

NEW YORK STATE DEPARTMENT OF HEALTH OFFICE OF HEALTH INSURANCE PROGRAMS OASAS CERTIFIED INPATIENT CHEMICAL DEPENDENCY DETOX PER DIEM RATES Effective 1/1/2022 - 3/31/2022

MEDICAID MANAGED CARE RATE SCHEDULE

		MMD w or w/o	MSIW w/o	MSIW w 1	MSIW w 2	
		OBS days	OBS days	OBS day	OBS days	Detox
<u>OPCERT</u>	HOSPITAL NAME	(operating cost)	(operating cost)	(operating cost)	(operating cost)	Capital Cost
		<u>(4800)</u>	<u>(4801)</u>	<u>(4802)</u>	<u>(4803)</u>	<u>(4804)</u>
3535001	BON SECOURS COMMUNITY HOSP	\$753.83	\$565.37	\$565.37	\$565.37	\$49.27
7000001	BRONXCARE HOSPITAL CENTER	\$889.64	\$667.23	\$667.23	\$667.23	\$45.93
7001002	BROOKDALE - INTERFAITH MEDICAL CENTER	\$889.64	\$667.23	\$667.23	\$667.23	\$90.53
7001003	BROOKLYN HOSPITAL CENTER	\$889.64	\$667.23	\$667.23	\$667.23	\$251.48
1401005	ERIE COUNTY MEDICAL CENTER	\$829.34	\$622.01	\$622.01	\$622.01	\$67.04
7003001	FLUSHING HOSPITAL MED CTR	\$889.64	\$667.23	\$667.23	\$667.23	\$12.59
4329000	GOOD SAMARITAN / SUFFERN	\$753.83	\$565.37	\$565.37	\$565.37	\$116.25
5501000	HEALTHALLIANCE HOSP MARYS AVE CAMPUS	\$753.83	\$565.37	\$565.37	\$565.37	\$0.00
5957001	MID HUDSON VALLEY DIV OF WMC	\$753.83	\$565.37	\$565.37	\$565.37	\$74.12
4324000	MONTEFIORE NYACK HOSPITAL	\$753.83	\$565.37	\$565.37	\$565.37	\$42.04
7002002	MOUNT SINAI BETH ISRAEL	\$889.64	\$667.23	\$667.23	\$667.23	\$164.57
7002032	MOUNT SINAI MORNINGSIDE	\$889.64	\$667.23	\$667.23	\$667.23	(\$218.72)
2950002	NASSAU UNIV MED CTR	\$704.68	\$528.51	\$528.51	\$528.51	\$82.56
7000014	SBH HEALTH SYSTEM	\$889.64	\$667.23	\$667.23	\$667.23	\$182.92
5149001	ST CHARLES HOSPITAL	\$704.68	\$528.51	\$528.51	\$528.51	(\$245.13)
5907001	ST JOHNS RIVERSIDE HOSPITAL	\$753.83	\$565.37	\$565.37	\$565.37	\$15.24
0101004	ST PETERS HOSPITAL	\$520.16	\$390.12	\$390.12	\$390.12	\$62.64
7004003	STATEN ISLAND UNIV HOSP PRINCE'S BAY	\$889.64	\$667.23	\$667.23	\$667.23	\$0.00
5151001	STONY BROOK EASTERN LONG ISLAND	\$704.68	\$528.51	\$528.51	\$528.51	\$146.32
MMD = Medically Managed Detox						
MSIW = Medically Supervised Inpatient Withdrawal						
OBS = Ob	servation					

01/01/2022 Inpatient Rate File Revisions

06/16/2022 File Version Update(s):

- Corrected Detox Capital Billing Rate (4804) for Medicaid Managed Care for the following two providers.

OPCERT HOSPITAL NAME

5501000 HEALTHALLIANCE HOSP MARYS AVE CAMPUS 7004003 STATEN ISLAND UNIV HOSP PRINCE'S BAY

11/03/2022 File Version Update(s):

-NONE