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 4/1/2023 - 12/31/2023
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)
3535001	BON SECOURS COMMUNITY HOSP	$817.91	$613.43	$613.43	$613.43	$70.73
7000001	BRONXCARE HOSPITAL CENTER	$965.26	$723.95	$723.95	$723.95	$52.49
7001002	BROOKDALE - INTERFAITH MEDICAL CENTER	$965.26	$723.95	$723.95	$723.95	$69.57
7001003	BROOKLYN HOSPITAL CENTER	$965.26	$723.95	$723.95	$723.95	$59.82
1401005	ERIE COUNTY MEDICAL CENTER	$899.83	$674.87	$674.87	$674.87	$148.93
7003001	FLUSHING HOSPITAL MED CTR	$965.26	$723.95	$723.95	$723.95	$23.75
4329000	GOOD SAMARITAN / SUFFERN	$817.91	$613.43	$613.43	$613.43	$62.62
5501000	HEALTHALLIANCE HOSP MARYS AVE CAMPUS	$817.91	$613.43	$613.43	$613.43	$0.00
5957001	MID HUDSON VALLEY DIV OF WMC	$817.91	$613.43	$613.43	$613.43	$108.68
4324000	MONTEFIORE NYACK HOSPITAL	$817.91	$613.43	$613.43	$613.43	$102.67
7002002	MOUNT SINAI BETH ISRAEL	$965.26	$723.95	$723.95	$723.95	$140.69
7002032	MOUNT SINAI MORNINGSIDE	$965.26	$723.95	$723.95	$723.95	$92.58
2950002	NASSAU UNIV MED CTR	$764.58	$573.44	$573.44	$573.44	$70.52
7000014	SBH HEALTH SYSTEM	$965.26	$723.95	$723.95	$723.95	$112.78
5149001	ST CHARLES HOSPITAL	$764.58	$573.44	$573.44	$573.44	$60.40
5907001	ST JOHNS RIVERSIDE HOSPITAL	$817.91	$613.43	$613.43	$613.43	$4.18
0101004	ST PETERS HOSPITAL	$564.37	$423.28	$423.28	$423.28	$89.10
7004003	STATEN ISLAND UNIV HOSP PRINCE'S BAY	$965.26	$723.95	$723.95	$723.95	$0.00
5151001	STONY BROOK EASTERN LONG ISLAND	$764.58	$573.44	$573.44	$573.44	$98.31

MMD = Medically Managed Detox
MSIW = Medically Supervised Inpatient Withdrawal
OBS = Observation