



NEW YORK STATE DEPARTMENT OF HEALTH

OFFICE OF HEALTH INSURANCE PROGRAMS

OASAS CERTIFIED INPATIENT CHEMICAL DEPENDENCY DETOX PER DIEM RATES

Effective 1/1/2015 - 12/31/2015

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)
7002001	BELLEVUE HOSPITAL CENTER	\$973.51	\$730.13	\$730.13	\$730.13	\$87.51
7002002	BETH ISRAEL MEDICAL CENTER	\$973.51	\$730.13	\$730.13	\$730.13	\$67.30
3535001	BON SECOURS COMMUNITY HOSP	\$824.90	\$618.68	\$618.68	\$618.68	\$37.27
7000001	BRONX-LEBANON HOSPITAL CTR	\$973.51	\$730.13	\$730.13	\$730.13	\$96.80
7001003	BROOKLYN HOSPITAL	\$973.51	\$730.13	\$730.13	\$730.13	\$42.44
4429000	CANTON-POTSDAM HOSPITAL	\$898.56	\$673.92	\$673.92	\$673.92	\$80.70
7001009	CONEY ISLAND HOSPITAL	\$973.51	\$730.13	\$730.13	\$730.13	\$55.04
3301008	CROUSE HOSPITAL	\$939.27	\$704.45	\$704.45	\$704.45	\$45.26
5127000	EASTERN LONG ISLAND HOSPITAL	\$771.11	\$578.33	\$578.33	\$578.33	\$38.42
1401005	ERIE COUNTY MEDICAL CENTER	\$907.53	\$680.65	\$680.65	\$680.65	\$53.10
7003001	FLUSHING HOSPITAL MED CTR	\$973.51	\$730.13	\$730.13	\$730.13	\$21.27
4329000	GOOD SAMARITAN / SUFFERN	\$824.90	\$618.68	\$618.68	\$618.68	\$37.18
7002009	HARLEM HOSPITAL CENTER	\$973.51	\$730.13	\$730.13	\$730.13	\$132.98
5501000	HEALTHALLIANCE HOSP MARYS AVE CAMPUS	\$824.90	\$618.68	\$618.68	\$618.68	\$35.17
7001046	INTERFAITH MEDICAL CENTER	\$973.51	\$730.13	\$730.13	\$730.13	\$77.98
7000002	JACOBI MEDICAL CENTER	\$973.51	\$730.13	\$730.13	\$730.13	\$102.73
7001016	KINGS COUNTY HOSPITAL CENTER	\$973.51	\$730.13	\$730.13	\$730.13	\$294.25
7002021	METROPOLITAN HOSPITAL CENTER	\$973.51	\$730.13	\$730.13	\$730.13	\$21.57
5957001	MID HUDSON VALLEY DIV OF WMC	\$824.90	\$618.68	\$618.68	\$618.68	\$103.24
2950002	NASSAU UNIV MED CTR	\$771.11	\$578.33	\$578.33	\$578.33	\$33.02
4324000	NYACK HOSPITAL	\$824.90	\$618.68	\$618.68	\$618.68	\$22.76
7000014	ST BARNABAS HOSPITAL	\$973.51	\$730.13	\$730.13	\$730.13	\$150.84
5149001	ST CHARLES HOSPITAL	\$771.11	\$578.33	\$578.33	\$578.33	\$128.36
5907001	ST JOHNS RIVERSIDE HOSPITAL	\$824.90	\$618.68	\$618.68	\$618.68	\$16.76
7002032	ST LUKES / ROOSEVELT HOSP	\$973.51	\$730.13	\$730.13	\$730.13	\$237.65
4102003	ST MARYS HOSPITAL	\$569.20	\$426.90	\$426.90	\$426.90	\$23.60
0101004	ST PETERS HOSPITAL	\$569.20	\$426.90	\$426.90	\$426.90	\$78.26
7004003	STATEN ISLAND UNIV HOSP	\$973.51	\$730.13	\$730.13	\$730.13	\$56.97
7001045	WOODHULL MEDICAL	\$973.51	\$730.13	\$730.13	\$730.13	\$33.01
	MMD = Medicaly Managed Detox					
	MSIW = Medicaly Supervised Inpatient Withdrawal					
	OBS = Observation					