTLAND

CORTLAND MEMORIAL HOSPITAL INC

INPATIENT ACUTE CARE	* \$ 206.00	A,B
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## HERKIMER

HERKIMER MEMORIAL  
HOSPITAL INC

INPATIENT ACUTE CARE	* \$ 176.00	A
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LITTLE FALLS HOSPIT-  
AL

INPATIENT ACUTE CARE	* \$ 150.00	A
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MOHAWK VALLEY  
GENERAL HOSPITAL

INPATIENT ACUTE CARE	* \$ 156.00	A
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## JEFFERSON

CARTHAGE AREA HOS-  
PITAL INC

INPATIENT ACUTE CARE	* \$ 165.00	B
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EDWARD JOHN NOBLE  
HOSPITAL OF ALEXAN-  
DRIA BAY

INPATIENT ACUTE CARE	* \$ 184.00	ALL INCLUSIVE
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HOUSE OF THE GOOD  
SAMARITAN

INPATIENT ACUTE CARE	* \$ 174.00	A,B,C
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MERCY HOSPITAL OF  
WATERTOWN

INPATIENT ACUTE CARE	* \$ 190.00	A,B
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## LEWIS

LEWIS COUNTY GEN-  
ERAL HOSPITAL

INPATIENT ACUTE CARE	* \$ 196.00	B
MADISON		
COMMUNITY MEMORI- AL HOSPITAL INC		
INPATIENT ACUTE CARE	* \$ 191.00	A
ONEIDA CITY HOSPIT- AL		
INPATIENT ACUTE CARE	* \$ 160.00	A,D
ONEIDA		
CHILDRENS HOSPITAL AND REHABILITATION CENTER		
REHABILITATION	* \$ 182.00	A,C, OTHER: EMG
ONEIDA		
FAXTON HOSPITAL		
INPATIENT ACUTE CARE	* \$ 205.00	A,C, OTHER: EMG
ROME HOSPITAL AND MURPHY MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 158.00	A,C
ROSE HOSPITAL		
INPATIENT ACUTE CARE	* \$ 150.00	A,C
ST ELIZABETH HOSPIT- AL		
INPATIENT ACUTE CARE	* \$ 206.00	A,C
ST LUKES MEMORIAL HOSPITAL CENTER		

INPATIENT ACUTE \* \$ 194.00 A,C, OTHER: EMG  
CARE

ONONDAGA

BENJAMIN RUSH CEN-  
TER

PSYCHIATRIC CARE \* \$ 125.00 ALL INCLUSIVE

COMMUNITY-GENERAL  
HOSPITAL OF GREATER  
SYRACUSE

INPATIENT ACUTE \* \$ 238.00 A  
CARE

CROUSE-IRVING ME-  
MORIAL HOSPITAL

INPATIENT ACUTE \* \$ 277.00 A,B,D, OTHERS:  
CARE

NUCLEAR  
MEDICINE,  
EEG, EKG

ST JOSEPHS HOSPITAL  
HEALTH CENTER

INPATIENT ACUTE \* \$ 232.00 A,B,C  
CARE

STATE UNIVERSITY  
HOSPITAL UPSTATE  
MEDICAL  
CENTER

INPATIENT ACUTE \* \$ 253.00 A  
CARE

OSWEGO

ALBERT LINDLEY LEE  
MEMORIAL HOSPITAL

INPATIENT ACUTE \* \$ 179.00 A  
CARE

OSWEGO HOSPITAL

INPATIENT ACUTE CARE	* \$ 172.00	A
ST. LAWRENCE A BARTON HEPBURN HOSPITAL		
INPATIENT ACUTE CARE	* \$ 203.00	A
CENTRAL ST LAWRENCE HLTH SER- VICES OF POTSDAM HOSP		
INPATIENT ACUTE CARE	* \$ 186.00	A, OTHER: EKG, PFT
CLIFTON-FINE HOSPIT- AL		
INPATIENT ACUTE CARE	* \$ 189.00	ALL INCLUSIVE
EDWARD JOHN NOBLE HOSPITAL OF GOUVERNEUR		
INPATIENT ACUTE CARE	* \$ 134.00	ALL INCLUSIVE
MASSENA MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 184.00	A
TIOGA TIOGA GENERAL HOS- PITAL		
INPATIENT ACUTE CARE	* \$ 169.00	A
TOMPKINS TOMPKINS COUNTY HOSPITAL		
INPATIENT ACUTE	* \$ 220.00	A,B

## CARE

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

\* Revised Rate and Exclusions effective 7/1/80 thru 12/31/80

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NORTHEASTERN NEW YORK REGION

	DAILY RATE	EFFECTIVE 07/01/80 - 12/31/80 EXCLUSIONS:
ALBANY		
ALBANY MEDICAL CENTER HOSPITAL INPATIENT ACUTE CARE	* \$ 210.00	A,B
CHILDS HOSPITAL		
INPATIENT ACUTE CARE	* \$ 170.00	A
COHOES MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 154.00	A,B
MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 203.00	A
ST PETERS HOSPITAL		
INPATIENT ACUTE CARE	* \$ 207.00	A,B
CLINTON		
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CTR INPATIENT ACUTE CARE	* \$ 142.00	A,B, OTHER: EKG
COLUMBIA		
COLUMBIA MEMORIAL HOSPITAL INPATIENT ACUTE CARE	* \$ 174.00	B

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NORTHEASTERN NEW YORK REGION

	DAILY RATE	EFFECTIVE 07/01/80 - 12/31/80 EXCLUSIONS:
DELAWARE		
A LINDSAY & OLIVE B OCONNOR HOSPITAL INPATIENT ACUTE CARE	* \$ 175.00	ALL INCLUSIVE
COMMUNITY HOSPITAL INPATIENT ACUTE CARE	* \$ 183.00	ALL INCLUSIVE
DELAWARE VALLEY HOSPITAL INC INPATIENT ACUTE CARE	* \$ 209.00	ALL INCLUSIVE
MARGARETVILLE MEMORIAL HOSPITAL INPATIENT ACUTE CARE	* \$ 201.00	ALL INCLUSIVE
READ MEMORIAL HOSPITAL INPATIENT ACUTE CARE	* \$ 177.00	A,B
THE HOSPITAL INPATIENT ACUTE CARE	* \$ 160.00	A,B, OTHER: ULTRASOUND, ELECTRO- CARDIOLOGY
ESSEX		
ELIZABETHTOWN COMMUNITY HOSPITAL INPATIENT ACUTE CARE	* \$ 169.00	B
MOSES-LUDINGTON HOSPITAL INPATIENT ACUTE CARE	* \$ 168.00	B,C
PLACID MEMORIAL HOSPITAL INC		

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NORTHEASTERN NEW YORK REGION

	DAILY	EFFECTIVE
	RATE	EXCLUSIONS:
INPATIENT ACUTE CARE	* \$ 159.00	07/01/80 - 12/31/80 A,B
FRANKLIN		
ALICE HYDE MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 148.00	B
GENERAL HOSPITAL OF SARANAC LAKE		
INPATIENT ACUTE CARE	* \$ 161.00	A,B,C
MERCY GENERAL HOSPITAL OF TUPPER LAKE		
INPATIENT ACUTE CARE	* \$ 162.00	B
FULTON		
JOHNSTOWN HOSPITAL		
INPATIENT ACUTE CARE	* \$ 168.00	A
NATHAN LITTAUER HOSPITAL		
INPATIENT ACUTE CARE	* \$ 161.00	A
GREENE		
MEMORIAL HOSPITAL OF GREENE COUNTY		
INPATIENT ACUTE CARE	* \$ 183.00	ALL INCLUSIVE
MONTGOMERY		
AMSTERDAM MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 165.00	A,C
ST MARYS HOSPITAL AT AMSTERDAM		
INPATIENT ACUTE CARE	* \$ 157.00	A,C

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NORTHEASTERN NEW YORK REGION

	DAILY RATE	EFFECTIVE 07/01/80 - 12/31/80 EXCLUSIONS:
OTSEGO		
AURELIA OSBORN FOX MEMORIAL HOSPITAL INPATIENT ACUTE CARE	* \$ 202.00	A
MARY IMOGENE BASSETT HOSPITAL		
INPATIENT ACUTE CARE	* \$ 191.00	ALL INCLUSIVE
RENSSELAER		
LEONARD HOSPITAL INPATIENT ACUTE CARE	* \$ 168.00	B,C
SAMARITAN HOSPITAL OF TROY		
INPATIENT ACUTE CARE	* \$ 175.00	A
ST MARYS HOSPITAL OF TROY		
INPATIENT ACUTE CARE	* \$ 175.00	A,B
SARATOGA		
ADIRONDACK REGIONAL HOSPITAL INPATIENT ACUTE CARE	* \$ 128.00	ALL INCLUSIVE
BENEDICT MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 73.00	A,C
SARATOGA HOSPITAL		
INPATIENT ACUTE CARE	* \$ 177.00	A,B
SCHENECTADY		
BELLEVUE MATERNITY HOSPITAL INC INPATIENT ACUTE CARE	* \$ 276.00	A

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NORTHEASTERN NEW YORK REGION

	DAILY RATE	EFFECTIVE 07/01/80 - 12/31/80 EXCLUSIONS:
ELLIS HOSPITAL INPATIENT ACUTE CARE	* \$ 189.00	A,B,C, OTHER: NUCLEAR MEDICINE
ST CLARES HOSPITAL OF SCHENECTADY INPATIENT ACUTE CARE	* \$ 183.00	A,B
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER INPATIENT ACUTE CARE	* \$ 166.00	A,C
SCHOHARIE COMMUNITY HOSPITAL OF SCHOHARIE COUNTY INC INPATIENT ACUTE CARE	* \$ 155.00	ALL INCLUSIVE
WARREN GLENS FALLS HOSPITAL INPATIENT ACUTE CARE	* \$ 182.00	A,B,C
WASHINGTON EMMA LAING STEVENS HOSPITAL INPATIENT ACUTE CARE	* \$ 149.00	ALL INCLUSIVE
MARY MCCLELLAN HOSPITAL INPATIENT ACUTE CARE	* \$ 158.00	A

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

\* Revised Rate and Exclusions effective 7/1/80 thru 12/31/80

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NORTHERN METROPOLITAN REGION

	DAILY RATE	EFFECTIVE 07/01/80 - 12/31/80 EXCLUSIONS:
DUTCHESS		
HIGHLAND HOSPITAL OF BEACON INPATIENT ACUTE CARE	* \$ 159.00	A
NORTHERN DUTCHESS HOSPITAL INPATIENT ACUTE CARE	* \$ 170.00	A
ST FRANCIS HOSPITAL OF POUGHKEEPSIE INPATIENT ACUTE CARE	* \$ 208.00	A
VASSAR BROTHERS HOSPITAL INPATIENT ACUTE CARE	* \$ 199.00	A,B,C
ORANGE		
ARDEN HILL HOSPITAL INPATIENT ACUTE CARE	* \$ 231.00	A,C
CORNWALL HOSPITAL INPATIENT ACUTE CARE	* \$ 174.00	A
DOCTORS SUNNYSIDE HOSPITAL INPATIENT ACUTE CARE	* \$ 171.00	ALL INCLUSIVE
E A HORTON MEMORIAL HOSPITAL INPATIENT ACUTE CARE	* \$ 191.00	A
FALKIRK HOSPITAL PSYCHIATRIC CARE	* \$ 131.00	ALL INCLUSIVE
ST ANTHONY COMMUNITY HOSPITAL		

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NORTHERN METROPOLITAN REGION

	DAILY	EFFECTIVE
	RATE	07/01/80 - 12/31/80
		EXCLUSIONS:
INPATIENT ACUTE CARE	* \$ 212.00	ALL INCLUSIVE
ST FRANCIS HOSPITAL OF PORT JERVIS NEW YORK		
INPATIENT ACUTE CARE	* \$ 191.00	A,C
ST LUKES HOSPITAL OF NEWBURGH		
INPATIENT ACUTE CARE	* \$ 213.00	A
TUXEDO MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 148.00	ALL INCLUSIVE
PUTNAM		
JULIA L BUTTERFIELD MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 245.00	A
PUTNAM COMMUNITY HOSPITAL		
INPATIENT ACUTE CARE	* \$ 222.00	A
ROCKLAND		
COMMUNITY HOSPITAL OF ROCKLAND COUNTY		
INPATIENT ACUTE CARE	* \$ 135.00	A
GOOD SAMARITAN HOSPITAL OF SUFFERN		
INPATIENT ACUTE CARE	* \$ 258.00	A, OTHER: EMG
HELEN HAYES HOSPITAL		
INPATIENT ACUTE CARE	* \$ 260.00	ALL INCLUSIVE
NYACK HOSPITAL		
INPATIENT ACUTE CARE	* \$ 237.00	A,B

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NORTHERN METROPOLITAN REGION

	DAILY RATE	EFFECTIVE 07/01/80 - 12/31/80 EXCLUSIONS:
SUMMIT PARK HOSPITAL-ROCKLAND COUNTY INFIRMARY		
INPATIENT ACUTE CARE	* \$ 123.00	ALL INCLUSIVE
PSYCHIATRIC CARE	* \$ 215.00	ALL INCLUSIVE
SULLIVAN		
COMMUNITY GENERAL HOSPITAL OF SULLIVAN COUNTY		
INPATIENT ACUTE CARE	* \$ 272.00	A
COMMUNITY GENERAL HOSPITAL OF SULLIVAN COUNTY G HERMAN DIV		
INPATIENT ACUTE CARE	* \$ 154.00	A
HAMILTON AVENUE HOSPITAL		
INPATIENT ACUTE CARE	* \$ 144.00	ALL INCLUSIVE
ULSTER		
BENEDICTINE HOSPITAL		
INPATIENT ACUTE CARE	* \$ 166.00	ALL INCLUSIVE
ELLENVILLE COMMUNITY HOSPITAL		
INPATIENT ACUTE CARE	* \$ 175.00	ALL INCLUSIVE
KINGSTON HOSPITAL		
INPATIENT ACUTE CARE	* \$ 176.00	A
WESTCHESTER		
BLYTHEDALE CHILDRENS HOSPITAL		
INPATIENT ACUTE CARE	* \$ 197.00	ALL INCLUSIVE

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NORTHERN METROPOLITAN REGION

	DAILY RATE	EFFECTIVE 07/01/80 - 12/31/80 EXCLUSIONS:
BURKE REHABILITATION CENTER INPATIENT ACUTE CARE	* \$ 274.00	A
DOBBS FERRY HOSPITAL INPATIENT ACUTE CARE	* \$ 159.00	A
FOUR WINDS HOSPITAL PSYCHIATRIC CARE	* \$ 176.00	A,B,C,D
LAWRENCE HOSPITAL INPATIENT ACUTE CARE	* \$ 227.00	A
MENTAL RETARDATION INSTITUTE NY FLOWER & FIFTH AV HOSP MEDICAL MENTAL RETARDATION ACUTE CARE	\$ 209.00	ALL INCLUSIVE
MOUNT VERNON HOSPITAL INPATIENT ACUTE CARE	* \$ 233.00	A
NEW ROCHELLE HOSPITAL MEDICAL CENTER INPATIENT ACUTE CARE	* \$ 263.00	A
NEW YORK HOSPITAL-CORNELL MEDICAL CENTER WESTCHESTER DIVISION PSYCHIATRIC CARE	* \$ 259.00	ALL INCLUSIVE
NORTHERN WESTCHESTER HOSPITAL INPATIENT ACUTE CARE	* \$ 290.00	A,C
PEEKSKILL HOSPITAL		

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NORTHERN METROPOLITAN REGION

	DAILY	EFFECTIVE
	RATE	07/01/80 - 12/31/80
		EXCLUSIONS:
INPATIENT ACUTE CARE	* \$ 230.00	A,C
PHELPS MEMORIAL HOSPITAL ASSOCIATION		
INPATIENT ACUTE CARE	* \$ 276.00	A
ST AGNES HOSPITAL		
INPATIENT ACUTE CARE	* \$ 268.00	A
ST JOHNS RIVERSIDE HOSPITAL		
INPATIENT ACUTE CARE	* \$ 264.00	A
ST JOSEPHS HOSPITAL YONKERS		
INPATIENT ACUTE CARE	* \$ 298.00	A, OTHER: EMG
ST VINCENTS HOSP AND MEDICAL CTR OF NY WESTCHESTER BRANCH		
PSYCHIATRIC CARE	* \$ 217.00	A
UNITED HOSPITAL		
INPATIENT ACUTE CARE	* \$ 247.00	A
WESTCHESTER COUNTY MEDICAL CENTER		
INPATIENT ACUTE CARE	\$ 297.00	A,C
WHITE PLAINS HOSPITAL MEDICAL CENTER		
INPATIENT ACUTE CARE	* \$ 262.00	A
YONKERS GENERAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 244.00	A,C

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NORTHERN METROPOLITAN REGION

	DAILY	EFFECTIVE
		07/01/80 - 12/31/80
	RATE	EXCLUSIONS:
YONKERS PROFESSIONAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 177.00	A

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

\* Revised Rate and Exclusions effective 7/1/80 thru 12/31/80

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
LONG ISLAND REGION

	DAILY	EFFECTIVE
		07/01/80 - 12/31/80
	RATE	EXCLUSIONS:
NASSAU		
CENTRAL GENERAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 247.00	A
COMMUNITY HOSPITAL AT GLEN COVE		
INPATIENT ACUTE CARE	* \$ 258.00	A
FRANKLIN GENERAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 238.00	A
FREEPORT HOSPITAL		
PSYCHIATRIC CARE	* \$ 135.00	ALL INCLUSIVE
HEMPSTEAD GENERAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 273.00	A,C

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
LONG ISLAND REGION

	DAILY RATE	EFFECTIVE 07/01/80 - 12/31/80 EXCLUSIONS:
LONG BEACH MEMORIAL HOSPITAL INPATIENT ACUTE CARE	* \$ 207.00	A
LYDIA E HALL HOSPITAL INPATIENT ACUTE CARE	* \$ 265.00	A, OTHER: NUCLEAR MEDICINE
MANHASSET MEDICAL CENTER HOSPITAL INPATIENT ACUTE CARE	* \$ 199.00	A
MASSAPEQUA GENERAL HOSPITAL INPATIENT ACUTE CARE	* \$ 278.00	A,C
MERCY HOSPITAL OF ROCKVILLE CENTER INPATIENT ACUTE CARE	* \$ 235.00	A
MID-ISLAND HOSPITAL INPATIENT ACUTE CARE	* \$ 254.00	A,C
NASSAU COUNTY MEDICAL CENTER EAST MEADOW DIV INPATIENT ACUTE CARE	* \$ 401.00	ALL INCLUSIVE
NASSAU HOSPITAL INPATIENT ACUTE CARE	* \$ 251.00	A,C
NORTH SHORE UNIVERSITY HOSPITAL INPATIENT ACUTE CARE	* \$ 342.00	A

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
LONG ISLAND REGION

	DAILY RATE	EFFECTIVE 07/01/80 - 12/31/80 EXCLUSIONS:
SOUTH NASSAU COMMUNITIES HOSPITAL INPATIENT ACUTE CARE	* \$ 207.00	A
ST FRANCIS HOSPITAL OF ROSLYN INPATIENT ACUTE CARE	* \$ 419.00	A,C
SYOSSET HOSPITAL INPATIENT ACUTE CARE	* \$ 242.00	A, OTHER: NUCLEAR MEDICINE
SUFFOLK		
BROOKHAVEN MEMORIAL HOSPITAL INPATIENT ACUTE CARE	* \$ 257.00	A,C
BRUNSWICK HOSPITAL CENTER INC INPATIENT ACUTE CARE	* \$ 269.00	A,C, OTHER: EKG, EEG, ELECTROMYOGRAPHY, NUCLEAR SCANS
PSYCHIATRIC CARE	* \$ 170.00	A,C
REHABILITATION	* \$ 276.00	A,C
CENTRAL SUFFOLK HOSPITAL ASSOCIATION INPATIENT ACUTE CARE	* \$ 216.00	A
EASTERN LONG ISLAND HOSPITAL INPATIENT ACUTE CARE	* \$ 252.00	A
GOOD SAMARITAN HOSPITAL OF WEST ISLIP INPATIENT ACUTE CARE	* \$ 221.00	A

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
LONG ISLAND REGION

	DAILY RATE	EFFECTIVE 07/01/80 - 12/31/80 EXCLUSIONS:
HUNTINGTON HOSPITAL INPATIENT ACUTE CARE	* \$ 214.00	A, OTHER: RENAL DIALYSIS, CHEMOTHERAPY, RESPIRATORY THERAPY
SUFFOLK JOHN T MATHER MEMORIAL HOSPITAL OF PORT JEFFERSON NEW YORK INC INPATIENT ACUTE CARE	* \$ 219.00	C
SMITHTOWN GENERAL HOSPITAL INPATIENT ACUTE CARE	* \$ 210.00	A
SOUTH OAKS HOSPITAL PSYCHIATRIC CARE	* \$ 178.00	A,C
SOUTHAMPTON HOSPITAL INPATIENT ACUTE CARE	* \$ 253.00	A
SOUTHSIDE HOSPITAL INPATIENT ACUTE CARE	* \$ 274.00	A
ST CHARLES HOSPITAL INPATIENT ACUTE CARE	* \$ 250.00	A
ST JOHNS EPISCOPAL HOSPITAL SMITHTOWN INPATIENT ACUTE CARE	* \$ 271.00	A

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
LONG ISLAND REGION

	DAILY	EFFECTIVE
		07/01/80 - 12/31/80
	RATE	EXCLUSIONS:
UNIVERSITY HOSPITAL OF STONY BROOK		
INPATIENT ACUTE CARE	** \$ 456.00	ALL INCLUSIVE Effective 1/1/80 - 12/31/80

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

\* Revised Rate and Exclusions effective 7/1/80 thru 12/31/80

\*\* Rate and Exclusions effective 1/1/80 thru 12/31/80

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NEW YORK CITY REGION

	DAILY	EFFECTIVE
		07/01/80 - 12/31/80
	RATE	EXCLUSIONS:
ASTORIA GENERAL HOSPITAL		
INPATIENT ACUTE CARE	* \$ 207.00	A, OTHER: EEG, NUCLEAR MEDICINE
BAPTIST HOSPITAL OF NEW YORK		
INPATIENT ACUTE CARE	* \$ 233.00	A
BETH ISRAEL MEDICAL CENTER		
INPATIENT ACUTE CARE	* \$ 395.00	A
BOOTH MEMORIAL MEDICAL CENTER		

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NEW YORK CITY REGION

	DAILY	EFFECTIVE
	RATE	07/01/80 - 12/31/80
		EXCLUSIONS:
INPATIENT ACUTE CARE	* \$ 309.00	A
BOULEVARD HOSPITAL		
INPATIENT ACUTE CARE	* \$ 190.00	A
BRONX-LEBANON HOSPITAL CENTER - FULTON DIVISION		
INPATIENT ACUTE CARE	* \$ 381.00	A,C
BROOKDALE HOSPITAL MEDICAL CENTER		
INPATIENT ACUTE CARE	* \$ 375.00	A,C
BROOKLYN HOSPITAL		
INPATIENT ACUTE CARE	\$ 286.00	A
CABRINI HEALTH CARE CTR		
INPATIENT ACUTE CARE	* \$ 317.00	A,C, OTHER: EEG, EKG, SONOGRAPHY
CALEDONIAN HOSPITAL OF THE CITY OF NY		
INPATIENT ACUTE CARE	* \$ 217.00	A
CALVARY HOSPITAL		
INPATIENT ACUTE CARE	* \$ 332.00	ALL INCLUSIVE
CATHOLIC MEDICAL CENTER		
INPATIENT ACUTE CARE	* \$ 356.00	ALL INCLUSIVE
CMC ST JOHN'S QUEENS DIV		
INPATIENT ACUTE CARE	* \$ 356.00	A

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NEW YORK CITY REGION

	DAILY RATE	EFFECTIVE 07/01/80 - 12/31/80 EXCLUSIONS:
COMMUNITY HOSPITAL OF BROOKLYN INC. INPATIENT ACUTE CARE	* \$ 180.00	A, NUCLEAR MEDICINE, ULTRASOUND
DEEPPDALE GENERAL HOSPITAL INPATIENT ACUTE CARE	* \$ 212.00	A,C
DOCTORS HOSPITAL INC INPATIENT ACUTE CARE	* \$ 235.00	A,C
DOCTORS HOSPITAL OF STATEN ISLAND INPATIENT ACUTE CARE	* \$ 214.00	A
FLATBUSH GENERAL HOSPITAL INPATIENT ACUTE CARE	* \$ 208.00	A
FLUSHING HOSPITAL AND MEDICAL CENTER INPATIENT ACUTE CARE	* \$ 267.00	A
GRACIE SQUARE GENERAL HOSPITAL INPATIENT ACUTE CARE	* \$ 229.00	ALL INCLUSIVE
PSYCHIATRIC CARE	* \$ 157.00	ALL INCLUSIVE
H I P HOSPITAL INC. INPATIENT ACUTE CARE	\$ 257.00	A
HILLCREST GENERAL HOSPITAL - GHI INPATIENT ACUTE CARE	\$ 245.00	A

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NEW YORK CITY REGION

	DAILY RATE	EFFECTIVE 07/01/80 - 12/31/80 EXCLUSIONS:
HOSPITAL FOR JOINT DISEASES AND MEDICAL CENTER ORTHOPEDIC INSTI INPATIENT ACUTE CARE	* \$ 497.00	A,C
HOSPITAL FOR SPECIAL SURGERY INPATIENT ACUTE CARE	RATE * \$ 366.00	EXCLUSIONS: A
INSTITUTE OF REHAB MEDICINE NY UNIVERSITY REHABILITATION	* \$ 307.00	A,C,D
JAMAICA HOSPITAL INPATIENT ACUTE CARE	* \$ 273.00	A
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN INPATIENT ACUTE CARE	* \$ 311.00	A
JEWISH MEMORIAL HOSPITAL INPATIENT ACUTE CARE	* \$ 235.00	A
JOINT DISEASES NORTH GENERAL HOSPITAL INPATIENT ACUTE CARE	\$ 239.00	A
KINGS HIGHWAY HOSPITAL INPATIENT ACUTE CARE	* \$ 215.00	A,C, OTHER: CARDIOLOGY, SONOGRAPHY
KINGSBROOK JEWISH MEDICAL CENTER		

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NEW YORK CITY REGION

	DAILY RATE	EFFECTIVE 07/01/80 - 12/31/80 EXCLUSIONS:
INPATIENT ACUTE CARE	* \$ 304.00	A
LENOX HILL HOSPITAL INPATIENT ACUTE CARE	* \$ 336.00	A
LEROY HOSPITAL INPATIENT ACUTE CARE	* \$ 222.00	A
LONG ISLAND COLLEGE HOSPITAL INPATIENT ACUTE CARE	\$ 319.00	A
LONG ISLAND JEWISH-HILLSIDE MED CTR INPATIENT ACUTE CARE	* \$ 404.00	A
LUTHERAN MEDICAL CENTER INPATIENT ACUTE CARE	* \$ 350.00	A
MAIMONIDES MEDICAL CENTER INPATIENT ACUTE CARE	* \$ 320.00	A
MANHATTAN EYE EAR AND THROAT HOSPITAL INPATIENT ACUTE CARE	* \$ 325.00	A
MEDICAL ARTS CENTER HOSPITAL INPATIENT ACUTE CARE	* \$ 212.00	A,C
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES INPATIENT ACUTE CARE	* \$ 564.00	ALL INCLUSIVE

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NEW YORK CITY REGION

	DAILY RATE	EFFECTIVE 07/01/80 - 12/31/80 EXCLUSIONS:
METHODIST HOSPITAL OF BROOKLYN INPATIENT ACUTE CARE	* \$ 296.00	A, OTHER: PHYSIATRY
MISERICORDIA HOSPITAL MEDICAL CENTER INPATIENT ACUTE CARE	\$ 230.00	A,D, OTHER: AMBULANCE
MONTEFIORE HOSPITAL & MEDICAL CENTER INPATIENT ACUTE CARE	* \$ 431.00	A
MOUNT SINAI HOSPITAL INPATIENT ACUTE CARE	* \$ 404.00	A,C
NY EYE AND EAR INFIRMARY INPATIENT ACUTE CARE	* \$ 275.00	A
NEW YORK HOSPITAL AND PAYNE WHITNEY PSYCHIATRIC CLINIC INPATIENT ACUTE CARE	* \$ 399.00	A
NY INFIRMARY BEEKMAN DOWNTOWN HOSPITAL INPATIENT ACUTE CARE	* \$ 313.00	A
NY UNIVERSITY MEDICAL CENTER INPATIENT ACUTE CARE	* \$ 350.00	A,C
OSTEOPATHIC HOSPITAL AND CLINIC INPATIENT ACUTE CARE	\$ 245.00	A
PARKWAY HOSPITAL		

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NEW YORK CITY REGION

	DAILY RATE	EFFECTIVE 07/01/80 - 12/31/80 EXCLUSIONS:
INPATIENT ACUTE CARE	* \$ 233.00	A,C
PARSONS HOSPITAL INPATIENT ACUTE CARE	* \$ 183.00	A,C
PELHAM BAY GENERAL HOSPITAL INPATIENT ACUTE CARE	* \$ 199.00	A,B,C, OTHER: EKG, EEG
PENINSULA HOSPITAL CENTER INPATIENT ACUTE CARE	* \$ 229.00	A,B
PHYSICIANS HOSPITAL INPATIENT ACUTE CARE	* \$ 221.00	A
PRESBYTERIAN HOSPITAL IN THE CITY OF NEW YORK INPATIENT ACUTE CARE	* \$ 414.00	A,B
PROSPECT HOSPITAL INPATIENT ACUTE CARE	* \$ 180.00	A
RICHMOND MEMORIAL HOSPITAL AND HEALTH CENTER INPATIENT ACUTE CARE	* \$ 267.00	A
ROCKEFELLER UNIVERSITY HOSPITAL INPATIENT ACUTE CARE	\$ .00	ALL INCLUSIVE
ST BARNABAS HOSPITAL INPATIENT ACUTE CARE	* \$ 288.00	ALL INCLUSIVE

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NEW YORK CITY REGION

	DAILY RATE	EFFECTIVE 07/01/80 - 12/31/80 EXCLUSIONS:
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	* \$ 271.00	A
ST JOHNS EPISCOPAL HOSPITAL - SO SHORE DIV INPATIENT ACUTE CARE	* \$ 271.00	A
ST LUKES - ROOSEVELT HOSPITAL CENTER INPATIENT ACUTE CARE	* \$ 410.00	A
DETOXIFICATION UNIT	* \$ 91.00	A
ST MARYS HOSPITAL OF BROOKLYN INPATIENT ACUTE CARE	* \$ 354.00	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	* \$ 298.00	ALL INCLUSIVE
STATE UNIVERSITY HOSPITAL DOWNSTATE MEDICAL CENTER INPATIENT ACUTE CARE	* \$ 287.00	A

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NEW YORK CITY REGION

	DAILY RATE	EFFECTIVE 07/01/80 - 12/31/80 EXCLUSIONS:
STATEN ISLAND HOSPITAL INPATIENT ACUTE CARE	* \$ 305.00	A
TERRACE HEIGHTS HOSPITAL INPATIENT ACUTE CARE	* \$ 213.00	A
UNION HOSPITAL OF THE BRONX INPATIENT ACUTE CARE	* \$ 180.00	A,C
VICTORY MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 192.00	A
WESTCHESTER SQUARE HOSPITAL INPATIENT ACUTE CARE	* \$ 178.00	A,C, OTHER: NUCLEAR MEDICINE
WYCKOFF HEIGHTS HOSPITAL INPATIENT ACUTE CARE	* \$ 240.00	A,C, OTHER: PFT, EKG, EEG
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		

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NEW YORK CITY REGION

	DAILY RATE	EFFECTIVE 07/01/80 - 12/31/80 EXCLUSIONS: ALL INCLUSIVE
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
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

WORKERS' COMPENSATION  
HOSPITAL RATE SCHEDULE  
NEW YORK CITY REGION

	DAILY	EFFECTIVE
	RATE	EXCLUSIONS:
EXCLUDING PHYSICIANS	358.00	07/01/80 - 12/31/80
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

\* Revised Rate and Exclusions effective 7/1/80 thru 12/31/80

WITHDRAWN

To: Insurance Carriers and Self-Insurers Providing Benefits Under the Workers' Compensation Law and Volunteer Firemen's Benefit Law

Subject: Workers' Compensation Hospital Fee Schedule Effective January 1, 1980 - Baptist Medical Center of New York (formerly Interboro Hospital)

Baptist Hospital of New York and Interboro Hospital have merged into a single entity under the name of Baptist Medical Center of New York, which is located at the Interboro site.

For the period 2/1/80 - 12/31/80, the Workers' Compensation rate of \$ 221.00, promulgated for Interboro Hospital, should be used as an interim rate of reimbursement for the Baptist Medical Center.

[SIGNATURE]

Chairman