

**April 18, 1991**

**SUBJECT: INSURANCE**

**WITHDRAWN**

**Circular Letter No. 7 (1991)**

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

**RE: (1) UPDATED NO-FAULT REIMBURSEMENT SCHEDULES FOR HOSPITAL INPATIENT  
SERVICES;**

**(2)- MILEAGE REIMBURSEMENT FOR NO-FAULT CLAIMANTS ON AND AFTER JANUARY  
1, 1982; and**

**(3) NEW YORK STATE HEALTH DEPARTMENT REGULATION FOR RESOLUTION OF  
HOSPITAL INPATIENT SERVICES DISPUTES EFFECTIVE JANUARY 1, 1991**

Pursuant to Regulation No. 83 (11 NYCRR 68.2), the No-Fault rate schedules for reimbursing hospital services provided for under Section 5102(a)(1) of the Insurance Law shall be in conformity with Section 2807-c of the Public Health Law.

This Circular Letter advises Ned No-Fault insurers that the State of New York the period January 1, 1991 through December 31, 1991 for hospital inpatient York Department of Health has calculated initial- rates of reimbursement for services incurred in 1991.

Upon receipt of a written request from the senior claims officer of your company, the Insurance Department will furnish one copy of the 1991 DRG data to your company. Since this data has been provided to Workers' Compensation insurers, please request it only if you have not previously received it from another source. You should make this information available to, all your claims personnel who are responsible for the review of hospital inpatient billings payable under the No-Fault law.

Written requests for the DRC information concerning inpatient hospital services and a copy of

the N.Y.S. Health Department regulation explaining the hospital dispute resolution system can be sent to:

New York State Insurance Department

Property & Casualty Insurance Bureau

160 West Broadway

New York. N.Y. 10013-3393

Attn.: Edward T. McGuinness, Senior Examiner

Revisions to data previously supplied for Adirondack Regional Hospital. St. James Mercy Hospital and Salamanca District Hospital are attached. This revised data will enable No-Fault insurers to review revised billings from these hospitals if they are received.

The Department has also received revised copies of sample case payment rate computation sheets. We are attaching copies of these computation sheets for your information and use in computing correct DRG payments.

The Workers' Compensation Board promulgates mileage reimbursement rates for claimant's automobile travel expense incurred. The rates which are utilized for no-fault claims are listed below:

1/1/82 to 2/26/89 @ \$ .23 per mile

2/27/89 to 1/15/90 @ \$ .24 per mile

1/16/90 to 2/19/90 @ \$ .25.5 per mile

2/20/90 to 12/31/90 @ \$ .26 per mile

1/1/91 to present @ \$ .27.5 per mile

Any questions or problems with regard to the foregoing information should be brought to the attention of Mr. McGuinness at (212) 602-0334.

Very truly yours,

[SIGNATURE]

Salvatore R. Curiale

Superintendent of Insurance

[Attachments]



Note: The No Fault reimbursement schedules and Payment Calculation Worksheets which were attached to this Circular Letter have not been replicated here. If you wish to see copies of the attachments to this Circular Letter you may submit a [FOIL request](#) for them to the Department insofar as copies are maintained in the Office of General Counsel.

