

NEW YORK STATE DEPARTMENT OF HEALTH						
OFFICE OF HEALTH INSURANCE PROGRAMS						
OASAS CERTIFIED INPATIENT CHEMICAL DEPENDENCY DETOX PER DIEM RATES						
Effective 1/1/2011 - 12/31/2011						
WORKERS' COMPENSATION - NO FAULT 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)
0101004	ST PETERS HOSPITAL	\$523.79	\$392.84	\$392.84	\$392.84	\$28.64
0303001	UNITED HEALTH SERVICES, INC	\$864.35	\$648.26	\$648.26	\$648.26	\$0.00
1302000	ST FRANCIS HOSP / POUGH	\$759.10	\$569.33	\$569.33	\$569.33	\$120.36
1401005	ERIE COUNTY MEDICAL CENTER	\$835.14	\$626.36	\$626.36	\$626.36	\$26.68
1401006	SHEEHAN MEMORIAL EMERGENCY	\$835.14	\$626.36	\$626.36	\$626.36	\$79.25
2902000	LONG BEACH MEDICAL CENTER	\$709.60	\$532.20	\$532.20	\$532.20	\$27.49
2950002	NASSAU UNIV MED CTR	\$709.60	\$532.20	\$532.20	\$532.20	\$26.92
3301008	CROUSE HOSPITAL	\$864.35	\$648.26	\$648.26	\$648.26	\$60.00
3535001	BON SECOURS COMMUNITY HOSP	\$759.10	\$569.33	\$569.33	\$569.33	\$23.79
4102003	SETON HEALTH SYSTEMS	\$523.79	\$392.84	\$392.84	\$392.84	\$8.38
4324000	NYACK HOSPITAL	\$759.10	\$569.33	\$569.33	\$569.33	\$39.17
4329000	GOOD SAMARITAN / SUFFERN	\$759.10	\$569.33	\$569.33	\$569.33	\$44.55
4429000	CANTON-POTSDAM HOSPITAL	\$826.89	\$620.17	\$620.17	\$620.17	\$59.53
5127000	EASTERN LONG ISLAND HOSPITAL	\$709.60	\$532.20	\$532.20	\$532.20	\$86.86
5263000	CATSKILL REGIONAL MED CTR	\$759.10	\$569.33	\$569.33	\$569.33	\$51.20
5501000	BENEDICTINE HOSPITAL	\$759.10	\$569.33	\$569.33	\$569.33	\$11.38
5904000	SOUND SHORE MEDICAL CENTER	\$759.10	\$569.33	\$569.33	\$569.33	\$54.68
5907001	ST JOHNS RIVERSIDE HOSPITAL	\$759.10	\$569.33	\$569.33	\$569.33	\$7.18
7000001	BRONX-LEBANON HOSPITAL CTR	\$895.86	\$671.90	\$671.90	\$671.90	\$66.47
7000002	JACOBI MEDICAL CENTER	\$895.86	\$671.90	\$671.90	\$671.90	\$82.02
7000006	MONTEFIORE NORTH DIVISION (OLM)	\$895.86	\$671.90	\$671.90	\$671.90	\$128.91
7000014	ST BARNABAS HOSPITAL	\$895.86	\$671.90	\$671.90	\$671.90	\$58.90
7001003	BROOKLYN HOSPITAL	\$895.86	\$671.90	\$671.90	\$671.90	\$85.16
7001009	CONEY ISLAND HOSPITAL	\$895.86	\$671.90	\$671.90	\$671.90	\$62.19
7001016	KINGS COUNTY HOSPITAL CENTER	\$895.86	\$671.90	\$671.90	\$671.90	\$118.19
7001019	LUTHERAN MEDICAL CENTER	\$895.86	\$671.90	\$671.90	\$671.90	\$51.44
7001024	ST JOHNS EPISCOPAL SO SHORE	\$895.86	\$671.90	\$671.90	\$671.90	\$22.03
7001045	WOODHULL MEDICAL	\$895.86	\$671.90	\$671.90	\$671.90	\$98.79
7001046	INTERFAITH MEDICAL CENTER	\$895.86	\$671.90	\$671.90	\$671.90	\$62.30
7002001	BELLEVUE HOSPITAL CENTER	\$895.86	\$671.90	\$671.90	\$671.90	\$32.30
7002002	BETH ISRAEL MEDICAL CENTER	\$895.86	\$671.90	\$671.90	\$671.90	\$39.88
7002009	HARLEM HOSPITAL CENTER	\$895.86	\$671.90	\$671.90	\$671.90	\$36.76
7002021	METROPOLITAN HOSPITAL CENTER	\$895.86	\$671.90	\$671.90	\$671.90	\$43.54
7002032	ST LUKES / ROOSEVELT HOSP	\$895.86	\$671.90	\$671.90	\$671.90	\$157.50
7003001	FLUSHING HOSPITAL MED CTR	\$895.86	\$671.90	\$671.90	\$671.90	\$20.42
7003007	QUEENS HOSPITAL CENTER	\$895.86	\$671.90	\$671.90	\$671.90	\$142.42
7004003	STATEN ISLAND UNIV HOSP	\$895.86	\$671.90	\$671.90	\$671.90	\$73.39
7004010	RICHMOND UNIVERSITY MED CTR	\$895.86	\$671.90	\$671.90	\$671.90	\$39.22
MMD = Medicaly Managed Detox						
MSIW = Medicaly Supervised Inpatient Withdrawal						
OBS = Observation						

**CHANGES SINCE THE INITIAL JANUARY 1, 2011 FILE
WORKERS' COMPENSATION - NO FAULT RATE SCHEDULE ONLY
OASAS CERTIFIED INPATIENT CHEMICAL DEPENDENCY DETOX PER DIEM RATES**

Note: the only change made to this file since the initial file released to the Workers' Compensation Board on July 8, 2011 is the effective date. The rates are now effective from January 1, 2011 - December 31, 2011 instead of January 1, 2011 - March 31, 2011. There were no legislative changes that occurred during 2011 that affected these rates.