SECTION 404 (2) (c) Part 3
TOTAL CMHSP COSTS BY SERVICE CATEGORY AND CMHSP
FY 2006

Children with Mental Illness
(Child MI)

Overview

The data that are presented in this section were provided by CMHSPs as required by the FY 2006 MDCH/CMHSP contract. Cost data were collected from October 1, 2005 to September 30, 2006 and submitted to MDCH by January 31, 2007. The data in this section represent the total costs associated with providing mental health services to children with mental illness (child MI) by service category for each of the 46 CMHSPs within the State of Michigan.

Definitions for terms found in this section are presented in Section 404(3).

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	13	$2,589	$2,589	$199	13
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	5	36	$22,961	$4,592	$638	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	29	174	$98,579	$3,399	$567	6
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	3	12	$3,543	$1,181	$295	4
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	48	48	$8,623	$180	$180	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	104	473	$35,173	$338	$74	5
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	127	661	$91,667	$722	$139	5
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	18	28	$6,162	$342	$220	2
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0

Allegan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	1	4	$144	$144	$36	4
Therapy-Family Therapy		90847		Encounter	130	886	$100,867	$776	$114	7
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	100	402	$37,962	$380	$94	4
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			11	23	$4,006	$364	$174	2
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0

Allegan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0

Allegan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	12	12	$539	$45	$45	1
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	6	21	$1,946	$324	$93	4
Assessment		H0031		Encounter	194	207	$28,148	$145	$136	1
Treatment Planning		H0032		Encounter	193	459	$43,570	$226	$95	2
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	54	8,440	$336,268	$6,227	$40	156
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	3	3	$236	$79	$79	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	16	91	$3,542	$221	$39	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	7	800	$6,889	$984	$9	114
Community Living Supports (15 Minutes)		H2015		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0

Allegan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	1	335	$87,590	$87,590	$261	335
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	5	72	$7,012	$1,402	$97	14
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	1	1	$83	$83	$83	1
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	28	88	$15,255	$545	$173	3
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	21	15,626	$12,593	$600	$1	744
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	4	35	$1,364	$341	$39	9
Targeted Case Management		T1017		15 minutes	3	7	$282	$94	$40	2
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	1	335	$4,610	$4,610	$14	335
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	30	36	$4,035	$135	$112	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**278**		**$966,238**			

AuSable Valley

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	2	139	$4,060	$2,030	$29	70
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	2	10	$3,200	$1,600	$320	5
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	17	33	$2,445	$144	$74	2
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	400	501	$49,301	$123	$98	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	45	73	$2,454	$55	$34	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	183	537	$35,303	$193	$66	3
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1	1	$115	$115	$115	1
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0

AuSable Valley

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	32	43	$4,021	$126	$94	1
Therapy-Family Therapy		90847		Encounter	148	393	$36,752	$248	$94	3
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	31	123	$5,020	$162	$41	4
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	98	315	$19,524	$199	$62	3
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	$0	$0	$0	0
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0

AuSable Valley

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0

AuSable Valley

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	2	2	$187	$94	$94	1
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	20	90	$851	$43	$9	5
Treatment Planning		H0032		Encounter	574	519	$48,534	$85	$94	1
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	15	1,765	$52,569	$3,505	$30	118
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	68	357	$8,500	$125	$24	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	3	156	$525	$175	$3	52
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0

AuSable Valley

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	1	6	$1,021	$1,021	$170	6
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	14	590	$11,137	$796	$19	42
Wraparound		H2022		Days	15	65	$1,227	$82	$19	4
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	36	109	$15,711	$436	$144	3
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	1	3,162	$1,992	$1,992	$1	3,162
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	103	110	$4,639	$45	$42	1
Health Services		T1002		Up to 15 min	138	718	$7,570	$55	$11	5
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	4	3,078	$10,427	$2,607	$3	770
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	$0	$0	$0	0
Targeted Case Management		T1017		15 minutes	39	1,722	$32,505	$833	$19	44
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	13	13	$1,215	$93	$93	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0

AuSable Valley

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**557**		**$360,805**			

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	19	152	$109,188	$5,747	$718	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	23	27	$9,976	$434	$369	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	47	68	$20,386	$434	$300	1
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	243	707	$105,399	$434	$149	3
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	3	4	$1,301	$434	$325	1
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	166	604	$72,001	$434	$119	4
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	85	932	$36,868	$434	$40	11
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	31	93	$13,446	$434	$145	3
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	$0	$0	$0	0
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	1	2	$287	$287	$144	2
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	5	5	$287	$57	$57	1
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	1	1	$148	$148	$148	1
Treatment Planning		H0032		Encounter	1	1	$113	$113	$113	1
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	19	2,780	$143,488	$7,552	$52	146
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	46	1,185	$11,235	$244	$9	26
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	5	64	$970	$194	$15	13
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	1	67	$10,156	$10,156	$152	67
Respite		S5150		15 Minutes	15	14,543	$13,085	$872	$1	970
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	5	8	$303	$61	$38	2
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	30	63	$4,986	$166	$79	2
Reidential Room and Board		S9976		Days	1	67	$1,269	$1,269	$19	67
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	1	1	$42	$42	$42	1
Targeted Case Management		T1017		15 minutes	15	191	$8,042	$536	$42	13
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	28	46	$17,704	$632	$385	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**308**		**$580,680**			

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	8	40	$27,085	$3,386	$677	5
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	38	211	$134,322	$3,535	$637	6
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	256	274	$36,973	$144	$135	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	111	210	$11,036	$99	$53	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	502	4,311	$340,544	$678	$79	9
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	81	128	$21,341	$263	$167	2
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	131	390	$27,862	$213	$71	3
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	56	196	$5,566	$99	$28	4
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	433	2,171	$96,826	$224	$45	5
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	3	15	$2,115	$705	$141	5
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			8	33	$7,458	$932	$226	4
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	15	30	$428	$29	$14	2
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			3	3	$267	$89	$89	1
Additional Codes-Physician Services		99222			37	40	$5,443	$147	$136	1
Additional Codes-Physician Services		99223			1	2	$415	$415	$208	2
Additional Codes-Physician Services		99231			26	59	$1,815	$70	$31	2
Additional Codes-Physician Services		99232			37	115	$5,564	$150	$48	3
Additional Codes-Physician Services		99233			5	6	$454	$91	$76	1
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	2	2	$144	$72	$72	1
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0080		Per mile	1	252	$121	$121	$0	252
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	250	259	$34,370	$137	$133	1
Treatment Planning		H0032		Encounter	22	22	$1,274	$58	$58	1
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	207	16,915	$755,272	$3,649	$45	82
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	2	9	$30	$15	$3	5
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	43	121	$10,112	$235	$84	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	5	1,609	$5,583	$1,117	$3	322
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TF	Per Diem	1	114	$8,538	$8,538	$75	114
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	1	888	$1,946	$1,946	$2	888
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	5	16	$5,409	$1,082	$338	3
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	26	26	$2,176	$84	$84	1
Health Services		T1002		Up to 15 min	54	175	$8,927	$165	$51	3
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	4	2,092	$3,525	$881	$2	523
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	5	153	$16,154	$3,231	$106	31
Targeted Case Management		T1017		15 minutes	163	3,995	$218,484	$1,340	$55	25
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	108	126	$72,104	$668	$572	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**886**		**$1,869,687**			

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	3	565	$154,810	$51,603	$274	188
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	18	203	$152,032	$8,446	$749	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	121	133	$29,190	$241	$219	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	71	185	$12,278	$173	$66	3
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	335	1,659	$189,726	$566	$114	5
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	4	5	$880	$220	$176	1
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	2	3	$370	$185	$123	2
Therapy-Family Therapy		90847		Encounter	58	473	$75,569	$1,303	$160	8
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	32	94	$7,535	$235	$80	3
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	164	641	$56,375	$344	$88	4
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	6	6	$1,384	$231	$231	1
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	$0	$0	$0	0
Psychological Testing by Technician (Children's Waiver)		96102			6	18	$5,491	$915	$305	3
Psychological Testing by Comp (Children's Waiver)		96103			0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	7	11	$422	$60	$38	2
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	220	234	$54,908	$250	$235	1
Treatment Planning		H0032		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	103	10,050	$589,558	$5,724	$59	98
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	1	8	$516	$516	$65	8
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	1	2	$157	$157	$79	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	9	58	$1,755	$195	$30	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	7	9,849	$36,989	$5,284	$4	1,407
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	29	67	$2,165	$75	$32	2
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	11	66	$10,939	$994	$166	6
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	14	318	$22,386	$1,599	$70	23
Targeted Case Management		T1017		15 minutes	37	812	$52,397	$1,416	$65	22
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	60	95	$16,719	$279	$176	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**602**		**$1,474,551**			

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	4	158	$46,512	$11,628	$294	40
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	52	522	$214,960	$4,134	$412	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	1	7	$2,903	$2,903	$415	7
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	639	716	$319,462	$500	$446	1
Assessment-Psychiatric Assessment		90802		Encounter	1	1	$354	$354	$354	1
Therapy-Individual Therapy		90804		Encounter 20-30 Min	20	28	$4,143	$207	$148	1
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	204	1,141	$221,146	$1,084	$194	6
Therapy-Individual Therapy		90807		Encounter 45-50 Min	1	1	$286	$286	$286	1
Therapy-Individual Therapy		90808		Encounter 75-80 Min	18	41	$10,170	$565	$248	2
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	142	324	$74,755	$526	$231	2
Therapy-Family Therapy		90847		Encounter	296	1,444	$269,631	$911	$187	5
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	25	209	$38,179	$1,527	$183	8
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	210	924	$195,380	$930	$211	4
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	$0	$0	$0	0
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	13	951	$4,880	$375	$5	73
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			13	14	$3,163	$243	$226	1
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	28	31	$9,894	$353	$319	1
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	153	905	$423,236	$2,766	$468	6
Assessment		H0031		Encounter	151	159	$49,237	$326	$310	1
Treatment Planning		H0032		Encounter	19	19	$2,247	$118	$118	1
Health Services		H0034		15 Minutes	1	1	$54	$54	$54	1
Home Based Services		H0036		15 Minutes	633	49,269	$3,136,465	$4,955	$64	78
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	7	35	$4,283	$612	$122	5
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	101	379	$28,971	$287	$76	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	1	5	$22	$22	$4	5
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	2	202	$23,347	$11,674	$116	101
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	64	3,298	$199,857	$3,123	$61	52
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	5	29	$167	$33	$6	6
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	25	479	$71,922	$2,877	$150	19
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	123	1,478	$473,894	$3,853	$321	12
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	178	287	$135,145	$759	$471	2
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	224	808	$23,901	$107	$30	4
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	161	69,378	$90,932	$565	$1	431
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	19	369	$21,479	$1,130	$58	19
Targeted Case Management		T1017		15 minutes	32	314	$18,557	$580	$59	10
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	2	234	$1,846	$923	$8	117
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	61	63	$5,416	$89	$86	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**1,321**		**$6,126,796**			

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	10	69	$43,104	$4,310	$625	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	41	276	$172,414	$4,205	$625	7
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	2	2	$79	$40	$40	1
Medication Administration		90782		Encounter	1	3	$119	$119	$40	3
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	904	1,095	$174,521	$193	$159	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	249	612	$27,975	$112	$46	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	136	363	$69,003	$507	$190	3
Therapy-Individual Therapy		90806		Encounter 45-50 Min	938	4,615	$430,672	$459	$93	5
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	36	70	$9,768	$271	$140	2
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	62	88	$8,116	$131	$92	1
Therapy-Family Therapy		90847		Encounter	188	722	$66,706	$355	$92	4
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	95	550	$30,960	$326	$56	6
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	487	1,682	$211,057	$433	$125	3
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	$0	$0	$0	0
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	1	1	$337	$337	$337	1
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	1	104	$1,847	$1,847	$18	104

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			11	13	$1,257	$114	$97	1
Additional Codes-Physician Services		99223			1	1	$100	$100	$100	1
Additional Codes-Physician Services		99231			9	25	$1,028	$114	$41	3
Additional Codes-Physician Services		99232			11	30	$1,527	$139	$51	3
Additional Codes-Physician Services		99233			3	5	$291	$97	$58	2
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	2	2	$98	$49	$49	1
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	3	3	$335	$112	$112	1
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	199	213	$29,547	$148	$139	1
Assessment		H0031		Encounter	163	203	$32,939	$202	$162	1
Treatment Planning		H0032		Encounter	359	437	$55,927	$156	$128	1
Health Services		H0034		15 Minutes	50	56	$2,223	$44	$40	1
Home Based Services		H0036		15 Minutes	374	37,226	$1,600,718	$4,280	$43	100
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	1	84	$4,963	$4,963	$59	84
Community Living Supports in Independent living/own home		H0043		Per diem	17	110	$11,563	$680	$105	6
Respite		H0045		Per Diem	2	30	$0	$0	$0	15
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	127	573	$17,700	$139	$31	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	68	8,893	$34,772	$511	$4	131
Community Living Supports (15 Minutes)		H2015		15 Minutes	42	45,987	$139,341	$3,318	$3	1,095
Community Living Supports (Daily)		H2016		Per Diem	2	222	$3,790	$1,895	$17	111

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	2	266	$24,142	$12,071	$91	133
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	21	628	$203,290	$9,680	$324	30
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	92	123	$15,087	$164	$123	1
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	3	21	$2,472	$824	$118	7
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	3	21	$532,519	$177,506	$25,358	7
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	1	9	$5,187	$5,187	$576	9
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	99	205	$30,855	$312	$151	2
Health Services		T1002		Up to 15 min	195	149	$8,258	$42	$55	1
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	117	109,835	$120,819	$1,033	$1	939
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	32	408	$28,927	$904	$71	13
Targeted Case Management		T1017		15 minutes	79	1,818	$128,896	$1,632	$71	23
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	5	558	$8,917	$1,783	$16	112
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	14	230	$9,754	$697	$42	16
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	35	416	$7,488	$214	$18	12
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	2	15	$1,500	$750	$100	8
Enhanced Medical Equipment-Supplies		T2028		Items	1	2	$155	$155	$78	2
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	17	86	$21,214	$1,248	$247	5
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	21	272	$50,320	$2,396	$185	13
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0

CMH for Central Michigan

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Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			1	0	$948	$948	$0	0
Total Population and Cost					**1,843**		**$4,385,545**			

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	6	61	$42,439	$7,073	$696	10
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	41	51	$31,819	$776	$624	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	7	18	$2,338	$334	$130	3
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	121	914	$179,098	$1,480	$196	8
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1	1	$304	$304	$304	1
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	89	295	$84,999	$955	$288	3
Therapy-Family Therapy		90847		Encounter	74	199	$65,698	$888	$330	3
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	34	165	$26,318	$774	$160	5
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	7	8	$3,251	$464	$406	1
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	1	1	$622	$622	$622	1
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	$0	$0	$0	0
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	51	53	$16,649	$326	$314	1
Treatment Planning		H0032		Encounter	87	132	$34,425	$396	$261	2
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	26	3,460	$193,283	$7,434	$56	133
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	1	2	$90	$90	$45	2
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	27	271	$17,615	$652	$65	10
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	1	32	$327	$327	$10	32
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	1	130	$21,380	$21,380	$164	130
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	4	16	$2,241	$560	$140	4
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	8	19	$4,594	$574	$242	2
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	14	3,264	$12,916	$923	$4	233
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	6	851	$7,210	$1,202	$8	142
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	8	78	$8,825	$1,103	$113	10
Targeted Case Management		T1017		15 minutes	0	0	$0	$0	$0	0
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	1	38	$432	$432	$11	38
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	27	38	$12,918	$478	$340	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**174**		**$769,790**			

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	312	9,349	$2,823,700	$9,050	$302	30
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	467	3,681	$2,008,073	$4,300	$546	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	1	4	$2,700	$2,700	$675	4
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	53	54	$6,750	$127	$125	1
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	149	2,715	$749,548	$5,031	$276	18
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Medication Administration		90782		Encounter	9	25	$218	$24	$9	3
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	3,485	4,582	$793,379	$228	$173	1
Assessment-Psychiatric Assessment		90802		Encounter	598	694	$79,966	$134	$115	1
Therapy-Individual Therapy		90804		Encounter 20-30 Min	2,015	9,744	$481,364	$239	$49	5
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	3,348	19,871	$2,139,815	$639	$108	6
Therapy-Individual Therapy		90807		Encounter 45-50 Min	73	240	$16,148	$221	$67	3
Therapy-Individual Therapy		90808		Encounter 75-80 Min	443	1,730	$282,937	$639	$164	4
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	61	119	$9,640	$158	$81	2
Therapy-Individual Therapy		90811		Encounter 20-30 Min	193	934	$74,216	$385	$79	5

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90812		Encounter 45-50 Min	147	561	$67,699	$461	$121	4
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	161	739	$153,019	$950	$207	5
Therapy-Individual Therapy		90815		Encounter 75-80 Min	106	278	$11,120	$105	$40	3
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	1	1	$119	$119	$119	1
Therapy-Individual Therapy		90827		Encounter 45-50 Min	3	3	$171	$57	$57	1
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	797	4,770	$240,346	$302	$50	6
Therapy-Family Therapy		90847		Encounter	3,013	12,007	$1,256,712	$417	$105	4
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	553	2,867	$210,042	$380	$73	5
Therapy-Group Therapy		90857		Encounter	269	996	$46,070	$171	$46	4
Medication Review		90862		Encounter	3,144	14,354	$1,001,682	$319	$70	5
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	548	961	$87,094	$159	$91	2
Speech & Language Therapy		92506		Encounter	1	1	$120	$120	$120	1
Speech & Language Therapy		92507		Encounter	3	56	$2,546	$849	$45	19
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	67	532	$27,073	$404	$51	8
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			265	2,288	$177,111	$668	$77	9
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	454	5,762	$668,851	$1,473	$116	13
Assessments-Other		96111		Encounter	29	46	$8,590	$296	$187	2
Assessments-Testing		96115		Hour	5	12	$1,780	$356	$148	2
Neurobehavioral Status Exam (Children's Waiver)		96116			4	12	$903	$226	$75	3
Assessments-Testing		96117		Hour	1	1	$134	$134	$134	1
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	3	3	$719	$240	$240	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	1	1	$42	$42	$42	1
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	7	64	$771	$110	$12	9
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	4	223	$7,341	$1,835	$33	56
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	1	2	$62	$62	$31	2
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	2	2	$180	$90	$90	1
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	2	2	$44	$22	$22	1
Additional Codes-Physician Services		99252		Encounter	3	4	$343	$114	$86	1
Additional Codes-Physician Services		99253		Encounter	21	21	$1,731	$82	$82	1
Additional Codes-Physician Services		99254		Encounter	2	2	$185	$93	$93	1
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	3	20	$1,873	$624	$94	7

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			1	2	$44	$44	$22	2
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	24	669	$2,479	$103	$4	28
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	625	734	$56,806	$91	$77	1
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	1	1	$24	$24	$24	1
Prevention Services - Direct Model		H0025		Face to Face Contact	21	152	$20,511	$977	$135	7
Assessment		H0031		Encounter	5,228	40,793	$1,986,626	$380	$49	8
Treatment Planning		H0032		Encounter	3,968	9,550	$939,720	$237	$98	2
Health Services		H0034		15 Minutes	106	895	$36,832	$347	$41	8
Home Based Services		H0036		15 Minutes	846	136,263	$6,302,492	$7,450	$46	161
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	3	32	$78	$26	$2	11
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	3	6	$254	$85	$42	2
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	1	10	$1,650	$1,650	$165	10
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	748	8,964	$365,789	$489	$41	12
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	170	12,007	$93,684	$551	$8	71
Community Living Supports (15 Minutes)		H2015		15 Minutes	26	25,067	$81,192	$3,123	$3	964
Community Living Supports (Daily)		H2016		Per Diem	34	4,825	$529,378	$15,570	$110	142

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	22	1,393	$166,118	$7,551	$119	63
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	18	319	$48,348	$2,686	$152	18
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	2	40	$197	$99	$5	20
Medication Review		M0064		Encounter Face-to-Face	68	125	$3,060	$45	$24	2
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	2	84	$311	$156	$4	42
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	870	2,815	$137,245	$158	$49	3
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	12	1,508	$334,196	$27,850	$222	126
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	2	2	$480	$240	$240	1
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	371	857	$19,445	$52	$23	2
Health Services		S9446		Encounter	3	12	$442	$147	$37	4
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	388	700	$32,255	$83	$46	2
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	651	1,299	$57,129	$88	$44	2
Health Services		T1002		Up to 15 min	298	680	$32,676	$110	$48	2
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	81	44,544	$33,144	$409	$1	550
Family Psycho-Education		T1015		Encounter	3	11	$2,624	$875	$239	4
Supports Coordination/Wrap Facilitation		T1016		15 minutes	104	11,957	$1,072,009	$10,308	$90	115
Targeted Case Management		T1017		15 minutes	2,901	79,654	$3,696,179	$1,274	$46	27
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	34	4,823	$529,125	$15,563	$110	142
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	22	1,395	$166,371	$7,562	$119	63
Assessments		T1023		Encounter	771	1,268	$218,579	$284	$172	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	23	29	$3,416	$149	$118	1
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	2	3	$493	$247	$164	2
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**10,102**		**$30,414,331**			

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	7	319	$121,048	$17,293	$379	46
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	163	1,351	$713,611	$4,378	$528	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	1	1	$6	$6	$6	1
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	76	711	$177,124	$2,331	$249	9
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	2	2	$57	$29	$29	1
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	530	582	$95,634	$180	$164	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	42	88	$3,883	$92	$44	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	243	909	$57,551	$237	$63	4
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	9	9	$829	$92	$92	1
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	1	1	$92	$92	$92	1
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90812		Encounter 45-50 Min	26	59	$5,682	$219	$96	2
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	5	5	$462	$92	$92	1
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	14	181	$11,754	$840	$65	13
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	10	10	$932	$93	$93	1
Therapy-Family Therapy		90847		Encounter	89	187	$17,142	$193	$92	2
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	14	140	$3,696	$264	$26	10
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	461	1,767	$241,591	$524	$137	4
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	$0	$0	$0	0
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	5	5	$1,034	$207	$207	1
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	13	14	$2,896	$223	$207	1
Occupational Therapy		97004		Encounter	24	74	$15,309	$638	$207	3
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	6	13	$2,689	$448	$207	2
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	5	5	$1,034	$207	$207	1
Assessment or Health Services		97803		15 Minutes	4	4	$828	$207	$207	1
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			12	14	$796	$66	$57	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			9	33	$655	$73	$20	4
Additional Codes-Physician Services		99232			10	29	$827	$83	$29	3
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	3	3	$161	$54	$54	1
Additional Codes-Physician Services		99254		Encounter	1	1	$76	$76	$76	1
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	3	126	$519	$173	$4	42
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			3	3	$358	$119	$119	1
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	778	833	$212,148	$273	$255	1
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	359	395	$51,104	$142	$129	1
Treatment Planning		H0032		Encounter	50	50	$4,588	$92	$92	1
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	170	20,526	$1,915,539	$11,268	$93	121
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	2	$247	$247	$124	2
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	6	7	$581	$97	$83	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	278	2,011	$85,293	$307	$42	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	1	364	$1,252	$1,252	$3	364
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	11	279	$25,799	$2,345	$92	25
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	71	162	$24,602	$347	$152	2
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	25	63	$11,081	$443	$176	3
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	2	3	$574	$287	$191	2
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	4	5	$1,028	$257	$206	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	117	592	$82,856	$708	$140	5
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	1	1	$80	$80	$80	1
Health Services		T1002		Up to 15 min	16	57	$5,792	$362	$102	4
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	77	54,070	$163,832	$2,128	$3	702
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	4	36	$1,848	$462	$51	9
Targeted Case Management		T1017		15 minutes	400	11,873	$670,222	$1,676	$56	30
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	359	538	$77,244	$215	$144	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	14	20	$4,994	$357	$250	1

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**1,521**		**$4,818,987**			

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	8	54	$40,165	$5,021	$744	7
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	34	35	$22,546	$663	$644	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	1	2	$334	$334	$167	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	20	112	$23,239	$1,162	$207	6
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1	2	$403	$403	$201	2
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	9	17	$3,754	$417	$221	2
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	33	157	$12,073	$366	$77	5
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	28	114	$30,400	$1,086	$267	4
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	3	16	$3,672	$1,224	$230	5
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			3	18	$3,948	$1,316	$219	6
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			1	2	$601	$601	$301	2
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			1	1	$301	$301	$301	1
Neuropsych test by Tech (Children's Waiver)		96119			1	3	$902	$902	$301	3
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	1	6	$369	$369	$62	6
Assessment or Health Services		97803		15 Minutes	1	11	$677	$677	$62	11
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	55	58	$12,041	$219	$208	1
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	24	442	$46,591	$1,941	$105	18
Assessment		H0031		Encounter	14	14	$6,232	$445	$445	1
Treatment Planning		H0032		Encounter	10	11	$3,582	$358	$326	1
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	28	3,794	$143,375	$5,121	$38	136
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	28	215	$11,649	$416	$54	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	18	339	$1,576	$88	$5	19
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	2	5	$836	$418	$167	3
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	3	676	$2,116	$705	$3	225
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	1	2	$760	$760	$380	2
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	1	1	$540	$540	$540	1
Health Services		T1002		Up to 15 min	1	1	$57	$57	$57	1
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	36	2,398	$83,498	$2,319	$35	67
Targeted Case Management		T1017		15 minutes	6	319	$11,318	$1,886	$35	53
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	11	13	$4,950	$450	$381	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**142**		**$472,508**			

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	13	82	$53,212	$4,093	$649	6
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	49	53	$17,385	$355	$328	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	33	75	$3,788	$115	$51	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	145	1,088	$108,300	$747	$100	8
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	12	73	$10,889	$907	$149	6
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	2	2	$127	$64	$64	1
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90812		Encounter 45-50 Min	20	192	$17,027	$851	$89	10
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	33	176	$16,329	$495	$93	5
Therapy-Family Therapy		90847		Encounter	57	557	$50,197	$881	$90	10
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	6	6	$742	$124	$124	1
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	106	396	$69,284	$654	$175	4
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	$0	$0	$0	0
Psychological Testing by Technician (Children's Waiver)		96102			1	2	$422	$422	$211	2
Psychological Testing by Comp (Children's Waiver)		96103			0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	149	154	$39,764	$267	$258	1
Treatment Planning		H0032		Encounter	6	6	$1,110	$185	$185	1
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	88	7,700	$340,340	$3,868	$44	88
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	17	98	$15,795	$929	$161	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	1	160	$21,205	$21,205	$133	160
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	3	3	$906	$302	$302	1
Health Services		T1002		Up to 15 min	12	94	$7,201	$600	$77	8
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	60	23,141	$183,277	$3,055	$8	386
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	$0	$0	$0	0
Targeted Case Management		T1017		15 minutes	42	652	$33,050	$787	$51	16
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	7	8	$4,992	$713	$624	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**328**		**$995,340**			

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	18	$17,686	$17,686	$983	18
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	17	114	$88,268	$5,192	$774	7
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	69	72	$34,730	$503	$482	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	151	735	$203,453	$1,347	$277	5
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	8	18	$4,632	$579	$257	2
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	147	872	$177,983	$1,211	$204	6
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	1	1	$176	$176	$176	1
Speech & Language Therapy		92507		Encounter	3	7	$749	$250	$107	2
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	$0	$0	$0	0
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	1	6	$264	$264	$44	6
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	166	187	$47,999	$289	$257	1
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	180	189	$55,655	$309	$294	1
Treatment Planning		H0032		Encounter	78	91	$13,823	$177	$152	1
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	115	8,917	$541,904	$4,712	$61	78
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	72	361	$10,072	$140	$28	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	11	714	$13,852	$1,259	$19	65
Community Living Supports (15 Minutes)		H2015		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	35	44	$2,499	$71	$57	1
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	39	339	$62,480	$1,602	$184	9
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	42	12,455	$48,301	$1,150	$4	297
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	31	181	$42,856	$1,382	$237	6
Targeted Case Management		T1017		15 minutes	13	57	$19,580	$1,506	$344	4
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	37	41	$13,479	$364	$329	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					15	0	$6,524	$435	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**297**		**$1,406,964**			

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	5	40	$18,663	$3,733	$467	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	10	66	$57,184	$5,718	$866	7
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	21	21	$5,101	$243	$243	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	3	6	$537	$179	$89	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	62	357	$54,293	$876	$152	6
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	2	6	$452	$226	$75	3
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	54	117	$15,296	$283	$131	2
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	4	12	$0	$0	$0	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			2	6	$694	$347	$116	3
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	26	26	$11,784	$453	$453	1
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	62	164	$34,693	$560	$212	3
Additional Codes-Physician Services		99215		Encounter	26	48	$17,625	$678	$367	2
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			8	10	$1,567	$196	$157	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			8	22	$1,206	$151	$55	3
Additional Codes-Physician Services		99232			7	26	$1,426	$204	$55	4
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	1	1	$55	$55	$55	1
Assessment		H0031		Encounter	34	34	$9,545	$281	$281	1
Treatment Planning		H0032		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	34	5,529	$287,148	$8,446	$52	163
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	50	421	$27,083	$542	$64	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	2	5	$208	$104	$42	3
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	12	4,778	$4,878	$407	$1	398
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	$0	$0	$0	0
Targeted Case Management		T1017		15 minutes	25	802	$35,773	$1,431	$45	32
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	11	15	$4,386	$399	$292	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**166**		**$589,597**			

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	4	43	$24,286	$6,071	$565	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	56	58	$29,628	$529	$511	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	31	63	$2,798	$90	$44	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	160	817	$64,071	$400	$78	5
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	8	11	$1,395	$174	$127	1
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	2	2	$157	$79	$79	1
Therapy-Family Therapy		90847		Encounter	11	25	$1,963	$178	$79	2
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	141	953	$41,570	$295	$44	7
Therapy-Group Therapy		90857		Encounter	1	1	$44	$44	$44	1
Medication Review		90862		Encounter	97	396	$70,135	$723	$177	4
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	$0	$0	$0	0
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	279	288	$36,566	$131	$127	1
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	197	200	$17,173	$87	$86	1
Treatment Planning		H0032		Encounter	152	163	$13,996	$92	$86	1
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	120	8,263	$510,700	$4,256	$62	69
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	46	255	$15,735	$342	$62	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	31	9,285	$109,441	$3,530	$12	300
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	80	504	$154,003	$1,925	$306	6
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	1	2	$73	$73	$37	2
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	13	7,133	$46,139	$3,549	$6	549
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	3	42	$2,015	$672	$48	14
Targeted Case Management		T1017		15 minutes	9	197	$11,299	$1,255	$57	22
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	18	18	$5,787	$321	$321	1
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	7	7	$1,872	$267	$267	1
Housing Assistance		T2038		Month	1	2	$1,449	$1,449	$725	2

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**643**		**$1,162,296**			

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	5	369	$110,271	$22,054	$299	74
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	2	16	$9,964	$4,982	$623	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	43	283	$212,310	$4,937	$750	7
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	2	4	$1,250	$625	$313	2
Outpatient Partial Hospitalization	0913			Days	17	58	$0	$0	$0	3
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	1	1	$42	$42	$42	1
Medication Administration		90782		Encounter	1	2	$85	$85	$43	2
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	174	178	$75,848	$436	$426	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	233	1,848	$133,530	$573	$72	8
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90812		Encounter 45-50 Min	2	18	$1,980	$990	$110	9
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	28	122	$9,362	$334	$77	4
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	267	859	$118,944	$445	$138	3
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			4	8	$1,398	$350	$175	2
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	9	9	$780	$87	$87	1
Assessments-Testing		96115		Hour	1	1	$198	$198	$198	1
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	3	15	$1,373	$458	$92	5
Neuropsych test by Psych/Phys (Children's Waiver)		96118			18	76	$5,864	$326	$77	4
Neuropsych test by Tech (Children's Waiver)		96119			0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	25	25	$2,952	$118	$118	1
Occupational Therapy		97004		Encounter	1	1	$66	$66	$66	1
Occupational or Physical Therapy		97110		15 Minutes	26	884	$14,361	$552	$16	34
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	39	2,152	$34,793	$892	$16	55
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	2	23	$232	$116	$10	12
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	1	1	$135	$135	$135	1
Additional Codes-Physician Services		99205		Encounter	1	1	$200	$200	$200	1
Additional Codes-Physician Services		99211		Encounter	1	7	$182	$182	$26	7
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	24	38	$4,636	$193	$122	2
Additional Codes-Physician Services		99215		Encounter	20	36	$6,048	$302	$168	2
Additional Codes-Physician Services		99221			7	7	$657	$94	$94	1
Additional Codes-Physician Services		99222			19	19	$1,782	$94	$94	1
Additional Codes-Physician Services		99223			2	2	$188	$94	$94	1
Additional Codes-Physician Services		99231			26	76	$7,218	$278	$95	3
Additional Codes-Physician Services		99232			14	25	$2,342	$167	$94	2
Additional Codes-Physician Services		99233			9	11	$1,032	$115	$94	1
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	10	10	$3,860	$386	$386	1
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	271	275	$106,615	$393	$388	1
Crisis Residential Services		H0018		Days	1	3	$855	$855	$285	3
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	53	107	$11,330	$214	$106	2
Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	0	0	$422	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	228	39,760	$1,326,308	$5,817	$33	174
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	2	15	$2,308	$1,154	$154	8
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	3	10	$124	$41	$12	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	636	7,174	$541,177	$851	$75	11
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	157	57,196	$572,992	$3,650	$10	364
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TF	Per Diem	2	42	$13,225	$6,613	$315	21
Community Living Supports (Daily)		H2016	TG	Per Diem	5	999	$82,520	$16,504	$83	200
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	111	7,193	$350,080	$3,154	$49	65
Wraparound		H2022		Days	55	88	$8,215	$149	$93	2
Supported Employment Services		H2023		15 minutes	6	373	$3,213	$536	$9	62
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	15	3,168	$14,113	$941	$4	211
Medication Review		M0064		Encounter Face-to-Face	11	12	$583	$53	$49	1
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	33	693	$207,900	$6,300	$300	21
Respite		S5150		15 Minutes	17	14,346	$11,093	$653	$1	844
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	303	1,111	$172,930	$571	$156	4
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	108	133,758	$535,992	$4,963	$4	1,239
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	2	9	$227,678	$113,839	$25,298	5
Targeted Case Management		T1017		15 minutes	58	2,763	$217,150	$3,744	$79	48
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	7	1,041	$14,742	$2,106	$14	149
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					4	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			3	0	$0	$0	$0	0
Total Population and Cost					**1,229**		**$5,185,448**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	13	101	$63,822	$4,909	$632	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	82	89	$22,572	$275	$254	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	14	17	$1,550	$111	$91	1
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	117	867	$149,263	$1,276	$172	7
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1	1	$262	$262	$262	1
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	17	109	$19,430	$1,143	$178	6
Therapy-Family Therapy		90847		Encounter	18	61	$10,785	$599	$177	3
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	6	16	$5,693	$949	$356	3
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	53	281	$42,822	$808	$152	5
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	$0	$0	$0	0
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	1	14	$4,336	$4,336	$310	14
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	77	79	$14,634	$190	$185	1
Treatment Planning		H0032		Encounter	84	110	$15,808	$188	$144	1
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	20	2,350	$110,873	$5,544	$47	118
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	5	5	$295	$59	$59	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	1	4	$187	$187	$47	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	1	532	$3,235	$3,235	$6	532
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	1	1	$62	$62	$62	1
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	1	1	$171	$171	$171	1
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	11	5,734	$15,367	$1,397	$3	521
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	$0	$0	$0	0
Targeted Case Management		T1017		15 minutes	31	1,524	$122,682	$3,957	$81	49
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	18	19	$6,665	$370	$351	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	15	77	$6,452	$430	$84	5
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**194**		**$616,966**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	3	183	$61,026	$20,342	$333	61
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	3	15	$10,260	$3,420	$684	5
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	17	99	$70,884	$4,170	$716	6
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	59	60	$18,403	$312	$307	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	1	1	$73	$73	$73	1
Therapy-Individual Therapy		90805		Encounter 20-30 Min	1	1	$73	$73	$73	1
Therapy-Individual Therapy		90806		Encounter 45-50 Min	44	318	$46,746	$1,062	$147	7
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	3	3	$660	$220	$220	1
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	13	55	$8,085	$622	$147	4
Therapy-Family Therapy		90847		Encounter	22	273	$40,131	$1,824	$147	12
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	1	5	$183	$183	$37	5
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	179	770	$118,087	$660	$153	4
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	$0	$0	$0	0
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			1	1	$45	$45	$45	1
Additional Codes-Physician Services		99222			5	5	$375	$75	$75	1
Additional Codes-Physician Services		99223			7	7	$882	$126	$126	1
Additional Codes-Physician Services		99231			6	11	$495	$83	$45	2
Additional Codes-Physician Services		99232			7	13	$585	$84	$45	2
Additional Codes-Physician Services		99233			9	13	$585	$65	$45	1
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	157	227	$76,808	$489	$338	1
Treatment Planning		H0032		Encounter	92	106	$35,866	$390	$338	1
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	35	5,520	$99,581	$2,845	$18	158
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	25	96	$22,897	$916	$239	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	41	23,011	$66,962	$1,633	$3	561
Community Living Supports (15 Minutes)		H2015		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	10	67	$4,355	$436	$65	7
Wraparound		H2022		Days	34	5,304	$142,323	$4,186	$27	156
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	163	357	$47,481	$291	$133	2
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	5	53	$8,215	$1,643	$155	11
Targeted Case Management		T1017		15 minutes	72	605	$80,465	$1,118	$133	8
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	33	37	$8,346	$253	$226	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**299**		**$970,877**			

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	50	565	$324,665	$6,493	$575	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	26	293	$167,826	$6,455	$573	11
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	142	143	$15,087	$106	$106	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	14	37	$1,972	$141	$53	3
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	156	849	$83,376	$534	$98	5
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	9	26	$2,684	$298	$103	3
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	80	913	$39,135	$489	$43	11
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	185	683	$62,819	$340	$92	4
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	$0	$0	$0	0
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	1	4	$133	$133	$33	4
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	4	478	$2,147	$537	$4	120
Additional Codes-Transportation		A0427		Refer to code descriptions.	4	7	$1,634	$409	$233	2
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	642	569	$153,844	$240	$270	1
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	2	2	$633	$316	$316	1
Assessment		H0031		Encounter	122	123	$10,187	$84	$83	1
Treatment Planning		H0032		Encounter	16	30	$1,261	$79	$42	2
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	143	19,838	$725,358	$5,072	$37	139
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	5	5	$279	$56	$56	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	26	292	$3,260	$125	$11	11
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	153	24,763	$163,994	$1,072	$7	162
Community Living Supports (Daily)		H2016		Per Diem	2	376	$89,097	$44,548	$237	188

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	10	143	$47,415	$4,741	$332	14
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	8	16	$1,574	$197	$98	2
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	4	442	$4,774	$1,193	$11	111
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	67	122	$21,843	$326	$179	2
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	40	31,754	$159,405	$3,985	$5	794
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	41	249	$298,299	$7,276	$1,198	6
Targeted Case Management		T1017		15 minutes	34	1,166	$39,751	$1,169	$34	34
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	142	149	$27,131	$191	$182	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	9	186	$70,518	$7,835	$379	21
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	2	52	$250	$125	$5	26
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			346	0	$92,621	$268	$0	0
Total Population and Cost					**1,244**		**$2,612,968**			

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	4	211	$78,853	$19,713	$374	53
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	8	78	$52,520	$6,565	$673	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	11	84	$56,559	$5,142	$673	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	55	57	$15,447	$281	$271	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	23	38	$3,232	$141	$85	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	83	462	$75,371	$908	$163	6
Therapy-Individual Therapy		90807		Encounter 45-50 Min	1	5	$816	$816	$163	5
Therapy-Individual Therapy		90808		Encounter 75-80 Min	8	10	$2,546	$318	$255	1
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	20	31	$4,784	$239	$154	2
Therapy-Family Therapy		90847		Encounter	107	613	$91,031	$851	$149	6
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	152	802	$108,045	$711	$135	5
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	1	1	$244	$244	$244	1
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	$0	$0	$0	0
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	1	1	$11	$11	$11	1
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	119	122	$60,943	$512	$500	1
Treatment Planning		H0032		Encounter	31	50	$8,716	$281	$174	2
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	91	11,136	$651,901	$7,164	$59	122
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	1	2	$16	$16	$8	2
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	33	176	$13,443	$407	$76	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	1	92	$307	$307	$3	92
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	1	37	$6,481	$6,481	$175	37
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	45	2,164	$233,474	$5,188	$108	48
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	1	1	$736	$736	$736	1
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	3	346	$38,904	$12,968	$112	115
Respite		S5150		15 Minutes	16	15,096	$31,853	$1,991	$2	944
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	27	8,412	$96,990	$3,592	$12	312
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	30	512	$57,585	$1,919	$112	17
Targeted Case Management		T1017		15 minutes	38	754	$74,382	$1,957	$99	20
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	11	12	$1,896	$172	$158	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**291**		**$1,767,086**			

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	7	1,340	$407,956	$58,279	$304	191
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	211	2,000	$982,035	$4,654	$491	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	3	29	$24,039	$8,013	$829	10
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	114	615	$103,367	$907	$168	5
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	793	1,227	$342,960	$432	$280	2
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	125	236	$32,471	$260	$138	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	726	4,322	$418,366	$576	$97	6
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	3	3	$939	$313	$313	1
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	78	167	$29,207	$374	$175	2
Therapy-Family Therapy		90847		Encounter	357	1,761	$325,876	$913	$185	5
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	23	103	$4,468	$194	$43	4
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	760	3,942	$315,055	$415	$80	5
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	2	10	$2,256	$1,128	$226	5
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			6	26	$6,660	$1,110	$256	4
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	1	1	$228	$228	$228	1
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	187	206	$59,802	$320	$290	1
Treatment Planning		H0032		Encounter	627	986	$106,880	$170	$108	2
Health Services		H0034		15 Minutes	25	50	$5,138	$206	$103	2
Home Based Services		H0036		15 Minutes	100	20,636	$794,255	$7,943	$38	206
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	31	251	$35,035	$1,130	$140	8
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	23	125	$21,823	$949	$175	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	10	2,959	$18,155	$1,816	$6	296
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	19	3,378	$556,549	$29,292	$165	178
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	23	640	$25,325	$1,101	$40	28
Wraparound		H2022		Days	25	78	$19,131	$765	$245	3
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	9	26	$8,094	$899	$311	3
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	13	70	$9,433	$726	$135	5
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	117	74,235	$149,837	$1,281	$2	634
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	18	315	$13,204	$734	$42	18
Targeted Case Management		T1017		15 minutes	363	4,582	$467,179	$1,287	$102	13
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	19	3,407	$195,743	$10,302	$57	179
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**1,374**		**$5,481,466**			

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	9	64	$35,693	$3,966	$558	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	7	46	$25,654	$3,665	$558	7
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	62	64	$25,946	$418	$405	1
Assessment-Psychiatric Assessment		90802		Encounter	10	10	$9,289	$929	$929	1
Therapy-Individual Therapy		90804		Encounter 20-30 Min	5	8	$603	$121	$75	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	43	197	$59,308	$1,379	$301	5
Therapy-Individual Therapy		90806		Encounter 45-50 Min	62	274	$34,021	$549	$124	4
Therapy-Individual Therapy		90807		Encounter 45-50 Min	27	52	$26,038	$964	$501	2
Therapy-Individual Therapy		90808		Encounter 75-80 Min	2	2	$298	$149	$149	1
Therapy-Individual Therapy		90809		Encounter 75-80 Min	2	2	$1,930	$965	$965	1
Therapy-Individual Therapy		90810		Encounter 20-30 Min	1	1	$66	$66	$66	1
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90812		Encounter 45-50 Min	1	2	$220	$220	$110	2
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	4	4	$1,057	$264	$264	1
Therapy-Family Therapy		90847		Encounter	3	3	$460	$153	$153	1
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	1	3	$596	$596	$199	3
Medication Review		90862		Encounter	41	85	$17,044	$416	$201	2
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	1	1	$150	$150	$150	1
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	$0	$0	$0	0
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	140	7,064	$387,091	$2,765	$55	50
Assessment		H0031		Encounter	5	5	$416	$83	$83	1
Treatment Planning		H0032		Encounter	17	18	$2,323	$137	$129	1
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	36	5,564	$252,568	$7,016	$45	155
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	14	37	$5,116	$365	$138	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	8	1,540	$18,446	$2,306	$12	193
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	32	4,164	$81,122	$2,535	$19	130
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	3	3	$161	$54	$54	1
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	25	40	$18,911	$756	$473	2
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	1	1	$42	$42	$42	1
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	11	18,271	$35,540	$3,231	$2	1,661
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	$0	$0	$0	0
Targeted Case Management		T1017		15 minutes	85	2,905	$151,848	$1,786	$52	34
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	21	28	$33,021	$1,572	$1,179	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**299**		**$1,224,978**			

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	127	$53,856	$53,856	$424	127
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	5	30	$4,966	$993	$166	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	11	84	$50,687	$4,608	$603	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	91	109	$22,722	$250	$208	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	20	56	$1,425	$71	$25	3
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	32	100	$5,476	$171	$55	3
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	21	61	$4,656	$222	$76	3
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	168	1,013	$179,433	$1,068	$177	6
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			1	1	$798	$798	$798	1
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	3	19	$6,088	$2,029	$320	6
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	1	1	$336	$336	$336	1
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	17	17	$5,706	$336	$336	1
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	147	193	$57,279	$390	$297	1
Treatment Planning		H0032		Encounter	21	22	$5,253	$250	$239	1
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	76	9,104	$279,493	$3,678	$31	120
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	35	518	$13,665	$390	$26	15
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	4	720	$2,131	$533	$3	180
Community Living Supports (15 Minutes)		H2015		15 Minutes	19	7,854	$28,117	$1,480	$4	413
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	16	125	$43,713	$2,732	$350	8
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	53	47,844	$302,853	$5,714	$6	903
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	$0	$0	$0	0
Targeted Case Management		T1017		15 minutes	118	4,290	$210,382	$1,783	$49	36
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	5	20	$981	$196	$49	4
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	27	32	$9,497	$352	$297	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0