

NEW YORK STATE DEPARTMENT OF HEALTH OFFICE OF HEALTH INSURANCE PROGRAMS OASAS CERTIFIED INPATIENT CHEMICAL DEPENDENCY DETOX PER DIEM RATES Effective 1/1/2019 - 12/31/2019 WORKERS' COMPENSATION - NO FAULT RATE SCHEDULE													
											MONALess		
									MMD w or w/o	MSIW w/o	MSIW w 1	MSIW w 2	Detex
							OPCERT		OBS days	OBS days	OBS day	OBS days	Detox
							OPCERT	HOSPITAL NAME	(4800)	(operating cost)	(4802)	(4803)	(4804)
7002001	BELLEVUE HOSPITAL CENTER	<u>(4800)</u> \$1,041.26	<u>(4801)</u> \$780.95			<u>(4804)</u> \$150.97							
				\$780.95	\$780.95								
	BON SECOURS COMMUNITY HOSP	\$882.30	\$661.73 \$780.05	\$661.73 \$780.05	\$661.73 \$780.05	\$37.94 \$72.46							
		\$1,041.26	\$780.95	\$780.95	\$780.95	\$72.46							
		\$1,041.26	\$780.95	\$780.95	\$780.95	\$154.97 \$02.85							
	CONEY ISLAND HOSPITAL	\$1,041.26	\$780.95	\$780.95	\$780.95	\$93.85							
	EASTERN LONG ISLAND HOSPITAL	\$824.77	\$618.58	\$618.58	\$618.58	\$46.26							
		\$970.68	\$728.01	\$728.01	\$728.01	\$32.66							
	FLUSHING HOSPITAL MED CTR	\$1,041.26	\$780.95	\$780.95	\$780.95	\$10.20							
	GOOD SAMARITAN / SUFFERN	\$882.30	\$661.73	\$661.73	\$661.73	\$67.63							
		\$1,041.26	\$780.95	\$780.95	\$780.95	\$141.81							
5501000	HEALTHALLIANCE HOSP MARYS AVE CAMPUS	\$882.30	\$661.73	\$661.73	\$661.73	\$31.93							
7001046	INTERFAITH MEDICAL CENTER	\$1,041.26	\$780.95	\$780.95	\$780.95	\$42.58							
7000002	JACOBI MEDICAL CENTER	\$1,041.26	\$780.95	\$780.95	\$780.95	\$215.98							
	KINGS COUNTY HOSPITAL CENTER	\$1,041.26	\$780.95	\$780.95	\$780.95	\$275.86							
	METROPOLITAN HOSPITAL CENTER	\$1,041.26	\$780.95	\$780.95	\$780.95	\$50.00							
	MID HUDSON VALLEY DIV OF WMC	\$882.30	\$661.73	\$661.73	\$661.73	\$107.21							
	MOUNT SINAI BETH ISRAEL	\$1,041.26	\$780.95	\$780.95	\$780.95	\$95.20							
	NASSAU UNIV MED CTR	\$824.77	\$618.58	\$618.58	\$618.58	\$38.41							
	NYACK HOSPITAL	\$882.30	\$661.73	\$661.73	\$661.73	\$36.65							
	ST BARNABAS HOSPITAL	\$1,041.26	\$780.95	\$780.95	\$780.95	\$121.79							
5149001	ST CHARLES HOSPITAL	\$824.77	\$618.58	\$618.58	\$618.58	\$37.76							
5907001	ST JOHNS RIVERSIDE HOSPITAL	\$882.30	\$661.73	\$661.73	\$661.73	\$14.14							
7002032	ST LUKES / ROOSEVELT HOSP	\$1,041.26	\$780.95	\$780.95	\$780.95	\$191.60							
0101004	ST PETERS HOSPITAL	\$608.80	\$456.60	\$456.60	\$456.60	\$22.23							
7004003	STATEN ISLAND UNIV HOSP	\$1,041.26	\$780.95	\$780.95	\$780.95	\$90.94							
7001045	WOODHULL MEDICAL	\$1,041.26	\$780.95	\$780.95	\$780.95	\$46.39							
MMD = Medicaly Managed Detox													
MSIW = Medicaly Supervised Inpatient Withdrawal													
OBS = Observation													