NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF HEALTH INSURANCE PROGRAMS
OASAS CERTIFIED INPATIENT CHEMICAL DEPENDENCY DETOX PER DIEM RATES
Effective 4/1/2011 - 12/31/2011
MEDICAID FEE-FOR-SERVICE RATE SCHEDULE

OPCERT	HOSPITAL NAME	MMD w or w/o OBS days *(operating cost)* (4800)	MSIW w/o OBS days *(operating cost)* (4801)	MSIW w 1 OBS day *(operating cost)* (4802)	MSIW w 2 OBS days *(operating cost)* (4803)	Detox Capital Cost (4804)
0101004	ST PETERS HOSPITAL	$509.96	$382.47	$382.47	$382.47	$28.64
0303001	UNITED HEALTH SERVICES, INC	$841.52	$631.14	$631.14	$631.14	$0.00
1302000	ST FRANCIS HOSP / POUGH	$739.05	$554.29	$554.29	$554.29	$120.36
1401005	ERIE COUNTY MEDICAL CENTER	$813.08	$609.81	$609.81	$609.81	$26.68
1401006	SHEEHAN MEMORIAL EMERGENCY	$813.08	$609.81	$609.81	$609.81	$79.25
2902000	LONG BEACH MEDICAL CENTER	$690.86	$518.15	$518.15	$518.15	$27.49
2950002	NASSAU UNIV MED CTR	$690.86	$518.15	$518.15	$518.15	$26.92
3301008	CROUSE HOSPITAL	$841.52	$631.14	$631.14	$631.14	$60.00
3535001	BON SECOURS COMMUNITY HOSP	$739.05	$554.29	$554.29	$554.29	$23.79
4102003	SETON HEALTH SYSTEMS	$509.96	$382.47	$382.47	$382.47	$8.38
4324000	NYACK HOSPITAL	$739.05	$554.29	$554.29	$554.29	$39.17
4329000	GOOD SAMARITAN / SUFFERN	$739.05	$554.29	$554.29	$554.29	$44.55
4429000	CANTON-POTSDAM HOSPITAL	$805.05	$603.79	$603.79	$603.79	$59.53
5127000	EASTERN LONG ISLAND HOSPITAL	$690.86	$518.15	$518.15	$518.15	$86.86
5263000	CATSKILL REGIONAL MED CTR	$739.05	$554.29	$554.29	$554.29	$51.20
5501000	BENEDICTINE HOSPITAL	$739.05	$554.29	$554.29	$554.29	$11.38
5904000	SOUND SHORE MEDICAL CENTER	$739.05	$554.29	$554.29	$554.29	$54.68
5907001	ST JOHNS RIVERSIDE HOSPITAL	$739.05	$554.29	$554.29	$554.29	$7.18
7000001	BRONX-LEBANON HOSPITAL CTR	$872.20	$654.15	$654.15	$654.15	$66.47
7000002	JACOBI MEDICAL CENTER	$872.20	$654.15	$654.15	$654.15	$82.02
7000006	MONTEFIORE NORTH DIVISION (OLM	$872.20	$654.15	$654.15	$654.15	$128.91
7000014	ST BARNABAS HOSPITAL	$872.20	$654.15	$654.15	$654.15	$58.90
7001003	BROOKLYN HOSPITAL	$872.20	$654.15	$654.15	$654.15	$85.16
7001009	CONEY ISLAND HOSPITAL	$872.20	$654.15	$654.15	$654.15	$62.19
7001016	KINGS COUNTY HOSPITAL CENTER	$872.20	$654.15	$654.15	$654.15	$118.19
7001019	LUTHERAN MEDICAL CENTER	$872.20	$654.15	$654.15	$654.15	$51.44
7001024	ST JOHNS EPISCOPAL SO SHORE	$872.20	$654.15	$654.15	$654.15	$22.03
7001045	WOODHULL MEDICAL	$872.20	$654.15	$654.15	$654.15	$98.79
7001046	INTERFAITH MEDICAL CENTER	$872.20	$654.15	$654.15	$654.15	$62.30
7002001	BELLEVUE HOSPITAL CENTER	$872.20	$654.15	$654.15	$654.15	$32.30
7002002	BETH ISRAEL MEDICAL CENTER	$872.20	$654.15	$654.15	$654.15	$39.88
7002009	HARLEM HOSPITAL CENTER	$872.20	$654.15	$654.15	$654.15	$36.76
7002021	METROPOLITAN HOSPITAL CENTER	$872.20	$654.15	$654.15	$654.15	$43.54
7002032	ST LUKES / ROOSEVELT HOSP	$872.20	$654.15	$654.15	$654.15	$157.50
7003001	FLUSHING HOSPITAL MED CTR	$872.20	$654.15	$654.15	$654.15	$20.42
7003007	QUEENS HOSPITAL CENTER	$872.20	$654.15	$654.15	$654.15	$142.42
7004003	STATEN ISLAND UNIV HOSP	$872.20	$654.15	$654.15	$654.15	$73.39
7004010	RICHMOND UNIVERSITY MED CTR	$872.20	$654.15	$654.15	$654.15	$39.22

MMD = Medicaly Managed Detox
MSIW = Medicaly Supervised Inpatient Withdrawal
OBS = Observation