NEW YORK STATE | Department of Health | Office of Health Insurance Programs

NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF HEALTH INSURANCE PROGRAMS
OASAS CERTIFIED INPATIENT CHEMICAL DEPENDENCY DETOX PER DIEM RATES
Effective 1/1/2015 - 12/31/2015
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)
7002001	BELLEVUE HOSPITAL CENTER	$872.20	$654.15	$654.15	$654.15	$87.51
7002002	BETH ISRAEL MEDICAL CENTER	$872.20	$654.15	$654.15	$654.15	$67.30
3535001	BON SECOURS COMMUNITY HOSP	$739.05	$554.29	$554.29	$554.29	$37.27
7000001	BRONX-LEBANON HOSPITAL CTR	$872.20	$654.15	$654.15	$654.15	$96.80
7001003	BROOKLYN HOSPITAL	$872.20	$654.15	$654.15	$654.15	$42.44
4429000	CANTON-POTSDAM HOSPITAL	$805.05	$603.79	$603.79	$603.79	$80.70
7001009	CONEY ISLAND HOSPITAL	$872.20	$654.15	$654.15	$654.15	$55.04
3301008	CROUSE HOSPITAL	$841.52	$631.14	$631.14	$631.14	$45.26
5127000	EASTERN LONG ISLAND HOSPITAL	$690.86	$518.15	$518.15	$518.15	$38.42
1401005	ERIE COUNTY MEDICAL CENTER	$813.08	$609.81	$609.81	$609.81	$53.10
7003001	FLUSHING HOSPITAL MED CTR	$872.20	$654.15	$654.15	$654.15	$21.27
4329000	GOOD SAMARITAN / SUFFERN	$739.05	$554.29	$554.29	$554.29	$37.18
7002009	HARLEM HOSPITAL CENTER	$872.20	$654.15	$654.15	$654.15	$132.98
5501000	HEALTHALLIANCE HOSP MARYS AVE CAMPUS	$739.05	$554.29	$554.29	$554.29	$35.17
7001046	INTERFAITH MEDICAL CENTER	$872.20	$654.15	$654.15	$654.15	$77.98
7000002	JACOBI MEDICAL CENTER	$872.20	$654.15	$654.15	$654.15	$102.73
7001016	KINGS COUNTY HOSPITAL CENTER	$872.20	$654.15	$654.15	$654.15	$294.25
7002021	METROPOLITAN HOSPITAL CENTER	$872.20	$654.15	$654.15	$654.15	$21.57
5957001	MID HUDSON VALLEY DIV OF WMC	$739.05	$554.29	$554.29	$554.29	$103.24
2950002	NASSAU UNIV MED CTR	$690.86	$518.15	$518.15	$518.15	$33.02
4324000	NYACK HOSPITAL	$739.05	$554.29	$554.29	$554.29	$22.76
7000014	ST BARNABAS HOSPITAL	$872.20	$654.15	$654.15	$654.15	$150.84
5149001	ST CHARLES HOSPITAL	$690.86	$518.15	$518.15	$518.15	$128.36
5907001	ST JOHNS RIVERSIDE HOSPITAL	$739.05	$554.29	$554.29	$554.29	$16.76
7002032	ST LUKES / ROOSEVELT HOSP	$872.20	$654.15	$654.15	$654.15	$237.65
4102003	ST MARYS HOSPITAL	$509.96	$382.47	$382.47	$382.47	$23.60
0101004	ST PETERS HOSPITAL	$509.96	$382.47	$382.47	$382.47	$78.26
7004003	STATEN ISLAND UNIV HOSP	$872.20	$654.15	$654.15	$654.15	$56.97
7001045	WOODHULL MEDICAL	$872.20	$654.15	$654.15	$654.15	$33.01

MMD = Medicaly Managed Detox

MSIW = Medicaly Supervised Inpatient Withdrawal

OBS = Observation