

## STATE OF NEW YORK WORKERS' COMPENSATION BOARD 100 BROADWAY – MENANDS ALBANY, NY 12241 (518) 474-2686

e-mail: joe.salamone@wcb.state.ny.us



July 3, 2007

Hudson Valley Center at St. Francis LLC Attn: Teri Egitto 1 Webster Ave. Suite 500 Poughkeepsie, NY 12601

Dear Sir or Madam:

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

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 December 1, 2006 through December 31, 2007 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 Bureau of Health Management

Attachment cc: File

\*\*\*Note: Does not include the 8.18% Surcharge\*\*\*

PAS GROUP#	RATE
1	\$1,175.78
2	\$982.92
3	\$1,779.17
4	\$2,279.63
5	\$735.87
6	\$1,623.12
7	\$1,529.30
8	\$763.38
9	\$1,088.21
10	\$1,505.15
11	\$918.84
12	\$780.03
13	\$921.15
14	\$2,187.62
15	\$1,566.59
16	\$1,043.79
17	\$593.72
18	\$727.07
19	\$833.84
20	\$643.98
21	\$1,564.59
22	\$1,269.51
23	\$642.21
24	\$687.30
25	\$0.00
26	\$707.66
27	\$1,536.66
28	\$948.78
29	\$1,098.51
30	\$1,150.98
31	\$833.00
32	\$743.24
33	\$1,479.36
34	\$1,161.62
35	\$1,541.04
36	\$1,603.17
37	\$1,034.24
38	\$1,056.66
39	\$1,796.69
40	\$816.60
41	\$1,305.87
42	\$951.53
45	\$0.00
43	\$0.00