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 1/1/2020 - 4/1/2020						
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	$889.64	$667.23	$667.23	$667.23	$183.51
3535001	BON SECOURS COMMUNITY HOSP	$753.83	$565.37	$565.37	$565.37	$45.95
7000001	BRONXCARE HOSPITAL CENTER	$889.64	$667.23	$667.23	$667.23	$70.50
7001003	BROOKLYN HOSPITAL CENTER	$889.64	$667.23	$667.23	$667.23	$205.09
7001009	CONEY ISLAND HOSPITAL	$889.64	$667.23	$667.23	$667.23	$81.77
1401005	ERIE COUNTY MEDICAL CENTER	$829.34	$622.01	$622.01	$622.01	$69.49
7003001	FLUSHING HOSPITAL MED CTR	$889.64	$667.23	$667.23	$667.23	$9.84
4329000	GOOD SAMARITAN / SUFFERN	$753.83	$565.37	$565.37	$565.37	$55.55
7002009	HARLEM HOSPITAL CENTER	$889.64	$667.23	$667.23	$667.23	$202.96
5501000	HEALTHALLIANCE HOSP MARYS AVE CAMPUS	$753.83	$565.37	$565.37	$565.37	$34.30
7001046	INTERFAITH MEDICAL CENTER	$889.64	$667.23	$667.23	$667.23	$61.12
7000002	JACOBI MEDICAL CENTER	$889.64	$667.23	$667.23	$667.23	$61.72
7001016	KINGS COUNTY HOSPITAL CENTER	$889.64	$667.23	$667.23	$667.23	$346.17
7002021	METROPOLITAN HOSPITAL CENTER	$889.64	$667.23	$667.23	$667.23	$68.90
5957001	MID HUDSON VALLEY DIV OF WMC	$753.83	$565.37	$565.37	$565.37	$121.53
4324000	MONTEFIORE NYACK HOSPITAL	$753.83	$565.37	$565.37	$565.37	$47.21
7002002	MOUNT SINAI BETH ISRAEL	$889.64	$667.23	$667.23	$667.23	$111.95
7002032	MOUNT SINAI MORNINGSIDE	$889.64	$667.23	$667.23	$667.23	$786.26
2950002	NASSAU UNIV MED CTR	$704.68	$528.51	$528.51	$528.51	$37.22
7000014	SBH HEALTH SYSTEM	$889.64	$667.23	$667.23	$667.23	$129.09
5149001	ST CHARLES HOSPITAL	$704.68	$528.51	$528.51	$528.51	$57.45
5907001	ST JOHNS RIVERSIDE HOSPITAL	$753.83	$565.37	$565.37	$565.37	$8.94
0101004	ST PETERS HOSPITAL	$520.16	$390.12	$390.12	$390.12	$22.42
7004003	STATEN ISLAND UNIV HOSP	$889.64	$667.23	$667.23	$667.23	$150.06
5151001	STONY BROOK EASTERN LONG ISLAND	$704.68	$528.51	$528.51	$528.51	$64.68
7001045	WOODHULL MEDICAL & MENTAL HEALTH CTR	$889.64	$667.23	$667.23	$667.23	$53.56
MMD = Medicaly Managed Detox						
MSIW = Medicaly Supervised Inpatient Withdrawal						
OBS = Observation						