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 4/1/2018 - 12/31/2018						
MEDICAID MANAGED CARE 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	$189.44
7002002	BETH ISRAEL MEDICAL CENTER	$872.20	$654.15	$654.15	$654.15	$130.53
3535001	BON SECOURS COMMUNITY HOSP	$739.05	$554.29	$554.29	$554.29	$215.50
7000001	BRONX-LEBANON HOSPITAL CTR	$872.20	$654.15	$654.15	$654.15	$50.35
7001003	BROOKLYN HOSPITAL	$872.20	$654.15	$654.15	$654.15	$48.01
4429000	CANTON-POTSDAM HOSPITAL	$805.05	$603.79	$603.79	$603.79	$41.97
7001009	CONEY ISLAND HOSPITAL	$872.20	$654.15	$654.15	$654.15	$161.57
5127000	EASTERN LONG ISLAND HOSPITAL	$690.86	$518.15	$518.15	$518.15	$90.28
1401005	ERIE COUNTY MEDICAL CENTER	$813.08	$609.81	$609.81	$609.81	$17.57
7003001	FLUSHING HOSPITAL MED CTR	$872.20	$654.15	$654.15	$654.15	$3.52
4329000	GOOD SAMARITAN / SUFFERN	$739.05	$554.29	$554.29	$554.29	$123.05
7002009	HARLEM HOSPITAL CENTER	$872.20	$654.15	$654.15	$654.15	$231.51
5501000	HEALTHALLIANCE HOSP MARYS AVE CAMPUS	$739.05	$554.29	$554.29	$554.29	$259.27
7001046	INTERFAITH MEDICAL CENTER	$872.20	$654.15	$654.15	$654.15	$17.34
7000002	JACOBI MEDICAL CENTER	$872.20	$654.15	$654.15	$654.15	$234.55
7001016	KINGS COUNTY HOSPITAL CENTER	$872.20	$654.15	$654.15	$654.15	$210.58
7002021	METROPOLITAN HOSPITAL CENTER	$872.20	$654.15	$654.15	$654.15	$95.78
5957001	MID HUDSON VALLEY DIV OF WMC	$739.05	$554.29	$554.29	$554.29	$55.50
2950002	NASSAU UNIV MED CTR	$690.86	$518.15	$518.15	$518.15	$64.25
4324000	NYACK HOSPITAL	$739.05	$554.29	$554.29	$554.29	$55.44
7000014	ST BARNABAS HOSPITAL	$872.20	$654.15	$654.15	$654.15	$170.33
5149001	ST CHARLES HOSPITAL	$690.86	$518.15	$518.15	$518.15	($88.47)
5907001	ST JOHNS RIVERSIDE HOSPITAL	$739.05	$554.29	$554.29	$554.29	$16.45
7002032	ST LUKES / ROOSEVELT HOSP	$872.20	$654.15	$654.15	$654.15	($407.61)
0101004	ST PETERS HOSPITAL	$509.96	$382.47	$382.47	$382.47	$64.12
7004003	STATEN ISLAND UNIV HOSP	$872.20	$654.15	$654.15	$654.15	$22.86
7001045	WOODHULL MEDICAL	$872.20	$654.15	$654.15	$654.15	$92.54
MMD = Medicaly Managed Detox						
MSIW = Medicaly Supervised Inpatient Withdrawal						
OBS = Observation						