



ROBERT R. SNASHALL
CHAIRMAN

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

(518) 486-3313



JOSEPH SALAMONE
DIRECTOR
HEALTH PROVIDER ADMINISTRATIVE

January 12, 2004

South Shore Ambulatory Surgery Center
Attn: Gina Edwards
444 Merrick Road, Suite 400
Lynbrook, NY 11563

Dear Ms. Edwards:

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 January 1, 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 #2907200 South Shore Ambulatory Surgery Center Eff. 1/01/03 - 12/31/03

Note: Does not include the 8.18% Surcharge

PAS GROUP #	RATE
1	\$1,226.94
2	1,024.13
3	1,845.20
4	2,341.34
5	764.45
6	1,703.73
7	1,610.63
8	783.99
9	1,134.68
10	1,581.14
11	956.30
12	818.00
13	965.94
14	2,245.92
15	1,649.81
16	1,093.31
17	620.40
18	764.07
19	869.00
20	676.32
21	1,612.97
22	1,329.95
23	667.95
24	715.14
25	0.00
26	735.93
27	1,616.87
28	992.61
29	1,146.56
30	1,203.84
31	869.84
32	770.19
33	1,554.29
34	1,210.50
35	1,611.96
36	1,673.25
37	1,081.97
38	1,102.52
39	1,890.12
40	855.18
41	1,376.34
42	987.86
45	0.00