



DAVID P. WEHNER
CHAIRMAN

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

(800) 781-2362

THIS AGENCY EMPLOYS AND
SERVES PEOPLE WITH
DISABILITIES WITHOUT
DISCRIMINATION.

July 27, 2004

Specialists One-Day Surgery Center Inc.
Attn: Billing Dept.
190 Intrepid Lane
Syracuse, New York 13205

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 March 2, 2004 through December 31, 2004 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 Repairs 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,

Lynne Cuva
Workers' Compensation Program Manager
Health Provider Administration

cc: File

OPCERT #3301216 Specialist One-Day Surgery Center Inc. Eff. 3/02/04 – 12/31/04

PAS GROUP #	RATE
1	\$1,123.80
15	1,482.02
33	1,403.24
34	1,111.97
35	1,468.98
36	1,531.97
37	985.74
40	777.42
41	\$1,234.29

Note: Does not include the 8.18% Surcharge