

NEW YORK STATE DEPARTMENT OF HEALTH OFFICE OF HEALTH INSURANCE PROGRAMS

OASAS CERTIFIED INPATIENT CHEMICAL DEPENDENCY DETOX PER DIEM RATES

Effective 1/1/2023 - 12/31/2023

MEDICAID MANAGED CARE RATE SCHEDULE

| | | MMD w or w/o OBS days | MSIW w/o OBS days | MSIW w 1 OBS day | MSIW w 2 OBS days | Detox |
|--|---------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------|
| OPCERT | HOSPITAL NAME | (operating cost) (4800) | (operating cost) (4801) | (operating cost) (4802) | (operating cost) (4803) | Capital Cost (4804) |
| 3535001 | BON SECOURS COMMUNITY HOSP | \$761.37 | \$571.03 | \$571.03 | \$571.03 | \$70.73 |
| 7000001 | BRONXCARE HOSPITAL CENTER | \$898.54 | \$673.91 | \$673.91 | \$673.91 | \$52.49 |
| 7001002 | BROOKDALE - INTERFAITH MEDICAL CENTER | \$898.54 | \$673.91 | \$673.91 | \$673.91 | \$69.57 |
| 7001003 | BROOKLYN HOSPITAL CENTER | \$898.54 | \$673.91 | \$673.91 | \$673.91 | \$59.82 |
| 1401005 | ERIE COUNTY MEDICAL CENTER | \$837.63 | \$628.22 | \$628.22 | \$628.22 | \$148.93 |
| 7003001 | FLUSHING HOSPITAL MED CTR | \$898.54 | \$673.91 | \$673.91 | \$673.91 | \$23.75 |
| 4329000 | GOOD SAMARITAN / SUFFERN | \$761.37 | \$571.03 | \$571.03 | \$571.03 | \$62.62 |
| 5501000 | HEALTHALLIANCE HOSP MARYS AVE CAMPUS | \$761.37 | \$571.03 | \$571.03 | \$571.03 | \$0.00 |
| 5957001 | MID HUDSON VALLEY DIV OF WMC | \$761.37 | \$571.03 | \$571.03 | \$571.03 | \$108.68 |
| 4324000 | MONTEFIORE NYACK HOSPITAL | \$761.37 | \$571.03 | \$571.03 | \$571.03 | \$102.67 |
| 7002002 | MOUNT SINAI BETH ISRAEL | \$898.54 | \$673.91 | \$673.91 | \$673.91 | \$140.69 |
| 7002032 | MOUNT SINAI MORNINGSIDE | \$898.54 | \$673.91 | \$673.91 | \$673.91 | \$92.58 |
| 2950002 | NASSAU UNIV MED CTR | \$711.73 | \$533.80 | \$533.80 | \$533.80 | \$70.52 |
| 7000014 | SBH HEALTH SYSTEM | \$898.54 | \$673.91 | \$673.91 | \$673.91 | \$112.78 |
| 5149001 | ST CHARLES HOSPITAL | \$711.73 | \$533.80 | \$533.80 | \$533.80 | \$60.40 |
| 5907001 | ST JOHNS RIVERSIDE HOSPITAL | \$761.37 | \$571.03 | \$571.03 | \$571.03 | \$4.18 |
| 0101004 | ST PETERS HOSPITAL | \$525.36 | \$394.02 | \$394.02 | \$394.02 | \$89.10 |
| 7004003 | STATEN ISLAND UNIV HOSP PRINCE'S BAY | \$898.54 | \$673.91 | \$673.91 | \$673.91 | \$0.00 |
| 5151001 | STONY BROOK EASTERN LONG ISLAND | \$711.73 | \$533.80 | \$533.80 | \$533.80 | \$98.31 |
| MMD = Medically Managed Detox | | | | | | |
| MSIW = Medically Supervised Inpatient Withdrawal | | | | | | |
| OBS = Observation | | | | | | |