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 1/1/2018 - 12/31/2018

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	$1,021.78	$766.34	$766.34	$766.34	$174.56
7002002	BETH ISRAEL MEDICAL CENTER	$1,021.78	$766.34	$766.34	$766.34	$122.36
3535001	BON SECOURS COMMUNITY HOSP	$865.80	$649.35	$649.35	$649.35	$175.06
7000001	BRONX-LEBANON HOSPITAL CTR	$1,021.78	$766.34	$766.34	$766.34	$54.96
7001003	BROOKLYN HOSPITAL	$1,021.78	$766.34	$766.34	$766.34	$63.24
4429000	CANTON-POTSDAM HOSPITAL	$943.11	$707.33	$707.33	$707.33	$46.90
7001009	CONEY ISLAND HOSPITAL	$1,021.78	$766.34	$766.34	$766.34	$142.67
5127000	EASTERN LONG ISLAND HOSPITAL	$809.34	$607.01	$607.01	$607.01	$75.59
1401005	ERIE COUNTY MEDICAL CENTER	$952.53	$714.40	$714.40	$714.40	$18.53
7003001	FLUSHING HOSPITAL MED CTR	$1,021.78	$766.34	$766.34	$766.34	$5.46
4329000	GOOD SAMARITAN / SUFFERN	$865.80	$649.35	$649.35	$649.35	$108.75
7002009	HARLEM HOSPITAL CENTER	$1,021.78	$766.34	$766.34	$766.34	$211.32
5501000	HEALTHALLIANCE HOSP MARYS AVE CAMPUS	$865.80	$649.35	$649.35	$649.35	$209.29
7001046	INTERFAITH MEDICAL CENTER	$1,021.78	$766.34	$766.34	$766.34	$19.96
7000002	JACOBI MEDICAL CENTER	$1,021.78	$766.34	$766.34	$766.34	$205.91
7001016	KINGS COUNTY HOSPITAL CENTER	$1,021.78	$766.34	$766.34	$766.34	$232.41
7002021	METROPOLITAN HOSPITAL CENTER	$1,021.78	$766.34	$766.34	$766.34	$82.09
5957001	MID HUDSON VALLEY DIV OF WMC	$865.80	$649.35	$649.35	$649.35	$58.46
2950002	NASSAU UNIV MED CTR	$809.34	$607.01	$607.01	$607.01	$58.85
4324000	NYACK HOSPITAL	$865.80	$649.35	$649.35	$649.35	$49.88
7000014	ST BARNABAS HOSPITAL	$1,021.78	$766.34	$766.34	$766.34	$157.81
5149001	ST CHARLES HOSPITAL	$809.34	$607.01	$607.01	$607.01	($60.09)
5907001	ST JOHNS RIVERSIDE HOSPITAL	$865.80	$649.35	$649.35	$649.35	$16.65
7002032	ST LUKES / ROOSEVELT HOSP	$1,021.78	$766.34	$766.34	$766.34	($282.23)
0101004	ST PETERS HOSPITAL	$597.42	$448.07	$448.07	$448.07	$60.74
7004003	STATEN ISLAND UNIV HOSP	$1,021.78	$766.34	$766.34	$766.34	$29.82
7001045	WOODHULL MEDICAL	$1,021.78	$766.34	$766.34	$766.34	$81.87

MMD = Medicaly Managed Detox

MSIW = Medicaly Supervised Inpatient Withdrawal

OBS = Observation