

STATE OF NEW YORK WORKERS' COMPENSATION BOARD 20 PARK STREET ALBANY, NY 12207



(518) 486-3313

JOSEPH SALAMONE
DIRECTOR
HEALTH PROVIDER ADMINISTRATIC

January 14, 2004

Brighton Surgery Center 980 Westfall Road Rochester, New York 14618

Dear Sir or Madam:

This is to inform you that the Workers' Compensation Board has issued updated Ambulatory Surgery Fee Schedule.

This schedule has been adopted pursuant to Section 13, subdivision (a) of the Workers' Compensation Law and constitute Sections 329.4 and 329.5 of Title 12 of the Compilation of Codes, Rules and Regulations of the State of New York. The schedule covers ambulatory surgery charges effective May 7, 2003 through December 31, 2003. for services to patients under the Workers' Compensation Law, the Volunteer Firefighters' Benefit Law, the Volunteer Ambulance Workers' Benefit Law and the Comprehensive Motor Vehicle Reparations Act.

The schedule was prepared using the New York State Products of Ambulatory Surgery (PAS) methodology with the reimbursement level set at 150% of the rate promulgated by the New York State Health Department for Medicaid patients.

If I can be of further assistance please do not hesitate to contact me.

Sincerely,

Joseph Salamone, Director Health Provider Administration

cc: File

OPCERT #2701237 Brighton Surgery Center Eff. 5/07/03 - 12/31/03

Note: Does not include the 8.18% Surcharge

PAS GROUP #	RATE
1 2	\$1,124.61
2	941.70
3 4	1,713.14
4	2,217.90
5	707.28
6	1,542.51
7	1,447.97
8	742.77
9	1,041.74
10	1,429.16
11	881.39
12	742.07
13	876.36
14	2,129.31
15	1,483.34
16	994.28
17	567.05
18	690.08
19	798.68
20	611.63
21	1,516.22
22	1,209.08
23	616.49
24	659.46
25	0.00
26	679.37
27	1,456.46
28	904.95
29	1,050.48
30	1,098.11
31	796.14
32	716.27
33	1,404.42
34	1,112.75
35	1,470.11
36	1,533.08
37	986.51
38	1,010.79
39	1,703.22
40	778.04
41	1,235.40
42	915.20
45	0.00
	3.30