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 4/1/2023 - 12/31/2023 | | | | | | |
| 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 | $817.91 | $613.43 | $613.43 | $613.43 | $70.73 |
| 7000001 | BRONXCARE HOSPITAL CENTER | $965.26 | $723.95 | $723.95 | $723.95 | $52.49 |
| 7001002 | BROOKDALE - INTERFAITH MEDICAL CENTER | $965.26 | $723.95 | $723.95 | $723.95 | $69.57 |
| 7001003 | BROOKLYN HOSPITAL CENTER | $965.26 | $723.95 | $723.95 | $723.95 | $59.82 |
| 1401005 | ERIE COUNTY MEDICAL CENTER | $899.83 | $674.87 | $674.87 | $674.87 | $148.93 |
| 7003001 | FLUSHING HOSPITAL MED CTR | $965.26 | $723.95 | $723.95 | $723.95 | $23.75 |
| 4329000 | GOOD SAMARITAN / SUFFERN | $817.91 | $613.43 | $613.43 | $613.43 | $62.62 |
| 5501000 | HEALTHALLIANCE HOSP MARYS AVE CAMPUS | $817.91 | $613.43 | $613.43 | $613.43 | $0.00 |
| 5957001 | MID HUDSON VALLEY DIV OF WMC | $817.91 | $613.43 | $613.43 | $613.43 | $108.68 |
| 4324000 | MONTEFIORE NYACK HOSPITAL | $817.91 | $613.43 | $613.43 | $613.43 | $102.67 |
| 7002002 | MOUNT SINAI BETH ISRAEL | $965.26 | $723.95 | $723.95 | $723.95 | $140.69 |
| 7002032 | MOUNT SINAI MORNINGSIDE | $965.26 | $723.95 | $723.95 | $723.95 | $92.58 |
| 2950002 | NASSAU UNIV MED CTR | $764.58 | $573.44 | $573.44 | $573.44 | $70.52 |
| 7000014 | SBH HEALTH SYSTEM | $965.26 | $723.95 | $723.95 | $723.95 | $112.78 |
| 5149001 | ST CHARLES HOSPITAL | $764.58 | $573.44 | $573.44 | $573.44 | $60.40 |
| 5907001 | ST JOHNS RIVERSIDE HOSPITAL | $817.91 | $613.43 | $613.43 | $613.43 | $4.18 |
| 0101004 | ST PETERS HOSPITAL | $564.37 | $423.28 | $423.28 | $423.28 | $89.10 |
| 7004003 | STATEN ISLAND UNIV HOSP PRINCE'S BAY | $965.26 | $723.95 | $723.95 | $723.95 | $0.00 |
| 5151001 | STONY BROOK EASTERN LONG ISLAND | $764.58 | $573.44 | $573.44 | $573.44 | $98.31 |
| | | | | | | |
| **MMD = Medically Managed Detox** | | | | | | |
| **MSIW = Medically Supervised Inpatient Withdrawal** | | | | | | |
| **OBS = Observation** | | | | | | |