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 1/1/2022 - 12/31/2022						
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)**
3535001	BON SECOURS COMMUNITY HOSP	$753.83	$565.37	$565.37	$565.37	$49.27
7000001	BRONXCARE HOSPITAL CENTER	$889.64	$667.23	$667.23	$667.23	$45.93
7001002	BROOKDALE - INTERFAITH MEDICAL CENTER	$889.64	$667.23	$667.23	$667.23	$90.53
7001003	BROOKLYN HOSPITAL CENTER	$889.64	$667.23	$667.23	$667.23	$251.48
1401005	ERIE COUNTY MEDICAL CENTER	$829.34	$622.01	$622.01	$622.01	$67.04
7003001	FLUSHING HOSPITAL MED CTR	$889.64	$667.23	$667.23	$667.23	$12.59
4329000	GOOD SAMARITAN / SUFFERN	$753.83	$565.37	$565.37	$565.37	$116.25
5501000	HEALTHALLIANCE HOSP MARYS AVE CAMPUS	$753.83	$565.37	$565.37	$565.37	$0.00
5957001	MID HUDSON VALLEY DIV OF WMC	$753.83	$565.37	$565.37	$565.37	$74.12
4324000	MONTEFIORE NYACK HOSPITAL	$753.83	$565.37	$565.37	$565.37	$42.04
7002002	MOUNT SINAI BETH ISRAEL	$889.64	$667.23	$667.23	$667.23	$164.57
7002032	MOUNT SINAI MORNINGSIDE	$889.64	$667.23	$667.23	$667.23	($218.72)
2950002	NASSAU UNIV MED CTR	$704.68	$528.51	$528.51	$528.51	$82.56
7000014	SBH HEALTH SYSTEM	$889.64	$667.23	$667.23	$667.23	$182.92
5149001	ST CHARLES HOSPITAL	$704.68	$528.51	$528.51	$528.51	($245.13)
5907001	ST JOHNS RIVERSIDE HOSPITAL	$753.83	$565.37	$565.37	$565.37	$15.24
0101004	ST PETERS HOSPITAL	$520.16	$390.12	$390.12	$390.12	$62.64
7004003	STATEN ISLAND UNIV HOSP PRINCE'S BAY	$889.64	$667.23	$667.23	$667.23	$0.00
5151001	STONY BROOK EASTERN LONG ISLAND	$704.68	$528.51	$528.51	$528.51	$146.32
MMD = Medically Managed Detox						
MSIW = Medically Supervised Inpatient Withdrawal						
OBS = Observation						

01/01/2022 Inpatient Rate File Revisions

06/16/2022 File Version Update(s):

- Corrected Detox Capital Billing Rate (4804) for Medicaid Fee-For-Service for the following two providers.

OPCERT	HOSPITAL NAME
5501000	HEALTHALLIANCE HOSP MARYS AVE CAMPUS
7004003	STATEN ISLAND UNIV HOSP PRINCE'S BAY