

NEW YORK STATE DEPARTMENT OF HEALTH OFFICE OF HEALTH INSURANCE PROGRAMS

OASAS CERTIFIED INPATIENT CHEMICAL DEPENDENCY DETOX PER DIEM RATES

Effective 1/1/2017 - 12/31/2017

MEDICAID FEE-FOR-SERVICE RATE SCHEDULE

7002002 B 3535001 B 7000001 B 7001003 B 4429000 C 7001009 C 5127000 E 1401005 E 7003001 F 4329000 C 7002009 H 5501000 H 7001046 III 700002 J 7001016 K 7002021 M 5957001 M 2950002 N 4324000 N 7000014 S 5149001 S	BELLEVUE HOSPITAL CENTER BETH ISRAEL MEDICAL CENTER BON SECOURS COMMUNITY HOSP BRONX-LEBANON HOSPITAL CTR BROOKLYN HOSPITAL CANTON-POTSDAM HOSPITAL CONEY ISLAND HOSPITAL EASTERN LONG ISLAND HOSPITAL ERIE COUNTY MEDICAL CENTER FLUSHING HOSPITAL MED CTR GOOD SAMARITAN / SUFFERN HARLEM HOSPITAL CENTER HEALTHALLIANCE HOSP MARYS AVE CAMPUS NTERFAITH MEDICAL CENTER JACOBI MEDICAL CENTER	\$872.20 \$872.20 \$739.05 \$872.20 \$872.20 \$872.20 \$805.05 \$872.20 \$690.86 \$813.08 \$872.20 \$739.05 \$872.20 \$739.05	\$654.15 \$654.15 \$554.29 \$654.15 \$654.15 \$603.79 \$654.15 \$518.15 \$609.81 \$654.15 \$554.29 \$654.15	\$654.15 \$654.15 \$554.29 \$654.15 \$654.15 \$603.79 \$654.15 \$518.15 \$609.81 \$654.15 \$554.29 \$654.15	\$654.15 \$654.15 \$554.29 \$654.15 \$654.15 \$603.79 \$654.15 \$518.15 \$609.81 \$654.15 \$554.29 \$654.15	\$134.12 \$126.35 \$66.49 \$83.03 \$57.91 \$62.93 \$90.50 \$21.50 \$48.03 \$13.38 \$53.24 \$151.39 \$38.60
7002002 B 3535001 B 7000001 B 7001003 B 4429000 C 7001009 C 5127000 E 1401005 E 7003001 F 4329000 C 7002009 H 5501000 H 7001046 III 700002 J 7001016 K 7002021 M 5957001 M 2950002 N 4324000 N 7000014 S 5149001 S	BETH ISRAEL MEDICAL CENTER BON SECOURS COMMUNITY HOSP BRONX-LEBANON HOSPITAL CTR BROOKLYN HOSPITAL CANTON-POTSDAM HOSPITAL CONEY ISLAND HOSPITAL EASTERN LONG ISLAND HOSPITAL ERIE COUNTY MEDICAL CENTER FLUSHING HOSPITAL MED CTR GOOD SAMARITAN / SUFFERN HARLEM HOSPITAL CENTER HEALTHALLIANCE HOSP MARYS AVE CAMPUS NTERFAITH MEDICAL CENTER JACOBI MEDICAL CENTER	\$872.20 \$739.05 \$872.20 \$872.20 \$805.05 \$872.20 \$690.86 \$813.08 \$872.20 \$739.05 \$872.20 \$739.05	\$654.15 \$554.29 \$654.15 \$654.15 \$603.79 \$654.15 \$518.15 \$609.81 \$654.15 \$554.29 \$654.15	\$654.15 \$554.29 \$654.15 \$654.15 \$603.79 \$654.15 \$518.15 \$609.81 \$654.15 \$554.29 \$654.15	\$654.15 \$554.29 \$654.15 \$654.15 \$603.79 \$654.15 \$518.15 \$609.81 \$654.15 \$554.29 \$654.15	\$126.35 \$66.49 \$83.03 \$57.91 \$62.93 \$90.50 \$21.50 \$48.03 \$13.38 \$53.24 \$151.39
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7000001 B 7001003 B 4429000 C 7001009 C 5127000 E 1401005 E 7003001 F 7003001 F 7002009 H 5501000 H 7001046 III 700002 J 7001016 K 7002021 M 5957001 M 2950002 N 4324000 N 7000014 S 5149001 S	BRONX-LEBANON HOSPITAL CTR BROOKLYN HOSPITAL CANTON-POTSDAM HOSPITAL CONEY ISLAND HOSPITAL EASTERN LONG ISLAND HOSPITAL ERIE COUNTY MEDICAL CENTER FLUSHING HOSPITAL MED CTR GOOD SAMARITAN / SUFFERN HARLEM HOSPITAL CENTER HEALTHALLIANCE HOSP MARYS AVE CAMPUS NTERFAITH MEDICAL CENTER JACOBI MEDICAL CENTER	\$872.20 \$872.20 \$805.05 \$872.20 \$690.86 \$813.08 \$872.20 \$739.05 \$872.20 \$739.05	\$654.15 \$654.15 \$603.79 \$654.15 \$518.15 \$609.81 \$654.15 \$554.29 \$654.15	\$654.15 \$654.15 \$603.79 \$654.15 \$518.15 \$609.81 \$654.15 \$554.29 \$654.15	\$654.15 \$654.15 \$603.79 \$654.15 \$518.15 \$609.81 \$654.15 \$554.29 \$654.15	\$83.03 \$57.91 \$62.93 \$90.50 \$21.50 \$48.03 \$13.38 \$53.24 \$151.39
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4429000 C 7001009 C 7001009 C 5127000 E 1401005 E 7003001 F 4329000 C 7002009 H 7001046 IN 7001046 IN 7002021 M 5957001 M 2950002 N 4324000 N 7000014 S 5149001 S	CANTON-POTSDAM HOSPITAL CONEY ISLAND HOSPITAL EASTERN LONG ISLAND HOSPITAL ERIE COUNTY MEDICAL CENTER FLUSHING HOSPITAL MED CTR GOOD SAMARITAN / SUFFERN HARLEM HOSPITAL CENTER HEALTHALLIANCE HOSP MARYS AVE CAMPUS NTERFAITH MEDICAL CENTER JACOBI MEDICAL CENTER	\$805.05 \$872.20 \$690.86 \$813.08 \$872.20 \$739.05 \$872.20 \$739.05 \$872.20	\$603.79 \$654.15 \$518.15 \$609.81 \$654.15 \$554.29 \$654.15 \$554.29	\$603.79 \$654.15 \$518.15 \$609.81 \$654.15 \$554.29 \$654.15 \$554.29	\$603.79 \$654.15 \$518.15 \$609.81 \$654.15 \$554.29 \$654.15 \$554.29	\$62.93 \$90.50 \$21.50 \$48.03 \$13.38 \$53.24 \$151.39
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5127000 E 1401005 E 7003001 F 4329000 G 7002009 H 5501000 H 7001046 IN 7001016 K 7002021 M 5957001 M 2950002 N 4324000 N 7000014 S 5149001 S	ERIE COUNTY MEDICAL CENTER FLUSHING HOSPITAL MED CTR GOOD SAMARITAN / SUFFERN HARLEM HOSPITAL CENTER HEALTHALLIANCE HOSP MARYS AVE CAMPUS NTERFAITH MEDICAL CENTER JACOBI MEDICAL CENTER	\$690.86 \$813.08 \$872.20 \$739.05 \$872.20 \$739.05 \$872.20	\$518.15 \$609.81 \$654.15 \$554.29 \$654.15 \$554.29	\$518.15 \$609.81 \$654.15 \$554.29 \$654.15 \$554.29	\$518.15 \$609.81 \$654.15 \$554.29 \$654.15 \$554.29	\$21.50 \$48.03 \$13.38 \$53.24 \$151.39
1401005 E 7003001 F 4329000 G 7002009 H 5501000 H 7001046 IN 7001016 K 7002021 M 5957001 M 2950002 N 4324000 N 7000014 S 5149001 S	ERIE COUNTY MEDICAL CENTER FLUSHING HOSPITAL MED CTR GOOD SAMARITAN / SUFFERN HARLEM HOSPITAL CENTER HEALTHALLIANCE HOSP MARYS AVE CAMPUS NTERFAITH MEDICAL CENTER JACOBI MEDICAL CENTER	\$872.20 \$739.05 \$872.20 \$739.05 \$872.20	\$609.81 \$654.15 \$554.29 \$654.15 \$554.29	\$609.81 \$654.15 \$554.29 \$654.15 \$554.29	\$609.81 \$654.15 \$554.29 \$654.15 \$554.29	\$48.03 \$13.38 \$53.24 \$151.39
7003001 F 4329000 G 7002009 H 5501000 H 7001046 IN 7001016 K 7002021 M 5957001 M 2950002 N 4324000 N 7000014 S 5149001 S	FLUSHING HOSPITAL MED CTR GOOD SAMARITAN / SUFFERN HARLEM HOSPITAL CENTER HEALTHALLIANCE HOSP MARYS AVE CAMPUS NTERFAITH MEDICAL CENTER JACOBI MEDICAL CENTER	\$872.20 \$739.05 \$872.20 \$739.05 \$872.20	\$554.29 \$654.15 \$554.29	\$654.15 \$554.29 \$654.15 \$554.29	\$654.15 \$554.29 \$654.15 \$554.29	\$53.24 \$151.39
7002009 H 5501000 H 7001046 III 7000002 J 7001016 K 7002021 M 5957001 M 2950002 N 4324000 N 7000014 S 5149001 S	HARLEM HOSPITAL CENTER HEALTHALLIANCE HOSP MARYS AVE CAMPUS NTERFAITH MEDICAL CENTER JACOBI MEDICAL CENTER	\$872.20 \$739.05 \$872.20	\$654.15 \$554.29	\$554.29 \$654.15 \$554.29	\$554.29 \$654.15 \$554.29	\$151.39
5501000 H 7001046 III 7000002 J 7001016 K 7002021 M 5957001 M 2950002 N 4324000 N 7000014 S 5149001 S 5907001 S	HEALTHALLIANCE HOSP MARYS AVE CAMPUS NTERFAITH MEDICAL CENTER JACOBI MEDICAL CENTER	\$739.05 \$872.20	\$554.29	\$554.29	\$554.29	
7001046 IN 7000002 J. 7001016 K. 7002021 M. 5957001 M. 2950002 N. 4324000 N. 7000014 S. 5149001 S. 5907001 S.	NTERFAITH MEDICAL CENTER JACOBI MEDICAL CENTER	\$872.20				\$38.60
7000002 J. 7001016 K 7002021 M 5957001 M 2950002 N 4324000 N 7000014 S 5149001 S 5907001 S	JACOBI MEDICAL CENTER		\$654.15	ФСЕ 4 A Е	A	
7001016 K 7002021 M 5957001 M 2950002 N 4324000 N 7000014 S 5149001 S 5907001 S		¢072.20		\$654.15	\$654.15	\$31.66
7002021 M 5957001 M 2950002 N 4324000 N 7000014 S 5149001 S 5907001 S		φο/ 2.20	\$654.15	\$654.15	\$654.15	\$110.30
5957001 M 2950002 N 4324000 N 7000014 S 5149001 S 5907001 S	KINGS COUNTY HOSPITAL CENTER	\$872.20	\$654.15	\$654.15	\$654.15	\$299.66
2950002 N 4324000 N 7000014 S 5149001 S 5907001 S	METROPOLITAN HOSPITAL CENTER	\$872.20	\$654.15	\$654.15	\$654.15	\$45.28
4324000 N 7000014 S 5149001 S 5907001 S	MID HUDSON VALLEY DIV OF WMC	\$739.05	\$554.29	\$554.29	\$554.29	\$78.10
7000014 S 5149001 S 5907001 S	NASSAU UNIV MED CTR	\$690.86	\$518.15	\$518.15	\$518.15	\$25.96
5149001 S 5907001 S	NYACK HOSPITAL	\$739.05	\$554.29	\$554.29	\$554.29	\$38.42
5907001 S	ST BARNABAS HOSPITAL	\$872.20	\$654.15	\$654.15	\$654.15	\$139.00
	ST CHARLES HOSPITAL	\$690.86	\$518.15	\$518.15	\$518.15	\$76.56
	ST JOHNS RIVERSIDE HOSPITAL	\$739.05	\$554.29	\$554.29	\$554.29	\$16.58
7002032 S	ST LUKES / ROOSEVELT HOSP	\$872.20	\$654.15	\$654.15	\$654.15	\$254.40
	ST PETERS HOSPITAL	\$509.96	\$382.47	\$382.47	\$382.47	\$64.26
7004003 S	STATEN ISLAND UNIV HOSP	\$872.20	\$654.15	\$654.15	\$654.15	\$44.22
7001045 V	WOODHULL MEDICAL	\$872.20	\$654.15	\$654.15	\$654.15	\$45.55
MSIW = Med OBS = Obse	dicaly Managed Detox					

Updates - 1/1/2017 - 12/31/17 Rates

Exempt Detox Unit rate changes:

For hospitals that closed their exempt detox unit services subsequent to January 1, 2016, or temporarily suspended their services during 2022 due to the Public Health Emergency, the 2017 capital reconciliations for Medicaid FFS has been retroactively processed within the 2017 rate period since it was not possible to process the adjustments in the January 1, 2022 rates. Since rates were not calculated for Medicaid Managed Care in 2016 (2015 rates were carried forward to 2016), the prospective adjustments for both 2016 is included in the January 1, 2017 rates, where possible.

HOSPITAL	OPCERT
BELLEVUE HOSPITAL CENTER	7002001
CONEY ISLAND HOSPITAL	7001009
HARLEM HOSPITAL CENTER	7002009
HEALTHALLIANCE HOSP MARYS AVE CAMPUS	5501000
JACOBI MEDICAL CENTER	7000002
KINGS COUNTY HOSPITAL CENTER	7001016
METROPOLITAN HOSPITAL CENTER	7002021
SETON HEALTH SYSTEMS	4102003
STATEN ISLAND UNIV HOSP	7004003
WOODHULL MEDICAL & MENTAL HEALTH CTR	7001045