



NEW YORK STATE DEPARTMENT OF HEALTH

OFFICE OF HEALTH INSURANCE PROGRAMS

OASAS CERTIFIED INPATIENT CHEMICAL DEPENDENCY DETOX PER DIEM RATES

Effective 1/1/2018 - 12/31/2018

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	\$174.56
7002002	BETH ISRAEL MEDICAL CENTER	\$872.20	\$654.15	\$654.15	\$654.15	\$122.36
3535001	BON SECOURS COMMUNITY HOSP	\$739.05	\$554.29	\$554.29	\$554.29	\$175.06
7000001	BRONX-LEBANON HOSPITAL CTR	\$872.20	\$654.15	\$654.15	\$654.15	\$54.96
7001003	BROOKLYN HOSPITAL	\$872.20	\$654.15	\$654.15	\$654.15	\$63.24
4429000	CANTON-POTSDAM HOSPITAL	\$805.05	\$603.79	\$603.79	\$603.79	\$46.90
7001009	CONEY ISLAND HOSPITAL	\$872.20	\$654.15	\$654.15	\$654.15	\$142.67
5127000	EASTERN LONG ISLAND HOSPITAL	\$690.86	\$518.15	\$518.15	\$518.15	\$75.59
1401005	ERIE COUNTY MEDICAL CENTER	\$813.08	\$609.81	\$609.81	\$609.81	\$18.53
7003001	FLUSHING HOSPITAL MED CTR	\$872.20	\$654.15	\$654.15	\$654.15	\$5.46
4329000	GOOD SAMARITAN / SUFFERN	\$739.05	\$554.29	\$554.29	\$554.29	\$108.75
7002009	HARLEM HOSPITAL CENTER	\$872.20	\$654.15	\$654.15	\$654.15	\$211.32
5501000	HEALTHALLIANCE HOSP MARYS AVE CAMPUS	\$739.05	\$554.29	\$554.29	\$554.29	\$209.29
7001046	INTERFAITH MEDICAL CENTER	\$872.20	\$654.15	\$654.15	\$654.15	\$19.96
7000002	JACOBI MEDICAL CENTER	\$872.20	\$654.15	\$654.15	\$654.15	\$205.91
7001016	KINGS COUNTY HOSPITAL CENTER	\$872.20	\$654.15	\$654.15	\$654.15	\$232.41
7002021	METROPOLITAN HOSPITAL CENTER	\$872.20	\$654.15	\$654.15	\$654.15	\$82.09
5957001	MID HUDSON VALLEY DIV OF WMC	\$739.05	\$554.29	\$554.29	\$554.29	\$58.46
2950002	NASSAU UNIV MED CTR	\$690.86	\$518.15	\$518.15	\$518.15	\$58.85
4324000	NYACK HOSPITAL	\$739.05	\$554.29	\$554.29	\$554.29	\$49.88
7000014	ST BARNABAS HOSPITAL	\$872.20	\$654.15	\$654.15	\$654.15	\$157.81
5149001	ST CHARLES HOSPITAL	\$690.86	\$518.15	\$518.15	\$518.15	(\$60.09)
5907001	ST JOHNS RIVERSIDE HOSPITAL	\$739.05	\$554.29	\$554.29	\$554.29	\$16.65
7002032	ST LUKES / ROOSEVELT HOSP	\$872.20	\$654.15	\$654.15	\$654.15	(\$282.23)
0101004	ST PETERS HOSPITAL	\$509.96	\$382.47	\$382.47	\$382.47	\$60.74
7004003	STATEN ISLAND UNIV HOSP	\$872.20	\$654.15	\$654.15	\$654.15	\$29.82
7001045	WOODHULL MEDICAL	\$872.20	\$654.15	\$654.15	\$654.15	\$81.87
MMD = Medicaly Managed Detox						
MSIW = Medicaly Supervised Inpatient Withdrawal						
OBS = Observation						