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 1/1/2021 - 12/31/2021**

**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 | $169.94 |
| 3535001 | BON SECOURS COMMUNITY HOSP | $753.83 | $565.37 | $565.37 | $565.37 | $68.89 |
| 7000001 | BRONXCARE HOSPITAL CENTER | $889.64 | $667.23 | $667.23 | $667.23 | $59.05 |
| 7001002 | BROOKDALE - INTERFAITH MEDICAL CENTER | $889.64 | $667.23 | $667.23 | $667.23 | $67.54 |
| 7001003 | BROOKLYN HOSPITAL CENTER | $889.64 | $667.23 | $667.23 | $667.23 | $375.32 |
| 7001009 | CONEY ISLAND HOSPITAL | $889.64 | $667.23 | $667.23 | $667.23 | $74.80 |
| 1401005 | ERIE COUNTY MEDICAL CENTER | $829.34 | $622.01 | $622.01 | $622.01 | $57.22 |
| 7003001 | FLUSHING HOSPITAL MED CTR | $889.64 | $667.23 | $667.23 | $667.23 | $11.87 |
| 4329000 | GOOD SAMARITAN / SUFFERN | $753.83 | $565.37 | $565.37 | $565.37 | $62.39 |
| 7002009 | HARLEM HOSPITAL CENTER | $889.64 | $667.23 | $667.23 | $667.23 | $379.86 |
| 5501000 | HEALTHALLIANCE HOSP MARYS AVE CAMPUS | $753.83 | $565.37 | $565.37 | $565.37 | $0.00 |
| 7000002 | JACOBI MEDICAL CENTER | $889.64 | $667.23 | $667.23 | $667.23 | $36.22 |
| 7001016 | KINGS COUNTY HOSPITAL CENTER | $889.64 | $667.23 | $667.23 | $667.23 | $244.54 |
| 7002021 | METROPOLITAN HOSPITAL CENTER | $889.64 | $667.23 | $667.23 | $667.23 | $83.43 |
| 5957001 | MID HUDSON VALLEY DIV OF WMC | $753.83 | $565.37 | $565.37 | $565.37 | $121.89 |
| 4324000 | MONTEFIORE NYACK HOSPITAL | $753.83 | $565.37 | $565.37 | $565.37 | $32.97 |
| 7002002 | MOUNT SINAI BETH ISRAEL | $889.64 | $667.23 | $667.23 | $667.23 | $111.21 |
| 7002032 | MOUNT SINAI MORNINGSIDE | $889.64 | $667.23 | $667.23 | $667.23 | $311.16 |
| 2950002 | NASSAU UNIV MED CTR | $704.68 | $528.51 | $528.51 | $528.51 | $48.12 |
| 7000014 | SBH HEALTH SYSTEM | $889.64 | $667.23 | $667.23 | $667.23 | $121.74 |
| 5149001 | ST CHARLES HOSPITAL | $704.68 | $528.51 | $528.51 | $528.51 | $39.04 |
| 5907001 | ST JOHNS RIVERSIDE HOSPITAL | $753.83 | $565.37 | $565.37 | $565.37 | $11.41 |
| 0101004 | ST PETERS HOSPITAL | $520.16 | $390.12 | $390.12 | $390.12 | $29.48 |
| 7004003 | STATEN ISLAND UNIV HOSP | $889.64 | $667.23 | $667.23 | $667.23 | $412.72 |
| 5151001 | STONY BROOK EASTERN LONG ISLAND | $704.68 | $528.51 | $528.51 | $528.51 | $78.71 |
| 7001045 | WOODHULL MEDICAL & MENTAL HEALTH CTR | $889.64 | $667.23 | $667.23 | $667.23 | $66.74 |

**MMD = Medicaly Managed Detox**

**MSIW = Medicaly Supervised Inpatient Withdrawal**

**OBS = Observation**